### EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

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

A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change 222 FOUNDATION Name change 82-4823763 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 119 NORTH AVENUE 224-665-1900 489,932. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return BARRINGTON, IL 60010 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JIM JODREY for subordinates? ..... Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or 527 ) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.222FOUNDATION.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2018 M State of legal domicile: IL Trust Part I Summary Briefly describe the organization's mission or most significant activities: 222 FOUNDATION (THE **Activities & Governance** ORGANIZATION) IS AN ILLINOIS NONPROFIT ORGANIZATION THAT WAS FOUNDED 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Current Year Prior Year** 348,424. 1,049,772. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) 23,457. 27,996. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -47,306.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -10,930.11  $1,025,\overline{923}$ 365,490. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 59,243. 102,973. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 145,397. 223,905. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 61,774. 96,396. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 423,274. 266,414. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 759,509. -57,784. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 982,944. 1,008,286. Total assets (Part X, line 16) 852. 33,394. 21 Total liabilities (Part X, line 26) 三年 982,092. 974,892 22 Net assets or fund balances. Subtract line 21 from line 20 ...... 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. Signature of officer Date Sign JIM JODREY, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00363276 GENEVRA KNIGHT GENEVRA KNIGHT Paid self-employed Firm's name ► PORTE BROWN LLC Firm's EIN ▶ 36-2663358 Preparer Firm's address ▶ 845 OAKTON STREET Use Only Phone no. 847 - 956 - 1040 ELK GROVE VILLAGE, IL 60007

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

Form	1 990 (2020) 222 FOUNDATION	82-4823763	Page 2
Pai	rt 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:		
	222 FOUNDATION (THE ORGANIZATION) IS AN ILLINOIS NONPROFIT	Г	
	ORGANIZATION THAT WAS FOUNDED TO INVEST IN THE FUTURE CHR		
	MINISTRY LEADERS OF THE WORLD. IN ADDITION TO FINANCIAL AS		
	THE GOAL IS TO INVEST IN EACH OF THE STUDENT PARTNERS IN !		:
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Ves	X No
	If "Yes," describe these new services on Schedule O.		110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
3	If "Yes," describe these changes on Schedule O.	163	INU
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	accured by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		. d
		trie total expenses, ar	iu
	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 323,908 • including grants of \$ 102,973 • ) (Revenue:		
4a	(Code:) (Expenses \$323,908. including grants of \$102,973. ) (Revenue: THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROPERTY OF THE 222 FOUNDATION PARTNERS WITH SEMINARY PARTNERS WITH SEMINARY PARTNERS WITH P		)
		NIDE2	
	FINANCIAL AND SPIRITUAL SUPPORT.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue :	\$	)
	-		
	·		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
	·		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ▶ 323,908.		

82-4823763 Page **3** 

# Form 990 (2020) 222 FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
_	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а				x
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		Х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Λ	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	المدا		<sub>V</sub>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	١		\ <del></del>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u>-</u> _
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

032003 12-23-20

Form 990 (2020) 222 FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		37	
	"Yes," complete Schedule L, Part IV	28a	X	77
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
_	Estable annaban asseted in Day 0 of Form 1000 Fater 0 ff and 1000		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  1a 9  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С		1c	X	
032004	(gambling) winnings to prize winners?			(2020)

22 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, Ided for the calendary pare recipited with or with refer the very acrovered by this return. Idea of the calendary pare recipited with or with refer the calendary pare recipited on the calendary pare recipited to a price the calendary pare recipited on the calendary pare recipited on the calendary pare recipited to the calendary pare recipited on the calendary pare recipited to the calendary pare recipited to the calendary pare to the calendary p				_		Yes	No		
b if at least one is reported on line 2a, did the organization tile all required federal employment fax returns?  Note: If this sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during theyer?  3a X  b if "Yes," has if filed a form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule 0  3b —  4a At any time during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  B Was the organization and party to a prohibited tax wheter transaction at any time during the tax year?  5a X  b Id any taxable party norify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  c If "Yes to line 5a or 5b, did the organization file Form 8888-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c),  a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 82827 or any time, directly or indirectly, to pay premiums on a personal benefit contract?  7 b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 82827 or required to the organization selled to northi	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a	2					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a Al any time during the cateridary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account).  5b If Yeas, "intere the name of the foreign country."  5c Was the organization for foreign country. Such as a bank account, securities account, or other financial accounts (FBAF).  5c Was the organization for inforeign country.  5c Was the organization for inforeign country.  5c Was the organization approximation are party to a prohibited tax sheller transaction?  5c Was the organization in the organization that it was or is a party to a prohibited tax sheller transaction?  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit arry contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit arry contributions that were not tax deductible as charitable contributions?  6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit arry contributions that may receive deductible acchristion are express statement that such contributions or gifts were not tax deductible?  6c Vas if Yeas, if did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible?  6c Vas if Yeas, if did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible?  6c Vas if Yeas, if did the organization than the party of the organization and party for goods and services provided to the pagor?  6d Vas if Yeas, if did the organization than the page of the value of the goods or services provided?  7d Vas if Yeas, if did the organization organization than the page of the value of the goods or serv	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X			
b If "Yes," has it filled a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4. At any time during the cainedary year, did the organization have an interest in, or a signature or other authority over, a financial account? a display of the programment of the froeign country (such as a bank account, securities account, or other financial accounts?  4. If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts?  5. Was the organization a party to a prohibition to a bank account, securities account, or other financial accounts (FBAF).  5. Was the organization in oparty to a prohibition at any time during the tax year?  5. Was the organization have annual general tax sheller transaction at any time during the tax year?  5. Did any scortification have annual general tax shells of the organization solicit any contributions that were not tax deductible as charitable contributions?  5. If "Yes," if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6. If "Yes," if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7. Organizations that may receive deductible contributions under section 170(c).  8. If "Yes," if did not organization notify the donor of the value of the goods or services provided?  7. Organizations that may receive deductible contribution and party for goods and services provided?  7. To granization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?  7. If the organization receive any funds, directly or indirectly, on a personal benefit contract?  7. If the organization received an contribution of autificial retleticular property, did the organization file a Form 1088-C?  7. Sponsoring organization semination in ordan tax tax shell and the organization file a Form		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
48 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country is uch as a bank account, securities account, or other financial accounts?  59 bit "Yes," and there the name of the foreign country is uch as a bank account, securities account, or other financial accounts?  50 Was the organization aparty to a prohibited tax shelter transaction?  51 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  50 Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  50 Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  51 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  52 If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  52 If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  53 If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  54 If "Yes," did the organization mitigation that may receive deductible contributions under section 170(c).  55 If "Yes," did the organization make a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  55 If "Yes," did the organization mitigation that payment in excess of \$75 made partly as a contribution of tay between the partly of the organization file forms 8202?  56 If "Yes," did the organization file forms 8202 filed during the year?  57 If the organization file forms	3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X_		
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b ID did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sa or Sb, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  7a If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b If "Yes," indicate the number of Forms 8282 filed during the year  7c Did the organization exceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7d If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7d If the organization received a contribution of activities or other vehicles, did the organization file Form 8899 as required?  7d If the organization received a contribution of care, boats, and property, did the organization file Form 899. The file organization file form 870 for section 501(c)(7) organizations make a distribution such donor advised fund maintained by	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b				
b If "Yes," enter the name of the foreign country    See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),   See instructions for the organization that it was or is a party to a prohibited tax year?   Sa	4a			•					
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a Initiation fees and capital contributions included on Part VIII, line 12					90				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.			102						
Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.									
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.			11b						
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a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15  X  If "Yes," see instructions and file Form 4720, Schedule N.	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
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c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 "Yes," see instructions and file Form 4720, Schedule N.	b	· · · · · · · · · · · · · · · · · · ·	ı	I					
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.									
excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.									
If "Yes," see instructions and file Form 4720, Schedule N.	ıə				15		x		
					13				
10 1.5 a. 5	16		t incor	me?	16		Х		
If "Yes," complete Form 4720, Schedule O.									

Form 990 (2020) 222 FOUNDATION 82-4823763 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 95				Х
5	ets?	5		Х	
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			
		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	1	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	)	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	112	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	. 12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			
	in Schedule O how this was done		120		
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		<u> </u>
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a			
	taxable entity during the year?		16a	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi				
	exempt status with respect to such arrangements?		16b	)	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶IL				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (Section 501(c)(	3)s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.				
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of interest policy, a	nd fina	ncial	
	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 boo	ks and records 🕨			
	MICHAEL MANNING - 224-665-1900				
	119 NORTH AVENUE, BARRINGTON, IL 60010				

Form 990 (2020) 222 FOUNDATION 82-4823763 Page 7

# 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 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A)  Name and title	(B) Average hours per week	(do box	not c		ition	) than s boti	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MERO GUIRGUIS	40.00							111 000	•	10 000
EXECUTIVE DIRECTOR	F 00		_	Х				111,000.	0.	12,000.
(2) ANTHONY TAKO	5.00								•	•
CHAIRMAN	0.00	Х	_	Х				0.	0.	0.
(3) GREGORY KIST	2.00								_	_
VICE CHAIRMAN	2 22	Х		Х				0.	0.	0.
(4) JIM JODREY	2.00	.,							0	•
TREASURER	2 00	Х		Х				0.	0.	0.
(5) DANA LEAHY	2.00	3,7		,,					0	•
SECRETARY (C) TODA DEDGE	1 00	Х	_	Х				0.	0.	0.
(6) TODD BERGE	1.00	<b>.</b> ,							0	0
MEMBER (7) DAVE CORNING	1.00	Х						0.	0.	0.
MEMBER	1.00	Х						0.	0.	0
(8) ADAM GASCHO	1.00	Λ						0.	0.	0.
MEMBER	1.00	Х						0.	0.	0.
(9) LANCE RODGERS	1.00	Δ						0.	0.	0.
MEMBER	1.00	Х						0.	0.	0.
(10) MARLEEN BARRETT	1.00	22						0.	<b>0</b> •	0.
MEMBER	1.00	х						0.	0.	0.
032007 12-23-20		]	<u> </u>	l		<u> </u>		]		Form <b>990</b> (2020)

Page 8 Form 990 (2020) 222 FOUNDATION 82Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) 222 FOUNDATION 82-4823763

	(A) Name and title	(B) Average hours per week	box	, unle	Pos heck ss per	more rson i	than o	n an	(D) (E)  Reportable Report  compensation compen  from from re		table nsation		(F) stimate nount o	
		(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)		s	compensate from the organization organization organization organization compensation organization organizatio		e ion ed
	Subtotal							<b>&gt;</b>	111,000.		0.	1	2,0	00.
d	Total from continuation sheets to Part V  Total (add lines 1b and 1c)							<u> </u>	111,000.	000 - 6	0.	1	2,0	
	Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	a ac	oove	e) wn	io re	eceived more than \$100	,000 of reportable			Yes	1 No
3	Did the organization list any <b>former</b> officer											3	103	X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	um of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." <i>cor</i>	accrue comper	ısati	on fi	om	any	unre	elate	ed organization or indivi	dual for services		5		X
	tion B. Independent Contractors													
	Complete this table for your five highest countries the organization. Report compensation for	•	•						the organization's tax y	•	Densa			
	(A) Name and business	address	NO	ONE	3				(B) Description of s	services	C	ompe	ز) nsatio	า
2	Total number of independent contractors (	•	ot lin	nited	d to	thos	_	ted	above) who received m	ore than				
	\$100,000 of compensation from the organ											-	aan "	2000)

			Check if Schedule O contains a response	or note to any lin	a in this Part VIII			
			Officer if Schedule O contains a response	or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts its	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
		С	Fundraising events 1c	141,813.				
ifts			Related organizations 1d					
nji,			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
Ę Ę		'		206,611.				
들 된			similar amounts not included above 1f					
d T		_	Noncash contributions included in lines 1a-1f 1g \$	1,072.	242 404			
<u>8</u> 0		h	Total. Add lines 1a-1f	<u></u>	348,424.			
				Business Code				
ø	2	а						
, ķ		b						
še		c						
m S		_						
ar Re		d						
Program Service Revenue		е						
Δ.			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest	est, and				
			other similar amounts)	<b>&gt;</b>	20,486.			20,486.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	·		(i) Real	(ii) Personal				
	6	_		(1) 1 01001141				
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)	<u></u>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory   7a   84,912.					
		b	Less: cost or other basis					
<u>o</u>			and sales expenses 77,402.					
Ju		_	Gain or (loss) 7c 7,510.					
Revenue			. ,	•	7,510.			7,510.
			Net gain or (loss)	·····	7,510.			7,310.
ther	8	а	Gross income from fundraising events (not					
ᅙ			including \$ 141,813. of					
			contributions reported on line 1c). See					
			Part IV, line 18	36,110.				
		b	Less: direct expenses 8b	47,040.				
		С	Net income or (loss) from fundraising events	<b>•</b>	-10,930.			-10,930.
			Gross income from gaming activities. See					
	•	_	Part IV, line 19					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	<b>&gt;</b>				
	10	а	Gross sales of inventory, less returns					
			and allowances10a	9				
		b	Less: cost of goods sold10k					
		С	Net income or (loss) from sales of inventory	<b>&gt;</b>				
				Business Code				
ns	11	а						
Jec We	• •	b						
Miscellaneous Revenue								
Sce		C	All all and an area					
Ξ̈́			All other revenue					
		е	Total. Add lines 11a-11d		265 122	_	_	15 055
	12		Total revenue. See instructions		365,490.	0.	0.	17,066.

# Form 990 (2020) 222 FOUNDATION Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respons	(A)	his Part IX(B) Program service	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	62,976.	62,976.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	39,997.	39,997.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	111 000	02 050	11 100	16 65
	trustees, and key employees	111,000.	83,250.	11,100.	16,650
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	70 160	F0 270	7.016	11 07
7	Other salaries and wages	79,160.	59,370.	7,916.	11,874
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	16 027	10 702	1 (04	2 547
9	Other employee benefits	16,937.	12,703.	1,694.	2,540
0	Payroll taxes	16,808.	12,606.	1,681.	2,521
11	Fees for services (nonemployees):	20 444		14 720	E 70
а	Management	20,444.		14,739.	5,705
b	Legal	9,617.	9,617.		
	Accounting	9,011.	9,017.		
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	3,031.		3,031.	
f	Investment management fees	3,031.		3,031.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
10	column (A) amount, list line 11g expenses on Sch 0.)	10,116.	2,529.	2,529.	5,058
2  3	Advertising and promotion	24,529.	19,039.	1,457.	4,033
ا ا4	Office expenses	24,323.	13,033.	1,4574	=,055
1 <del>4</del> 15	Royalties				
16	Occupancy	13,946.	10,460.	1,395.	2,091
7	Traval	2,761.	1,897.	276.	588
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	2,000.	2,000.		
20	Interest	.,	-,		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	3,561.	2,671.	890.	
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)		·		
а	amount, list line 24e expenses on Schedule 0.)  TELEPHONE	6,391.	4,793.	639.	959
b		.,	,		
С					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	423,274.	323,908.	47,347.	52,019
:6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

222 FOUNDATION 82-4823763 Page 11

Form 990 (2020)
Part X Balance Sheet

Part	נא	Balance Sneet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	16,966.	1	99,241	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su	ubstantial contributor, or 35%			
		controlled entity or family member of any of t	hese persons		5	
	6	Loans and other receivables from other disqu	ualified persons (as defined			
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
<b>ĕ</b>	9	5		1,500.	9	
	10a	Land, buildings, and equipment: cost or other	er			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin	964,478.	12	909,045	
	13	Investments - program-related. See Part IV, li	ne 11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must e	equal line 33)	982,944.	16	1,008,286
	17	Accounts payable and accrued expenses		852.	17	8,276
	18	Grants payable			18	
	19	Deferred revenue		19	25,118	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple	ete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or f	ormer officer, director,			
<u>#</u>		trustee, key employee, creator or founder, su	ıbstantial contributor, or 35%			
Liabilities		controlled entity or family member of any of t	these persons		22	
- │	23	Secured mortgages and notes payable to un	related third parties		23	
	24	Unsecured notes and loans payable to unrela	ated third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			25	
	26	<b>Total liabilities.</b> Add lines 17 through 25		852.	26	33,394
,		Organizations that follow FASB ASC 958,	check here $ ightharpoonup X$			
Š		and complete lines 27, 28, 32, and 33.		200 200		254 222
<u>a</u>	27			982,092.	27	974,892
	28	Net assets with donor restrictions			28	
<u> </u>		Organizations that do not follow FASB AS	C 958, check here			
Ē		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current fur			29	
sse	30	Paid-in or capital surplus, or land, building, o			30	
<b>→</b>	31	Retained earnings, endowment, accumulated		000 000	31	054 000
Se	32	Total net assets or fund balances		982,092.	32	974,892
	33	Total liabilities and net assets/fund balances		982,944.	33	1,008,286

Form 990 (2020) 222 FOUNDATION 82-4823763 Page 12

Pa	rt 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			<u>90.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2			74.				
3	Revenue less expenses. Subtract line 2 from line 1	3	-5	7,7	84.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	98	2,0	92.				
5	5 Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	97	4,8	92.				
Pai	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
За	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?									
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2020)				

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

222 FOUNDATION

82-4823763

Pa	rt I		Charity Status	(All		.: 4 \ 0		2 4023703					
		Reason for Public (					ee instructions.						
	organi	zation is not a private found	•	-	•								
1		A church, convention of chu	•				I)(A)(i).						
2	Щ	A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	<b>n 170(b)(1)(A)(iii).</b> Enter	the hospital's name,					
		city, and state:											
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental unit describe	ed in					
		section 170(b)(1)(A)(iv). (C	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 normal	lly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from the general إ	oublic described in					
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org			•	ed in conju	nction with a land-grant	college					
		or university or a non-land-g				-	-	-					
		university:	3 3	,		, ,	,						
10	X	An organization that normal	Ilv receives (1) more t	than 33 1/3% of its supr	ort from c	ontribution	ns, membership fees, and	d aross receipts from					
		activities related to its exem	•				•	-					
		income and unrelated busin		•	` '			· ·					
		See section 509(a)(2). (Cor		(1000 000tion on taxy inc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ooo aoquii	od by the organization c						
11		An organization organized a	•	vely to test for public sa	fety See	section 50	)9(a)(4)						
12		An organization organized a	•	•	•			nurnoses of one or					
-		more publicly supported org	· ·	•	-		•	•					
		lines 12a through 12d that						SHOOK THE BOX III					
а		Type I. A supporting orga	* *					aivina					
u		the supported organization	•		•	_							
		organization. You must c			majority o	i tric direc	tors or trastees or the st	ipporting					
h		Type II. A supporting orga	-		ion with it	cupporto	d organization(s), by bay	vina					
b		control or management of	•					-					
		organization(s). You mus			arrie persor	iis iiiai coi	ittor or manage the supp	Jorted					
_		Type III functionally inte			in connect	ion with a	and functionally integrate	od with					
С		its supported organization					• •	a wiii,					
4		1						ration(a)					
d		Type III non-functionally	= ::				• • • • • • • • • • • • • • • • • • • •	* *					
		that is not functionally into	•	• ,	•		•	reness					
_		requirement (see instructi	•	-									
е		<ul> <li>Check this box if the orga functionally integrated, or</li> </ul>					Type i, Type ii, Type iii						
	Ento	r the number of supported of	• .	ially integrated supporti	ng organiz	alion.							
f		ide the following information	•	d organization(s)									
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other					
		organization		(described on lines 1-10	in your governi Yes	No No	support (see instructions)	support (see instructions)					
				above (see instructions))	1.00								
								I					

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶□
b	33 1/3% support test - 2019. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶□
17a	10% -facts-and-circumstances test	- <b>2020.</b> If the org	janization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	iblicly supported o	rganization		<b>&gt;</b>
b	10% -facts-and-circumstances test	- <b>2019.</b> If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s <b>&gt;</b>
					Cob	dule A (Form 990	000 EZ\ 0000

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

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

Se	ction A. Public Support	,,	•						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")			242,243.	249,772.	348,424.	840,439.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5			242,243.	249,772.	348,424.	840,439.		
78	Amounts included on lines 1, 2, and 3 received from disqualified persons			31,702.	38,983.	73,422.	144,107.		
ŀ	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.		
(	Add lines 7a and 7b			31,702.	38,983.	73,422.	144,107.		
8	Public support. (Subtract line 7c from line 6.)						696,332.		
Se	ction B. Total Support			_					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
9	Amounts from line 6			242,243.	249,772.	348,424.	840,439.		
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				23,457.	20,486.	43,943.		
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				23,457.	20,486.	43,943.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)			242,243.	273,229.	368,910.	884,382.		
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	•		
_	check this box and stop here						<b>X</b>		
	ction C. Computation of Publi								
15	Public support percentage for 2020 (li		•	column (f))		15	%		
<u>16</u>						16	%		
	ction D. Computation of Inves				1				
	Investment income percentage for 20					17	%		
	Investment income percentage from 2019 Schedule A, Part III, line 17								
19	a 33 1/3% support tests - 2020. If the						7 is not		
	more than 33 1/3%, check this box ar								
k	33 1/3% support tests - 2019. If the								
00	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization   Private foundation. If the organization did not check a box on line 14, 193, or 19b, check this box and see instructions.								

Van Na

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

		162	140
1			
2			
3a			
3b			
3c			
<u>4a</u>			
4b			
4c			
5a			
- Gu			
5b			
5c			
6			
7			
8			
9a			
Ωh			
9b			
9с			
10a	1		
10b	)		

Par	Tiv Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
	11c below, the governing body of a supported organization?		
	A family member of a person described in line 11a above?		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	:	
Sec	tion B. Type I Supporting Organizations		т —
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
	and or type it eapperting enganizations	Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	162	NO
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	, and the second		
	or management of the supporting organization was vested in the same persons that controlled or managed  the supported organization(s)		
Sec	the supported organization(s). 1 tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	on <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.		oxdot
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	anization (see
	instructions)	, ,		•

Schedule A (Form 990 or 990-EZ) 2020

Fai	t v Type in Non-Functionally integrated 509	ajtoj supporting Orga	Continu	<u>iea)                                    </u>	
<u>Secti</u>	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
_4_	Amounts paid to acquire exempt-use assets			4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
ī	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information
I dit 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.)
-	
-	
-	

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

222 FOUNDATION

**Employer identification number** 82-4823763

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring
_			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	tion 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 qualif	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		1 1
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
4	year	nament is leasted	
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Land volunteer modes devoted to morntoning, inspecting,	rialiting of violations, and officially cons	orvation casemonts daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
•	<b>▶</b> \$		ion cacomonic daming and year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(r	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	•	
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Otl	ner 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 95	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		
-	Assets included in Form 990, Part X		<b>&gt;</b> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

	t III Organizations Maintaining Co		t. Histo	orical Tre	asures. o	r Othe	r Simil		2010		age 🗲
3	Using the organization's acquisition, accession								<u>(Contin</u>	uea)	
3	collection items (check all that apply):	on, and other records	s, crieck	arry or trie i	ollowing tha	t make s	ngrimcari	t use of its			
_	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `				hanaa nuaau						
a	Public exhibition	d			hange progra						
b	Scholarly research	е		Otner							
C	Preservation for future generations										
4	Provide a description of the organization's co							ose in Part	XIII.		
5	During the year, did the organization solicit or								٦.,	_	٦
Dai	to be sold to raise funds rather than to be ma								_ Yes		No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par	t X line 21	ete if the	organizatio	n answered	"Yes" or	1 Form 9	90, Part IV, I	ine 9, or		
10	Is the organization an agent, trustee, custodia		ion, for a	ontribution	o or other ser	ooto not	ingludad				
ıa									Yes		No
h	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII a								_ 1es		_ NO
b	ii res, explain the arrangement in Part Alli a	and complete the for	iowing to	abie.					Amount		
_	Paginning balance						1c		Amount		
۲ C	Beginning balance										
	Additions during the year										
e	Distributions during the year										
f 20	Ending balance  Did the organization include an amount on Fo								Yes	$\neg$	No
	If "Yes," explain the arrangement in Part XIII.								_	$\vdash$	] NO
	t V Endowment Funds. Complete if										
1 0	The state of the s	(a) Current year		rior year	(c) Two year			e years back	(e) Four	Veare	hack
10	Reginning of year balance	(a) Current year	(ט) ⊢	noi yeai	(C) TWO yea	IIS DAUK	(u) IIII e	g years back	(e) i oui	years	Dack
1a	Beginning of year balance										
b	Contributions  Net investment earnings, gains, and losses										
۲ C	0,0,										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance				<u> </u>				<u> </u>		
2	Provide the estimated percentage of the curre	ent year end balance	. •	j, column (a)	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c shou	•									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that	t are held ar	nd administe	red for th	ne organi	zation	Г	—	
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	$\longrightarrow$	
	(ii) Related organizations								3a(ii)	$\longrightarrow$	
b	If "Yes" on line 3a(ii), are the related organizate								3b		
4 Do:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment		wment f	unds.							
Pai											
	Complete if the organization answered							. 1			
	Description of property	(a) Cost or o			or other		Accumula		(d) Bool	< value	е
		basis (investn	nent)	basis	(other)	de	epreciation	n			
	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
<u>e</u>	Other										
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990 Part	X colum	n (R) line 1	Oc )						0.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(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) INVESTMENTS	909,045.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	909,045.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	415
- <del></del>	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>e 15.)                                    </u>	······	
	on Form 000 Dowt IV line 4	In or 11f Son Form 000 Bod V line 05	
Complete if the organization answered "Yes"  (a) Description of liability	on Form 990, Part IV, IME I	THE OF THE SEE FORM 990, Part A, line 25.	(b) Book value
			(b) DOOK VAIUE
(1) Federal income taxes			
(2)			
(3)			
(5)			
<u>(6)</u>			
(8)			
(9) T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
Total. (Column (b) must equal Form 990. Part X. col. (B) line			

Schedule D (Form 990) 2020

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

Fai	Reconciliation of Revenue per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line		revenue per ne	turri.	
1	Total revenue, gains, and other support per audited financial statements			1	460,083.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	50,584.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	47,040.		
е	Add lines 2a through 2d			2e	97,624.
3	Subtract line <b>2e</b> from line <b>1</b>			3	362,459.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,031.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	3,031. 365,490.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	365,490.
Par	t XII Reconciliation of Expenses per Audited Financial Sta		Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	467,283.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)		47,040.		45 040
е	Add lines 2a through 2d			2e	47,040. 420,243.
3	Subtract line 2e from line 1			3	420,243.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	2 224		
а	Investment expenses not included on Form 990, Part VIII, line 7b		3,031.		
b	Other (Describe in Part XIII.)	4b			2 221
С	Add lines 4a and 4b			4c	3,031.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 TXIII Supplemental Information.	<u>.)</u>		5	423,274.
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2:			l; Part X, I	line 2; Part XI,
MAN	NAGEMENT REPRESENTS THAT THERE ARE NO UN	ICERTAIN T	AX POSITIO	NS OF	R OTHER
PRO	OVISION FOR INCOME TAXES THAT SHOULD BE	RECOGNIZE	D IN THESE	FINA	ANCIAL
STA	ATEMENTS.				
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
SPE	CIAL EVENT EXPENSES				47,040.
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
	ECIAL EVENT EXPENSES				
	· · · · · · · · · · · · · · · · · · ·				<u> </u>

Schedule D (Form 900) 2020 222 FOUNDATION 82-4823763 Page 5 Part XIII   Supplemental Information (continued)	Schedule D (Form 990) 2020 222	FOUNDATION	82-4823763	Page 5
	Part XIII Supplemental Information	(continued)		
		(Solimissa)		

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization

**Employer identification number** 

222	2 FOUNDATION					82-482376	3
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "\	es" on
	Form 990, Part IV	/, line 14b.					
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other a		
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?X	Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	organization's <sub>l</sub>	procedures for monitoring the use of its	grants and oth	ner assistance outs	ide the
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
3 a	Subtotal	0	0				0.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a						<del></del>
_			_				1 ^

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

Schedule F (Form 990) 2020

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f					1
			or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter	<b>&gt;</b>		
3 Enter total number of	other organizations o	r entities						

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

Part III can be duplicated if additional space is needed.

Part III can be duplicated if	additional space is needed		(al) A	(a) Mannay of	(f) A a f	(a) Description of	(le) Mathead of
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	SOUTH ASIA -						
	AFGHANISTAN,			PAID TO US EDUCATIONAL			
	BANGLADESH,			INSTITUTIONS ON BEHALF OF			
GRANTS	BHUTAN, INDIA,	4	17,247.	FOREIGN STUDENTS	0.		
				PAID TO US EDUCATIONAL			
	EUROPE - ICELAND,			INSTITUTIONS ON BEHALF OF			
GRANTS	GREENLAND	1	6,500.	FOREIGN STUDENTS	0.		
	SUB-SAHARAN						
	AFRICA - ANGOLA,			PAID TO US EDUCATIONAL			
	BENIN, BOTSWANA,			INSTITUTIONS ON BEHALF OF			
GRANTS	BURKINA FASO,	2	16,250.	FOREIGN STUDENTS	0.		

	<b>■</b>		
4	Was the exampleation a LLS transferor of property to a favoign corporation during the tay year? (CIV.)		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes." the organization may		
_			
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? // "Yes."		
3			
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		X No
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	, , , , , , , , , , , , , , , , , , , ,	Yes	X No
	Fund (see Instructions for Form 8621)	1es	140
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No
	•		

Schedule F (Form 990) 2020

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization						Employer ide	ntification number		
222 FOU	NDATION					82-4823763			
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.									
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individed the compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with policiduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes			
(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	to (	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
Total			<b>—</b>						
List all states in which the organizatio or licensing.			utions	or has been notified	it is	exempt from re	gistration		

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

Schedule G (Form 990 or 990-EZ) 2020

82-4823763 Page 2 Schedule G (Form 990 or 990-EZ) 2020 222 FOUNDATION 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 DINNER GOLF(add col. (a) through FUNDRAISER 3 FUNDRAISER col. (c)) (total number) (event type) (event type) 22,800. 143,103. 12,020. 177,923. 1 Gross receipts 22,800. 119,013. 141,813. 2 Less: Contributions 24,090. 12,020. **3** Gross income (line 1 minus line 2) 36,110. 4 Cash prizes 5 Noncash prizes 4,824. 4,824. Direct Expenses 2,136. 2,943. 5,079. 6 Rent/facility costs 3,966. 10,138. 6,172. 7 Food and beverages 7,600. <u>7,</u>600. 8 Entertainment 1,066. 13,637. 4,696. 19,399. Other direct expenses 47,040. 10 Direct expense summary. Add lines 4 through 9 in column (d) -10,930. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 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? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 ZZZ FOUNDATION	82-4823763 Page
11 Does the organization conduct gaming activities with nonmembers?	Yes N
12 Is the organization a grantor, beneficiary or trustee of a trust, or a mem	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organizat	
Name ▶	
Address >	
15a Does the organization have a contract with a third party from whom the	e organization receives gaming revenue? Yes N
b If "Yes," enter the amount of gaming revenue received by the organiza 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 Inc	dependent contractor
17 Mandatory distributions:	
<b>a</b> Is the organization required under state law to make charitable distribu	itions from the gaming proceeds to
retain the state gaming license?	Yes N
<b>b</b> Enter the amount of distributions required under state law to be distributions	outed to other exempt organizations or spent in the
organization's own exempt activities during the tax year > \$	
	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 additio	

Schedule G	i (Form 990 or 990-EZ)	222	FOUNDATION			82-4823763	Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Infor</b>	mation	(continued)				
-							
				<u> </u>	 <u> </u>		
-							

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	222 FOUND	ATION						82-4823763
Part I	General Information on Grants a	nd Assistance						
1 Doe	s the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectio	n
crite	eria used to award the grants or assis	stance?						X Yes No
2 Des	cribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II	Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part l	V, line 21, for any
	recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
1 (a) 1	Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
-								
<b>2</b> Ente	er total number of section 501(c)(3) a	nd government er	ranizations listed in th	o lino 1 tablo	l			
	er total number of section 50 (c)(3) a er total number of other organization:	-		e iii le i table				<u> </u>
	r Paperwork Reduction Act Notice							Schedule I (Form 990) 2020

222 FOUNDATION 82-4823763 Schedule I (Form 990) 2020 Page 2 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. (b) Number of (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance SCHOLARSHIPS 16 62,976. 0.

Part IV Supplemental Information. Provide the information requ	uired in Part I, line 2;	2; Part III, column (l	b); and any other ad	ditional information.					
SCHEDULE I LINE 2									
STUDENTS ARE REQUIRED TO SUBMIT A TUITION STATEMENT FROM THEIR SCHOOL									
AT THE BEGINNING OF THE SEMESTER AN	ID THEN A F	RECEIPT A	T THE END	OF THE					
SEMESTER TO VERIFY THAT THERE WAS NO OVERPAYMENT. ALL FUNDS ARE SENT									
DIRECTLY TO THE SCHOOL.									

#### SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public** Inspection

Name	of the	organization

222 FOUNDATION

Employer identification number

82-4823763 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	(h) Ap by bo comm	proved ard or nittee?	(i) W agreei	ritte men
			То	From			Yes	No	Yes	No	Yes	N
_												
					▶ \$							

#### Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
_				

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

Schedule L (Form 990 or 990-EZ) 2020

(a) Name of interested person		ed "Yes" on Form 990, Part IV, line 28a, 28  (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes No	
ALMEAJ	BLUE INVESTMENTS	OFFICER	12,000	RENT		Х
Part V	Supplemental Information.					
	Provide additional information for re	sponses to questions on Schedule L (see in	structions).			

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

222 FOUNDATION

**Employer identification number** 82-4823763

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO INVEST IN THE FUTURE CHRISTIAN MINISTRY LEADERS OF THE WORLD. IN
ADDITION TO FINANCIAL ASSISTANCE, THE GOAL IS TO INVEST IN EACH OF THE
STUDENT PARTNERS IN THREE AREAS: PERSONAL GROWTH, SPIRITUAL GROWTH, AND
MINISTRY DEVELOPMENT.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PERSONAL GROWTH, SPIRITUAL GROWTH, AND MINISTRY DEVELOPMENT.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND IS REVIEWED BY
MEMBERS OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL BOARD MEMBERS ARE AWARE OF THE CONFLICT OF INTEREST POLICY AND THAT
THEY ARE REQUIRED TO DISCLOSE CONFLICTS. ANY, AND ALL, CONFLICTS OF
INTEREST (IF THEY EXIST) ARE DISCUSSED AND ADDRESSED BY THE BOARD IN
ACCORDANCE WITH THE POLICY.

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

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

Schedule O (Form 990 or 990-EZ) 2020