Form	990

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Do

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public. 2021 Open to Public Inspection

	rnal Revenu		Go to www.irs.gov/Fo	rm990 for ins	tructions and	d the latest i	information	tion.		nspectio	bn
Α	For the	e 2021 cal	endar year, or tax year beginning			, and e	nding		_		
в		applicable:	C Name of organization 222 FOUNDA	ATION				D Employer	identification	number	
Ī	Address of		Doing business as								
_		g	Number and street (or P.O. box if mail is no	t delivered to stre	et address)	Room/suite		82-4823763			
	Name cha	ange	119 NORTH AVENUE		,		Ť	E Telephone			
Т	Initial retu	Irp	City or town	ç	State	ZIP code		•			
	muarreu	4111	BARRINGTON			60010		224-655-190	00		
	Final return	/terminated		n province/state/c		Foreign postal	aada				
1	A	1	Foreign country name Foreigr	i province/state/c	burity	Foreign postar	coue	G Gross rece	into C	(	247 025
	Amended	a return						G Gloss lece	ipis a		647,925
	Applicatio	on pending	F Name and address of principal officer:				H(a) Is th	is a group return fo	r subordinates?	Yes	XNo
			JIM JODREY 119 NORTH AVENUE			10		all subordinates	<b>V</b>	Yes	
I.	Tax-exer	mpt status:	X 501(c)(3) 501(c) ( )	<ul> <li>(insert no.)</li> </ul>	4947(a)(1) o	or 527	IT T	No," attach a list	. See Instructio	ins	
J	Website	: 🕨 WW	W.222FOUNDATION.ORG				H(c) Gro	oup exemption n	umber 🕨		
~											
		organization	X Corporation Trust Associ	iation Othe	er 🕨	LYea	ar of forma	ation: 2018	M State of I	legal domicile	≕ IL
	Part I	Sur	nmary								
	1	Briefly d	escribe the organization's mission or	most signific	ant activities	: THE	222 FO	UNDATION	IS A 501(C	)3 PUBLI	2
e S			Y THAT WAS FOUNDED TO INVES							1	
a		01// 11/1					·/···				
Ľ											
Š	2		nis box 🕨 🔄 if the organization dis			or disposed	of more	e than 25% o	f its net ass	ets.	
Activities & Governance	3	Number	of voting members of the governing	body (Part VI	, line 1a) . 🔥				3		10
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number	of independent voting members of th	ne aovernina	bodv (Part V	1. line 1b) .		[	4		10
ies	5		mber of individuals employed in cale						5		5
Ξ	6		mber of volunteers (estimate if neces	•		<b>·</b>		F	6		50
ć	-					· · · · ·			-		
٩			related business revenue from Part \						7a		0
	b	Net unre	lated business taxable income from	Form 990-1,	Part I, line 1	1			7b		
								Prior Year		Current Yea	ar
e	8	Contribu	tions and grants (Part VIII, line 1h).					348	,424		378,210
Revenue	9	Program	service revenue (Part VIII, line 2g).	<b>.</b>					0		0
Š	10	-	ent income (Part VIII, column (A), line		d)			27	,996		63,927
Ř	11		venue (Part VIII, column (A), lines 5,						,930		-30,132
	12		enue—add lines 8 through 11 (must eq						,490		412,005
	13		nd similar amounts paid (Part IX, co					102	,973		116,586
	14		paid to or for members (Part IX, colu						0		0
ŝ	15	Salaries,	other compensation, employee benefits	s (Part IX, colu	mn (A), lines	5–10)		223	,905		281,181
Expenses	16a	Professi	onal fundraising fees (Part IX, colum	n (A), line 11e	e)				0		0
be	b.	Total fur	draising expenses (Part IX, column	(D), line 25)	•	90.826					
Щ	17		penses (Part IX, column (A), lines 1					96	,396		137,993
									,274		
	18		penses. Add lines 13–17 (must equa						,		535,760
	<u></u>	Revenue	e less expenses. Subtract line 18 from	m line 12.					,784		123,755
Net Assets or	LCG						Beginn	ing of Current		End of Yea	
sset.	<b>20</b>		sets (Part X, line 16)......					1,008	,286	8	864,621
t As	<sup>n</sup> 21	Total lial	pilities (Part X, line 26)					33	,394		1,112
a la	22	Net asse	ets or fund balances. Subtract line 21	from line 20				974	,892	8	863,509
	art II		nature Block								
			, I declare that I have examined this return, incl	uding accompany	/ing schedules a	and statements.	and to the	e best of my kno	owledge		
	•		ct, and complete. Declaration of preparer (other	0 1 2	0		,		0		
			· · · · ·								
Si	gn		Signature of officer					Dete			
He	ere		•					Date			
			JIM JODREY			IRE	ASURE	R			
			Type or print name and title					<u> </u>			
		Print	/Type preparer's name	Preparer's sign	ature		Date			PTIN	
Pa	aid						- / -		neck if	DOACCOC	70
	eparer	Che	ryden Juergensen						elf-employed	P012526	16
	se Only		's name 🕨 Eder, Casella & Co					Firm's EIN 🕨	<u>36-36149</u> 97	7	
00			's address ► 5400 W. Elm Street, Suit	e 203. McHer	nrv. II 60050	)		Phone no.	(815) 344-1	300	
								i none no.	<u>,,,,,,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>
Ma	ay the IF	<s discus<="" th=""><th>s this return with the preparer shown</th><th>above? See</th><th>Instructions</th><th></th><th></th><th></th><th></th><th>X Yes</th><th>No</th></s>	s this return with the preparer shown	above? See	Instructions					X Yes	No

Form 9	90 (2021)	222 FOUNDATION				82-482	3763	Page <b>2</b>
Pa	rt III	Statement of Progra Check if Schedule O			line in this Part III			
1	THE 222 CHRIST TO INVE	escribe the organization's FOUNDATION IS A 5010 IAN MINISTRY LEADERS ST IN EACH OF OUR ST H, AND MINISTRY DEVE	C)3 PUBLIC CHARI OF THE WORLD. IN UDENT PARTNERS	N ADDITION TO FI	NANCIAL ASSISTAN	ICE, OUR GOAL IS		
2	the prior	organization undertake an Form 990 or 990-EZ? describe these new servio				listed on [	Yes	X No
3	Did the c	organization cease conduc ?	ting, or make signific	-	it conducts, any prog	gram [	Yes	X No
4	Describe	the organization's progra s. Section 501(c)(3) and 5	m service accomplish					
		expenses, and revenue, it		•				
4a	(Code: THE 222	) (Expense POUNDATION PARTNE	es \$    393,429 RS WITH SEMINAR`	9 including grants of Y STUDENTS AND	of \$ 116,586 PROVIDES FINANC	) (Revenue \$ IAL AND SPIRITUAL	SUPPORT	) )
				•	$\sim$			
4b	(Code:	) (Expense	es \$	including grants o	of \$	_ ) (Revenue \$		)
				· · · · · · · · · · · · · · · · · · ·				
			)					
4c	(Code:	) (Expense	es \$	including grants o	of \$	) (Revenue \$		)
4d		ogram services (Describe		•				
4e	(Expense Total pro	es \$ ogram service expenses	0 including grants of ►	<u>\$</u> 393,429	0)(Revenue \$	0 )		

Form 990 (2021) 222 FOUNDATION

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	~	
3				v
	candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		х
-		0		^
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	L _		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV.	9		х
10		5		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	1.0		~
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	x	
•		110	~	
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	х	
<b>b</b>		120	~	
Ø	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	4.00		
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	<b>—</b>		
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		v
40		15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>	~	
19		40		v
	If "Yes," complete Schedule G, Part III.	19		X
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
-			-	_

Form 990 (2021) Part IV

222 FOUNDATION 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	Х	
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			v
242	employees? <i>If "Yes," complete Schedule J</i>	23		Х
<b>24</b> a	\$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		х
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		
	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			
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	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		х
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		Х
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			v
20	persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
28	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? <i>If</i>			
	"Yes," complete Schedule L, Part IV.	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		X X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	•		~
	complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
25-	III, or IV, and Part V, line 1.	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
U.	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Der	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		l	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10	Х	

Form 99	90 (2021) 222 FOUNDATION 82	4823763	P	Page 5
Part	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		Х
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?	. <b>5</b> a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
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?	. 6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	. <b>7a</b>		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. <u>7</u> c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay-premiums on a personal benefit contract?			Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .			<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	?. 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	. 8		-
9	Sponsoring organizations maintaining donor advised funds.	00		
a b	Did the sponsoring organization make any taxable distributions under section 4966?			
b 10	Section 501(c)(7) organizations. Enter:	. 90		
10	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>	_		
11	Section 501(c)(12) organizations. Enter:	_		
а	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?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	. 14b		
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	1	х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17	1	
	If "Yes," complete Form 6069.			

Form 9	190 (2021) 222 FOUNDATION 82-482	3763	Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for			age e
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S			ions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion 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 <b>1a</b> 10			
	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 <b>1b</b> 10			
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 of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X X
6 70	Did the organization have members or stockholders?	0		^
7a	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	70		~
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.0		
-	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	Code.	)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	V	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120	v	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120	~	
·	describe on Schedule O how this was done.	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	_	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	401		
Cost	the organization's exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed ► IL			
17 18	List the states with which a copy of this Form 990 is required to be filed ► <u>IL</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	501(~)		
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	01(0)		
	X     Own website     X     Another's website     X     Upon request     Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy,		
	and financial statements available to the public during the tax year.	<b>.</b> .		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	►		
	SEAN GLORE 224-655-1900			
	119 NORTH AVENUE BARRINGTON II 60010			

Form 990 (2021)	222 FOUNDATION	82-4823763	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	sated	
	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 Employ	/ees	
<b>1a</b> Complete the organization's	nis table for all persons required to be listed. Report compensation for the calendar year ending with tax year.	n or within the	
	f the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regai on. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	dless of amount	

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(0	C)				
				Pos					
( <b>A</b> ) Name and title	(B) Average					than one is both ar	(D) Reportable	(E) Reportable	(F) Estimated amount
	hours				irectr	r/trustee		compensation	of other
	per week	Ind	In	ç	Ke	en	from the	from related	compensation
	(list any hours for	Individual t or director	stitu	Officer	e ve	Highest	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related	uaf ictor	lion		nplo	;t cc	1099-NEC)	1099-NEC)	related organizations
	organizations below	Individual trustee or director			oyee	mp			
	dotted line)	tee	Institutional trustee		8	ensa			
			ö			Highest compensated employee			
(1) MERO GUIRGUIS	40.00								
FORMER EXECUTIVE DIRECTOR	0.00	X					111,852		
(2) SEAN GLORE	40.00								
EXECUTIVE DIRECTOR	0.00	X					17,500		
(3) ANTHONY TAKO	5.00	-							
CHAIRMAN	0.00	Х		х					
(4) GREGORY KIST	2.00								
VICE CHAIRMAN	0.00	Х		Х					
(5) JIM JODREY	2.00								
TREASURER	0.00	Х		Х					
(6) ADAM GASCHO	1.00								
SECRETARY	0.00	Х		Х					
(7) MARLEEN BARRETT	1.00								
MEMBER	0.00	Х							
(8) TONY CIRO	1.00								
MEMBER	0.00	Х							
(9) DANA LEAHY	2.00								
MEMBER	0.00	Х							
(10) LANCE RODGERS	1.00								
MEMBER	0.00	Х							
(11) TODD BERGE	1.00								
MEMBER	0.00	Х							
(12) DAVE CORNING	1.00								
MEMBER	0.00	Х							
(13)									
(14)									
									- 000

Form 990 (2021)

Form 9	990 (2021)	222 FOUND										4823		Page <b>8</b>
Pa	art VII	Section A. Office	rs, Directors, Tru	istees, Key Em	ploye	ees,	and	d Hi	ghest	Compensated Er	nployees (co	ntinu	ed)	
		<b>(A)</b> Name and title		(B) Average hours per week (list any hours for related organizations below dotted line)	(do i box,	not cł unles er an	Pos neck ss pe d a d	C) ition more rson irecto	than on is both a pr/trustee	e <b>(D)</b> in Reportable	(E) Reportable compensatic from related organizations (1 1099-NISC 1099-NEC)	e on d W-2/ ;/	( Estimate of c compe fron organiza	F) ad amount other ensation n the ation and ganizations
(15)									ă		A			
(16)														
(17)														
(18)														
(19)						Ì								
(20)										2				
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal									129,352		0		0
c		continuation she				•	• •	•		• 0	1	0		0
d		lines 1b and 1c).								129,352		0		0
2	Total numb	er of individuals (in compensation fron	ncluding but not lin	mited to those lis	sted a	 abov	/e) v	vho	receiv					1
3	Did the orga	anization list any <b>f</b>	ormer officer, dire	ector, trustee, ke								F	Y 3	Yes No
4	For any ind the organiza	lividual listed on lir ation and related	ne 1a, is the sum o	of reportable con	npen: 00? <i>li</i>	satio f "Ye	on a əs,″	nd c <i>con</i>	other c	ompensation from Schedule J for suc			4	X
5	Did any per	rson listed on line rendered to the o		ue compensatio	n froi	m ar	ny u	nrel	ated o	rganization or indi			5	X
Sec		pendent Contract			mear		101	Suc	n pers	011	<u></u> .	<u> </u>	5	~
1	Complete th	his table for your fi ion from the organ	ve highest compe									n's ta		
	Jonipondati		(A) ame and business add				341	<u>,</u>		(B) Description of se			(C) mpensa	
										,				0
														0
														0
														0
														0
2		er of independent \$100,000 of comp				o tho	se l	iste	d abov	e) who received 0				

	90 (202					82-48237	763 Page <b>9</b>
Part	: VIII						
		Check if Schedule O contains a response or	note to any line in	this Part VIII			📘
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
<u>ດ</u> ທ	1a	Federated campaigns	0				
contributions, Girts, Grants and Other Similar Amounts	b	Membership dues	0				
วิ อี	с	Fundraising events	199,828				
Ϋ́, Α΄	d	Related organizations	0				
iar d	е	Government grants (contributions) <b>1e</b>	25,118				
in s'	f	All other contributions, gifts, grants, and	í í				
		similar amounts not included above <b>1f</b>	153,264				
ē ÷l	g	Noncash contributions included in	í í				
	5	lines 1a–1f	\$ 10,417				
a د	h	<b>Total.</b> Add lines 1a–1f		378,210			
			Business Code	010,210			
Ŋ,	2a			0			
Revenue	b			0			
	c			0			
Revenue	d			0			
Re	ů			0			
2°	f	All other program service revenue		0			
L	і а		►	0			
	<u>g</u>	<b>Total.</b> Add lines 2a–2f					
	3	Investment income (including dividends, interes					45.70
		other similar amounts).		15,766			15,76
	4	Income from investment of tax-exempt bond pro		0			
	5	Royalties		0			
	•	(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses . 6b					
	C	Rental income or (loss) 6c 0					
	_d	Net rental income or (loss)	<b>&gt;</b>	0			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
~		other than inventory . 7a 238,469	0				
enue	b	Less: cost or other basis					
		and sales expenses 7b 190,308					
Re	С	Gain or (loss) 7c 48,161					
Other Rev	d	Net gain or (loss)	►	48,161			
Ę	8a	Gross income from fundraising					
0		events (not including \$ 199,828					
		of contributions reported on line 1c).					
		See Part IV, line 18					
	b	Less: direct expenses	-,-				
	С	Net income or (loss) from fundraising events .	<u> •</u>	-30,132			
	9a	Gross income from gaming activities.					
		See Part IV, line 19	0				
	b	Less: direct expenses					
	С	Net income or (loss) from gaming activities	<u>.</u> ▶	0			
	10a	Gross sales of inventory, less					
		returns and allowances	0				
	b	Less: cost of goods sold	0				
		Net income or (loss) from sales of inventory.		0			
2			Business Code				
n e	11a			0			
Revenue	b			0			
ž e	C			0			l
Revenue	d	All other revenue		0			
Ň	e e	<b>Total.</b> Add lines 11a–11d		0			
	-						

Form 990 (2021)

222 FOUNDATION

#### 222 FOUNDATION

following SOP 98-2 (ASC 958-720)

#### Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (C) (D) (A) (B) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . 0 2 Grants and other assistance to domestic 77,034 individuals. See Part IV, line 22 . . . . 77,034 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . . . . 39,552 39,552 4 0 5 Compensation of current officers, directors, 84,079 12,935 129,352 32,338 Compensation not included above to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . Other salaries and wages . . . . . . . . . . . 107.132 69.636 10.713 26.783 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . n Other employee benefits . . . . . . . . . . . . . 9 24.169 15.710 2.417 6.042 2,053 10 20,528 13,343 5,132 Fees for services (nonemployees): 11 ۵ Management . . . . . . . . . . . 23.811 17,858 5.953 а 3,156 789 1,578 789 b 10,676 1,068 6,939 2,669 С Accounting . . . . . . . . . . . Lobbying . . . . . . . . . . . . . . . . 0 d 0 Professional fundraising services. See Part IV, line 17. 0 е 2.886 f Investment management fees . . . . . . . . . 2.886 Other. (If line 11g amount exceeds 10% of line 25, column g (A), amount, list line 11g expenses on Schedule O.) . . . 15,425 4,473 7,669 3.283 Advertising and promotion . . . . . 12 9.798 9.798 0 4,903 4,377 526 0 13 Office expenses . . . . . . . 14 Information technology . . . . . . 0 0 15 Royalties . . . . . . . . . . . 30,968 3,097 16 Occupancy . . . . . . . . . 24,774 3,097 17 585 575 10 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 0 19 Conferences, conventions, and meetings. 0 20 0 Interest . . . . . . . . . Payments to affiliates . . . 0 21 22 Depreciation, depletion, and amortization. 0 0 0 0 23 Insurance . . . . . 3,653 2,375 365 913 . . Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) RECRUITING 1,290 1,184 а 53 53 .----b WEBSITE 11,410 9,358 2,052 MEALS AND ENTERTAINMENT 3,072 2.124 147 801 С MISCELLANEOUS EXPENSE 3,892 3,892 0 d 12,468 11,430 127 911 е All other expenses Total functional expenses. Add lines 1 through 24e 535,760 393.429 51.505 90.826 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 if

	1 990 (2				82-4823763 Page <b>11</b>
Pa	art X				
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		••••••••••••••••••••••••••••••••••••••
	1	Cash—non-interest-bearing	99,241	1	123,651
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	8,989
	5	Loans and other receivables from any current or former officer, director,	-		- ,
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
ets	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	
∢	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	909,045		731,981
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,008,286	16	864,621
	17	Accounts payable and accrued expenses	8,276	17	1,112
	18	Grants payable	0	18	
	19		25,118		
	20	Tax-exempt bond liabilities	0	20	
6	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
bili		trustee, key employee, creator or founder, substantial contributor, or 35%	0		
Lial	22	controlled entity or family member of any of these persons	0	22 23	0
_	23 24	Unsecured notes and loans payable to unrelated third parties	0	23	0
	24 25	Other liabilities (including federal income tax, payables to related third	0	24	0
	23	parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D.	0	25	0
	26	Total liabilities. Add lines 17 through 25.	33,394	26	1,112
s		Organizations that follow FASB ASC 958, check here ► X			.,
JCe		and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions	974,892	27	863,509
ñ	28	Net assets with donor restrictions	011,002	28	
pu		Organizations that do not follow FASB ASC 958, check here		20	
ц		and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds	0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	974,892	32	863,509
ž	33	Total liabilities and net assets/fund balances	1,008,286		864,621
					Form <b>990</b> (2021)

Form 9	990 (2021) 222 FOUNDATION	8	2-4823763	Paç	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		412	2,005
2	Total expenses (must equal Part IX, column (A), line 25)	2		535	5,760
3	Revenue less expenses. Subtract line 2 from line 1	3		-123	3,755
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		974	1,892
5	Net unrealized gains (losses) on investments			12	2,372
6	Donated services and use of facilities				
7		7			0
8	Prior period adjustments				
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		863	3,509
Part		•		1	
	Check if Schedule O contains a response or note to any line in this Part XII				$\square$
				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 on				
2-	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		20		х
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		. 2a		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
<b>b</b>			Oh		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	separate basis, consolidated basis, or both:				
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?.		20		
	If the organization changed either its oversight process or selection process during the tax year, explain on		. <u>2</u> c	Х	<u> </u>
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
vu	the Single Audit Act and OMB Circular A-133?		. 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		. 3b		
			Form	990	(2021)
	$\alpha$				

SCHEDULE	A
(Form 990)	

# **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.

2021 Open to Public

OMB No. 1545-0047

	ment of the Treasury Revenue Service	► Go		1990 for instructions ar		st informa		Inspection	
	of the organization						Employer identification		
222 F	OUNDATION						82-48	23763	
Part				ganizations must co					_
r		•	•	or lines 1 through 12,			,		
1				f churches described i		170(b)(1)	A)(I).		
2				ach Schedule E (Form					
3		•		zation described in <b>sec</b>	•				
4		arch organizatio e, city, and state		nction with a hospital c	lescribed	in section	170(b)(1)(A)(iii). Er	iter the	
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state	e, or local govern	ment or governmer	ntal unit described in <b>se</b>	ection 170	)(b)(1)(A)(	v).		
7			eceives a substantia ( <b>A)(vi).</b> (Complete F	al part of its support fro Part II.)	om a gove	rnmental u	unit or from the gene	ral public	
8	A community tr	rust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II.)				
9				section <b>170(b)(1)(A)(ix</b> ure (see instructions).					
10	receipts from a support from g	ctivities related to ross investment	to its exempt function income and unrelated	an 33 1/3% of its supp ins, subject to certain e ed business taxable in See <b>section 509(a)(2)</b> .	exceptions come (les	s; and (2) r s section {	no more than 33 1/3 511 tax) from busine	% of its	
11	An organization	n organized and	operated exclusivel	ly to test for public safe	ety. See <b>se</b>	ection 509	)(a)(4).		
12	of one or more	publicly support	ed organizations de	ly for the benefit of, to escribed in <b>section 50</b> ibes the type of suppo	9(a)(1) or s	section 50	9(a)(2). See sectio	n 509(a)(3).	
а	the supporte	ed organization(		ervised, or controlled I larly appoint or elect a tions A and B.					
b	control or m	anagement of th		r controlled in connectization vested in the sa					
С	Type III fun	ctionally integr	ated. A supporting of	organization operated i You must complete F				rated with,	
d	that is not fu	inctionally integr	ated. The organizat	ting organization operation generally must sat	isfy a distr	ribution rea	quirement and an at		
е	Check this b	oox if the organiz	ation received a wr	itten determination from illy integrated supporting	m the IRS	that it is a		e III	
f								0	D
g			about the support				· · · · · · · · · · · · · · · · · · ·		
	(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									_
(C)									-
(D)									
(E)									
Total							0	(	0

Sche	dule A (Form 990) 2021 222 FOUN	DATION				82-482376	63 Page <b>2</b>
	rt II Support Schedule for Orga		cribed in Sec	tions 170(b)(1)	(A)(iv) and 17		· · · · · · · · · · · · · · · · · · ·
	(Complete only if you checke						lder
	Part III. If the organization fai	ls to qualify un	der the tests li	sted below, ple	ase complete F	Part III.)	
-	tion A. Public Support				(		
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						0
2	Tax revenues levied for the						0
-	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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				/)		0
-	tion B. Total Support		<b></b>				
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	•					0
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (se					12	0
13	First 5 years. If the Form 990 is for the orga					L	
	organization, check this box and stop here.			•			
Sec	tion C. Computation of Public Sur	port Percenta	age				
14	Public support percentage for 2021 (line 6, co					14	0.00%
15	Public support percentage from 2020 Schedu					15	0.00%
16a	33 1/3% support test—2021. If the organiza						_ []
	and <b>stop here.</b> The organization qualifies as		-				
b	33 1/3% support test—2020. If the organization dualifier box and stop here. The organization qualifier						
170							🏴 🛄
17a	<b>10%-facts-and-circumstances test—2021</b> 10% or more, and if the organization meets t	-					
	Part VI how the organization meets the facts-	and-circumstance	s test. The organiz	ation qualifies as a	a publicly supported	d	
	organization						Þ 📘
b	10%-facts-and-circumstances test—2020						
	15 is 10% or more, and if the organization me in Part VI how the organization meets the fac						
	organization .		-		· · · · · · · · · ·	- 	▶ 🥅
18	Private foundation. If the organization did n	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions						🕨 🗖
-							

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 222 FOUN	IDATION				82-482376	63 Page <b>3</b>
Pa	t III Support Schedule for Orga	anizations Des	cribed in Sect	ion 509(a)(2)			
	(Complete only if you checke	ed the box on li	ne 10 of Part I o	or if the organiz	ation failed to	qualify under Pa	art II.
	If the organization fails to qu	alify under the	tests listed belo	w, please com	plete Part II.)		
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 2020	(e) 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						4 000 000
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise		242,243	249,772	348,424	367,793	1,208,232
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
-	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						0
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						0
Ŭ	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	242,243	249,772	348,424	367,793	1,208,232
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		31,702	38,983	73,422	72,887	216,994
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
_	Add lines 7a and 7b	0	31,702	38,983	73,422	72,887	216,994
8	Public support (Subtract line 7c from						004 000
500	line 6.)						991,238
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	0	242,243	249,772	348,424	367,793	1,208,232
	Gross income from interest, dividends,	•		210,112	010,121	001,100	1,200,202
	payments received on securities loans, rents,	· · · · · ·					
	royalties, and income from similar sources .			23,457	20,486	63,927	107,870
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		•				0
С	Add lines 10a and 10b	0	0	23,457	20,486	63,927	107,870
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						0
13	(Explain in Part VI.)						0
15	and 12.).	0	242,243	273,229	368,910	431,720	1,316,102
14		•				401,720	1,010,102
	organization, check this box and <b>stop here</b>			-			<b>.</b> 🕨 🗙
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2021 (line 8, c			f))		15	0.00%
16	Public support percentage from 2020 Sched	.,	•			16	0.00%
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 2021 (line	e 10c, column (f), d	ivided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2020 S					18	0.00%
19a	33 1/3% support tests—2021. If the organi						. —
	not more than 33 1/3%, check this box and s				-		Þ 📘
Ø	<b>33 1/3% support tests—2020.</b> If the organi line 18 is not more than 33 1/3%, check this						
20	<b>Private foundation.</b> If the organization did						
				e, encor and box a			· · · · · 🖛 🛄

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
50 5C		
6		
7		
8		
9a		
50		
9b		
9c		
10a		
10b		

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Part	V Supporting Organizations (continued)			
		—	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b		_	
h	11c below, the governing body of a supported organization?	11:		
b	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>		)	
С	detail in <b>Part VI.</b>	11e		
Sect	ion B. Type I Supporting Organizations			I
			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			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s	5)		
	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 an	nong the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 I	Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		Vaa	Na
4	Were a majority of the organization's directors or tructors during the tay year also a majority of the direct	toro	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the direct or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how cont			
	or management of the supporting organization was vested in the same persons that controlled or manag			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations	· ·		I
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ne		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the	e 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 prov			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppo			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part			
-	the organization maintained a close and continuous working relationship with the supported organization			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations	nave		
	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 <b>Part VI</b> the role the organization's			
Soct	supported organizations played in this regard.	3		<u> </u>
<u> </u>		aar /con instructio	ne)	
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the y The organization satisfied the Activities Test. Complete <b>line 2</b> below.		15).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governm	ental entity (see instru	ctions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purpose	es of		

- a 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** 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.*

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 (explain i	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	izatio	ons must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functionally	/ inte	egrated Type III supporting o	organization (see

instructions).

Schedule A (Form 990) 2021

	e A (Form 990) 2021 222 FOUNDATION				2-4823763 Page <b>7</b>
Part		) Supporting Organi	zations (continue	ea)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported	1		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in <b>Part V</b>	)	5	
6	Other distributions (describe in Part VI). See instructions.			_6	
7	Total annual distributions. Add lines 1 through 6.			7	0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	0
10	Line 8 amount divided by line 9 amount			10	0.000
		(1)	(ii)		(iii)
5	Section E - Distribution Allocations (see instructions)	(I) Excess Distributions	Underdistribution	ns	Distributable
		Excess Distributions	Pre-2021		Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required— <i>explain in <b>Part VI</b>).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e	0			
g	Applied to underdistributions of prior years			0	
h	Applied to 2021 distributable amount	•			0
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0			
4	Distributions for 2021 from				
	Section D, line 7: \$ 0				
а	Applied to underdistributions of prior years			0	
b	Applied to 2021 distributable amount				0
С	Remainder. Subtract lines 4a and 4b from line 4.	0			
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.			0	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain				
	in Part VI. See instructions.				0
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.	0			
8	Breakdown of line 7.				
а	Excess from 2017 0				
b	Excess from 2018 0				
С	Excess from 2019 0				
d	Excess from 2020 0				
е	Excess from 2021 0				

Schedule A (Form 990) 2021

Schedule A (F		82-4823763 Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 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, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 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,	17b; Part Section 1c, 2a, 2b,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
		4
	$\mathbf{A}$	
	·····	
	<del>````````````````````````````````</del>	

SCHEDULE D (Form 990)

# **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. OMB No. 1545-0047

2021
Open to Public

Depart	ment of the Treasury		Attach to Form 99			Open to Public
Interna	Revenue Service	Go to www.irs.gov	/Form990 for instructions	and the latest informa	tion.	Inspection
Name	of the organization			Emp	loyer identification nu	ımber
222 F	OUNDATION				82-482	3763
Part	Organizati	ons Maintaining Donor A	dvised Funds or Oth	er Similar Funds o	or Accounts.	
		f the organization answere				
			(a) Donor advised		(b) Funds and o	ther accounts
1	Total number at e	end of year				
2		contributions to (during year).				
3		grants from (during year)				
4		at end of year				
5		ion inform all donors and dono	r advisors in writing that t	he assets held in dono	or advised	
	•	anization's property, subject to	•			Yes No
6	-	ion inform all grantees, donors	-	-		
•		e purposes and not for the ben				
		nissible private benefit?				Yes No
Part		ion Easements.				
r ai i		f the organization answere	d "Voc" on Form 000	Part IV line 7		
-						
1		nservation easements held by			historically impo	tent land area
		of land for public use (for exampl				
	Protection of	natural habitat		Preservation of a	a certified historic	structure
	Preservation	of open space				
2		a through 2d if the organization	n held a qualified conserv	ation contribution in th	e form of a conse	rvation
	easement on the	last day of the tax year.			Held at	the End of the Tax Year
а	Total number of o	conservation easements			2a	
b	Total acreage res	stricted by conservation easem	ents		2b	
С		rvation easements on a certifie			2c	
d		rvation easements included in				
	historic structure	listed in the National Register			2d	
3	Number of conse	rvation easements modified, tr	ansferred, released, extir	guished, or terminated	d by the organizat	ion during
	the tax year 🕨					
4	Number of states	where property subject to con	servation easement is loo	ated ►		
5	Does the organiz	ation have a written policy reg	arding the periodic monito	oring, inspection, hand	ling of	
	violations, and er	nforcement of the conservation	easements it holds?			Yes No
6	Staff and volunteer	hours devoted to monitoring, ins	pecting, handling of violatior	ns, and enforcing conser	vation easements d	uring the year
	▶					
7	Amount of expense	es incurred in monitoring, inspecti	ng, handling of violations, ar	nd enforcing conservatio	n easements during	g the year
	▶ \$	X \				
8	Does each conse	ervation easement reported on	line 2(d) above satisfy the	e requirements of sect	ion 170(h)(4)(B)(i)	)
		h)(4)(B)(ii)?.......				Yes No
9		ribe how the organization repo				
	balance sheet, a	nd include, if applicable, the te	xt of the footnote to the or	ganization's financial	statements that de	escribes the
		counting for conservation ease				
Part		ons Maintaining Collection			er Similar Asse	ets.
		f the organization answere				
1a	If the organization	n elected, as permitted under F	FASB ASC 958, not to rep	oort in its revenue state	ement and balanc	e sheet
	works of art, histo	orical treasures, or other simila	r assets held for public ex	hibition, education, or	research in furthe	erance of
		ovide in Part XIII the text of the				
b	If the organization	n elected, as permitted under F	ASB ASC 958, to report	in its revenue stateme	nt and balance sh	leet
	works of art, histo	orical treasures, or other simila	r assets held for public ex	hibition, education, or	research in furthe	erance of
	public service, pr	ovide the following amounts re	lating to these items:			
	(i) Revenue inclu	uded on Form 990, Part VIII, lir	e1		🕨 \$	
	(ii) Assets include	ed in Form 990, Part X...			► \$	
2	• •	n received or held works of art				vide the
	•	s required to be reported unde				
а		d on Form 990, Part VIII, line 1			► \$	
b		n Form 990, Part X				

Schedu	le D (Form 990) 2021 222 FOUNDATION			82-48	23763		Page <b>2</b>
Part	III Organizations Maintaining Colle	ections of Art, Histor	rical Treasures, or	Other Similar Asse	ets (contir	nued)	
3	Using the organization's acquisition, access	sion, and other records, o	check any of the follow	ing that make significa	nt use of it	s	
	collection items (check all that apply):		-				
а	Public exhibition	d	Loan or exchange p	rogram			
b	Scholarly research	e	Other				
С	Preservation for future generations						
4	Provide a description of the organization's of	collections and explain by	ow they further the or	nanization's evennt nur	nose in Pa	art	
-	XIII.						
5	During the year, did the organization solicit	or receive donations of a	art historical treasures	or other similar			
U	assets to be sold to raise funds rather than				Ye	as 🗌	No
Part		· · · · · · · · · · · · · · · · · · ·					
Fail	Complete if the organization answ		00 Part IV line 0	or reported on amou	int on Ear	m	
	990, Part X, line 21.		990, Fait IV, IIIe 9,	or reported an amou		111	
4.0	Is the organization an agent, trustee, custo	dian ar athar internadian	, for contributions or a	ther exects not			
1a	included on Form 990, Part X?		-	Siner assets not	Ye	<u>ь</u> П	No
b	If "Yes," explain the arrangement in Part XI					;5	NU
N			wing table.		Amount		
с	Beginning balance			. 1c			
d	Additions during the year			10 10			
e	Distributions during the year			1e			
f	Ending balance			1f			0
2a	Did the organization include an amount on	Form 990, Part X, line 21	1. for escrow or custor	tial account liability?	Ye	es X	No
b	If "Yes," explain the arrangement in Part XI			•			İ
Part							·
Fari	Complete if the organization answ	ered "Ves" on Form (	000 Part IV line 10				
	·		or year (c) Two year		ck (a) Eo	ur years	hack
1a	Beginning of year balance					ur years	buok
b	Contributions						
c	Net investment earnings, gains,				_		
	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance	0	0	0	0		0
2	Provide the estimated percentage of the cu		line 1g, column (a)) he	eld as:			
а	Board designated or quasi-endowment						
b	Permanent endowment	<u>%</u>					
С	Term endowment	11 14000/					
2-	The percentages on lines 2a, 2b, and 2c sh			luciuintene el feu the			
3a	Are there endowment funds not in the poss organization by:	ession of the organizatio	n that are neid and ad	immistered for the	Г	Yes	No
	(i) Unrelated organizations				3a(i)	162	NO
	(ii) Related organizations				3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi				3b		
4	Describe in Part XIII the intended uses of the						<u></u>
Part							
	Complete if the organization answ		990. Part IV. line 11	a. See Form 990. Pa	art X. line	10.	
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated		ook value	e
		(investment)	(other)	depreciation			
1a	Land	0	C				0
b	Buildings	0	C	0			0
С	Leasehold improvements	0	C	0			0
d	Equipment	0	C				0
е	Other	0	C	Į			0
Total	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X,	column (B), line 10c.)				0

Part VII	Investments—Other Securities. Complete if the organization answered "	'Yes" on Form 990	Part IV line 11h See Form 9	90 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	uation:
(1) Financia	al derivatives	0		
	held equity interests	0		
• •	INVESTMENTS	731,981	F	
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) . ►	731,981		
Part VIII				
i art viii	Complete if the organization answered "	Yes" on Form 990.	Part IV. line 11c. See Form 9	90. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of val Cost or end-of-year m	uation:
(1)				
(2)				
(3)				
(4)		•		
(5)				
(6)		*		
(7)			•	
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) . ►	0		
Part IX	Other Assets.			
	Complete if the organization answered "		Part IV, line 11d. See Form 9	
(4)	(a) Descri	ption		(b) Book value
(1)				
<u>(2)</u> (3)				
(4)				
( <del>1</del> ) (5)				
(6)				
(7)	X			
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		0
Part X	Other Liabilities. Complete if the organization answered " line 25.	'Yes" on Form 990,	Part IV, line 11e or 11f. See F	Form 990, Part X,
1.		ion of liability		(b) Book value
-	l income taxes			0
(2)	V			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) li	ne 25.)		0

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

Х

Sched	ule D (Form 990) 2021 222 FOUNDATION	82-4823763	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	467,103
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments   2a   12,372	-	
b	Donated services and use of facilities		
С	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	57,984
3	Subtract line <b>2e</b> from line <b>1</b>	3	409,119
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,886		
b	Other (Describe in Part XIII.)		0.000
	Add lines <b>4a</b> and <b>4b</b> .	4C	2,886
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	412,005
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		570 400
1	Total expenses and losses per audited financial statements	1	578,486
2	Donated services and use of facilities		
a b		-	
b	····· /·······························	-	
c d	Other losses         2c           Other (Describe in Part XIII.)         45,612	-	
e	Add lines 2a through 2d	2e	45,612
3	Subtract line <b>2e</b> from line <b>1</b>	3	532,874
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		332,074
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,886		
b	Other (Describe in Part XIII.)	-	
	Add lines <b>4a</b> and <b>4b</b> .	4c	2,886
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	535,760
	XIII Supplemental Information.	<b>U</b>	000,100
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	rt V_line 4 <sup>.</sup> Part	X line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		. ,,
	X Line 2 The Organization is a nonprofit corporation that is exempt from income taxes		
Fall	<ul> <li>Line 2 The Organization is a holipionit corporation that is exempt from income taxes</li> </ul>		
unde	r Section 501 (c) 3 of the Internal Revenue Code and reported no unrelated business		
unue			
incon	ne for the year ended December 31, 2021. Management represents there are no uncertain		
tax p	osition or other provisions for income taxes that should be recognized in these		
finan	cial statements.		
Part 2	XI Line 2d Fundraising Expenses:: 45,612		
Part 2	XII Line 2d Fundraising Expenses:: 45,612		
	<b>X</b>		

Page	5

Part XIII Supplemental Information (continued)	
٠,	
	•
. ( )	
X	
•	

sc	HEDULE F	-		<b>.</b>			OMB No. 1545-0047
(Fo	rm 990)			ganization ansv	ties Outside the l		2021
	rtment of the Treasury al Revenue Service		► Go to www	-	Attach to Form 990. // for instructions and the late	est information.	Open to Public Inspection
	e of the organization FOUNDATION						Employer identification number 82-4823763
Ра	rt I General I Form 990, I			vities Outside	e the United States. Com	plete if the organization	answered "Yes" on
1	other assistance,	the gra	antees' eligibility	for the grants or	ds to substantiate the amount assistance, and the selection	-	Yes No
2	For grantmakers outside the United			e organization's	procedures for monitoring the	use of its grants and o	other assistance
3	Activities per Regi	ion. (Tl	he following Par	t I, line 3 table c	an be duplicated if additional	space is needed.)	1
	(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, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) a program service, describe specific type service(s) in the region	expenditures for of and investments
(1)						2	
(2)							
(3)							
(4)	)				<u> </u>		
(5)							
(6)	)			*	0		
(7)				<u> </u>			
(8)							
(9)				$\underline{\mathcal{C}}$			
(10)	)		C				
(11	)						
(12)							
(13)							
(14)							
(15	)						
(16	)						
(17)	)						
38	Subtotal		0	0			0
b	<ul> <li>Total from continuat sheets to Part I</li> </ul>		0	0			0
c	Totals (add lines 3a and	1	0	0			0

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

Scheo	lule F (Form 990) 202 <sup>-</sup>	1 222 FOUND	ATION				82-	4823763	Page <b>2</b>
Par						ted States. Complet			on Form 990,
	Part IV,	line 15, for any	y recipient who rece		00. Part II can be	e duplicated if addition	nal space is need	ded.	1
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1	)							1	
(2	)								
(3	)								
(4	)								
(5	)								
(6	)								
(7	)								
(8	)								
(9	)			•					
(10	)			-					
(11	)			$\sim$					
(12	)								
(13	)								
(14	)								
(15	)								
<u>(16</u> 2		ber of recipient o	organizations listed abo	ve that are recognized	as charities by the	foreign country, recogr	nized as a tax		
3	exempt 501(c)(	3) organization b				ction 501(c)(3) equivale		. ► . ►	0
								Schedul	e F (Form 990) 2021

Schedule F (Form 990) 2021 222 FOUNDATION

82-4823763

line 16. Part III can b	be duplicated if additional sp	bace is needed					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
GRANTS	East Asia and the Pacific			PAID TO US			
(1)		1	9,299	EDUCATIONAL	0		
GRANTS	Sub-Saharan Africa			PAID TO US			
(2)		3	14,750	EDUCATIONAL	0		
GRANTS	South Asia			PAID TO US			
(3)		2	9,253	EDUCATIONAL	0		
GRANTS	Europe (Including Iceland			PAID TO US			
(4)	and Greenland)	1	6,250	EDUCATIONAL	0		
(5)				$\wedge$			
(6)				2			
(7)							
(8)							
(9)		+ (					
<u>(10)</u>							
_(11)							
(12)	~~~~						
(13)	C						
_(14)							
<u>(15)</u>							
<u>(16)</u>							
<u>(17)</u>							
_(18)							

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.

Schedule F (Form 990) 2021

Sched	dule F (Form 990) 2021 222 FOUNDATION		82-4823	763	Page <b>4</b>
Part	t IV Foreign Forms				
1	the organization may be required to file Form	operty to a foreign corporation during the tax year? <i>If "Yes,"</i> 926, <i>Return by a U.S. Transferor of Property to a Foreign</i>	Yes	X No	
2	be required to separately file Form 3520, Ann Receipt of Certain Foreign Gifts, and/or Form	eign trust during the tax year? <i>If "Yes," the organization may</i> nual Return To Report Transactions With Foreign Trusts and n 3520-A, Annual Information Return of Foreign Trust With 20 and 3520-A; don't file with Form 990)	Yes	X No	
3	the organization may be required to file Form	rest in a foreign corporation during the tax year? If "Yes," a 5471, Information Return of U.S. Persons With Respect to ans for Form 5471)	Yes	X No	
4	qualified electing fund during the tax year? If	reholder of a passive foreign investment company or a "Yes," the organization may be required to file Form 8621, ssive Foreign Investment Company or Qualified Electing			

Foreign Partnerships. (see Instructions for Form 8865) . . . . . .

Instructions for Form 5713; don't file with Form 990) . . . .

5

6

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

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

Schedule F (Form 990) 2021

X No

X No

X No

Yes

Yes

Yes

. . .

.

. . . . . . . . . . . .

-

. 1

Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Part I Line	2 STUDENTS ARE REQUIRED TO SUBMIT A TUITION STATEMENT FROM THEIR SCHOOL AT THE
BEGINNIN	G OF THE SEMESTER AND THEN A RECEIPT AT THE END OF THE SEMESTER TO VERIFY THAT
THERE WA	AS NO OVERPAYMENT. ALL FUNDS ARE SENT DIRECTLY TO THE SCHOOL.
	~
	$\sim$
	•.0

SCHEDULE G	Supplemental	Information	Regardir	ng Fundra	aising or Gaming	g Activities	OMB No. 1545-0047
(Form 990)							
Department of the Treasury Internal Revenue Service		Open to Public Inspection					
Name of the organization		0 www.ii3.gov/10	<i>111330</i> 101 113		d the latest information.	Employer identificati	
222 FOUNDATION Part I Fundrais	ing Activities. Co	malata if the	orgonizat	ion onour	arad "Vaa" an Fai	82-482	
	-EZ filers are not				ered res on For	m 990, Part IV, II	ne I7.
1 Indicate whether	the organization rai		ugh a <u>ny</u> of t	he followir			
a Mail solicitati	ons email solicitations				of non-government g of government grant		
<b>b</b> Internet and <b>c</b> Phone solicit					raising events	5	
d In-person so			9 0		i alonig ovonio		
	tion have a written o						
	s listed in Form 990		-				Yes No
	0 highest paid indiv at least \$5,000 by t			ers) pursua	ant to agreements u	nder which the func	Iraiser is to
(i) Name and addres or entity (fund		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No			
1				•	0	0	0
2				·	0	0	0
3					0	0	0
4					0	0	0
5			C		0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9		$\sim$			0	0	0
10	Ċ				0	0	0
Total				• •	0	0	0
3 List all states in v registration or lic	which the organization ensing.	on is registered	d or license	d to solicit (	contributions or has	been notified it is e	xempt from

Sch	edule	G (Form 990) 2021 2	22 FOUNDATION			82-4823763 Page <b>2</b>
P	art I	Fundraising Events.	Complete if the organiz	ation answered "Yes"	on Form 990, Part IV,	line 18, or reported
		more than \$15,000 of f	undraising event contri	butions and gross inco	ome on Form 990-EZ,	lines 1 and 6b. List
	1	events with gross recei	pts greater than \$5,00 (a) Event #1	0. (b) Event #2		
			(d) Total events			
			INNER FUNDRAISE	GOLF FUNDRAISER	NONE	(add col. <b>(a)</b> through col. <b>(c)</b> )
Ð			(event type)	(event type)	(total number)	(-//
enu	1	Gross receipts	82,017	133,291	0	215,308
Revenue			02,017	100,201	0	210,000
ш	2	Less: Contributions	80,940	118,888	0	199,828
	3	Gross income (line 1 minus				
		line 2)	1,077	14,403	0	15,480
	4	Cash prizes			0	0
	5	Noncash prizes	540	2,995	0	3,535
~	Ū		010	2,000	- · · ·	0,000
se	6	Rent/facility costs	2,104	275	0	2,379
per						
Direct Expenses	7	Food and beverages	9,477	5,197	0	14,674
	8	Entertainment	3,000	7,600	0	10,600
Ē	0		3,000	7,000	0	10,000
	9	Other direct expenses	1,509	12,915	0	14,424
			,			· · · · ·
	10	1 2				( 45,612)
	11		ct line 10 from line 3, colu	mn (d)	<u> </u>	-30,132
Pa	art II			red "Yes" on Form 990	), Part IV, line 19, or re	eported more than
-		\$15,000 on Form 990-I	z, line ba.	(II) Dull to be first and		(d) Tatal mansing (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
eve						
£	1	Gross revenue	•			0
ŝ						
)Se:	2	Cash prizes				0
Expenses	3	Noncash prizes				0
	Ŭ					Ŭ
Direct	4	Rent/facility costs				0
ā						
	5	Other direct expenses				0
			Yes%	<b>Yes</b> %	<u>Yes</u> %	
	6	Volunteer labor	No	No	No	
	_			( ))		
	7	Direct expense summary. Ad	lines 2 through 5 in colu	mn (d)	•••••••••	(0)
	8	Net gaming income summary	Subtract line 7 from line	1 column (d)	►	0
		<u></u>				<u> </u>
ę	) E	Enter the state(s) in which the or	ganization conducts gami	ng activities:		
		s the organization licensed to co	onduct gaming activities in	each of these states? .		. Yes No
	bΙ	f "No," explain:				
40	 	Were any of the organization's g	aming licenses revoked a			
- 10						
		f "Yes," explain:				

Schedule G (Form 990) 2021

Sched	edule G (Form 990) 2021 222 FOUNDATION	82-4823763 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes 🗌 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member formed to administer charitable gaming?	
13		
а		
b	- J	
14	Enter the name and address of the person who prepares the organization' records:	s gaming/special events books and
	Name ►	
	Address ►	
15a	a Does the organization have a contract with a third party from whom the organization of the organization	
b		▶ \$0 and the
с	<b>c</b> If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ▶	•
	Gaming manager compensation ► \$0	
	Description of services provided	
	Director/officer	ndent contractor
17	,	
а	5	
h	retain the state gaming license?	
D	spent in the organization's own exempt activities during the tax year	\$ 0
Part		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicab See instructions.	e. Also provide any additional information.
	······	

Schedule G (Form 990) 2021

(Form 9 Department	HEDULE I orm 990) artment of the Treasury nal Revenue Service Go to www.irs.gov/Form990 for the latest information. 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.						OMB No. 1545-0047 2021 Open to Public Inspection	
Name of the							Employer identifi	cation number
222 FOU							82	-4823763
Part I	General Informati							
the	es the organization main selection criteria used to scribe in Part IV the orga	o award the grant	s or assistance? .				or assistance, and 	X Yes No
Part II	Grants and Other	Assistance to	Domestic Orga	nizations and Dom	nestic Governmen	ts. Complete if the ord cated if additional spa		d "Yes" on Form
<b>1 (a)</b> Nam	e and address of organization or government	(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
					•••	5		
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)			<b>N</b>					
(10)								
(11)								
(12)		-						
	ter total number of sectio		•				•	
	ter total number of other						<u></u>	0
For Paper	work Reduction Act Noti	ice, see the Instru	ctions for Form 990	).				Schedule I (Form 990) 2021

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

Schedule I (Form 990) 2021

Part III	Grants and Other Assistance to		-	organization answe	ered "Yes" on Form 990	, Part IV, line 22.
	Part III can be duplicated if additi (a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
SCHOL	ARSHIPS					•
		20	76,919	0		
					()	
					2	
art IV	Supplemental Information. Pro	vide the information re	equired in Part L lin	e 2: Part III. column	(b) and any other addi	tional information
THE EN	ND OF THE SEMESTER TO VERIFY T	HAT THERE WAS NO O	VERPAYMENT. ALL	FUNDS ARE SENT DI	RECTLY TO THE SCHOO	<u>L.</u>
	2/2					
	<b>•</b>					

SCHEDULE L (Form 990)

►

## **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.

l	OMB No. 1545-0047
	2021
ł	Open To Public

	ent of the Treasury evenue Service	► Go to v	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>					blic						
Name of t	the organization								nployer id	lentifica	ation nu	umber		
222 FO	UNDATION							82	-482376	3				
Part I	Excess Benef	<b>it Transactions</b> e organization ar	(section 501(c swered "Yes"	)(3), se on For	ection 50 m 990, I	)1(c)(4), and Part IV, line	d secti 25a o	on 501(c)(29)	organiz	ations	only). V, lin	e 40b		
1	(a) Name of disqualif	ied person	(b) Relationship b	etween o organiza		person and		(c) Descrip	otion of tra	nsactior	ı		(d) Cor Yes	rrected?
(1)										<u> </u>				110
(2)														<u> </u>
(3)														<u> </u>
(4)														<u> </u>
(5)											-			
(6)														
2	Enter the amount of under section 4958	-	the organizatio		-	-			-		▶ €			
	Enter the amount of										► \$			
Part I	Complete if the	or From Interes organization ar ported an amou	swered "Yes"				ine 38	a or Form 990	), Part I\	/, line	26; or	if the		
( <b>a)</b> Nai	me of interested person	(b) Relationship with organization	<b>(c)</b> Purpose of loan	fro	oan to or om the nization?	(e) Origin principal an	nal nount	(f) Balance du	e <b>(g)</b> In	default?		oproved oard or nittee?		/ritten ement?
				То	From		•		Yes	No	Yes	No	Yes	No
(1)														
(2)											<u> </u>			<u> </u>
(3)											<u> </u>			<u> </u>
(4)														<u> </u>
(5)			+											<b> </b>
(6)														<u> </u>
(7)										-				<u> </u>
(8)														<u> </u>
<u>(9)</u> (10)														<u> </u>
Total .		_ <b> </b>			1		.▶ \$		0	-				
Part II	Grants or Ass	<b>istance Benefit</b> e organization ar	ing Interested	Perso	ons.				<u> </u>					
(a) N	Name of interested person	(b) Relations	ship between intere nd the organization	sted		of assistance	1	( <b>d)</b> Type of assista	ance	(	e) Purpo	ose of a	ssistan	ce
(1)													·	
(2)														
(3)														
(4)														
(5)														

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

(6) (7) (8) (9) (10)

Schedule L (Form 990) 2021

Part IV	Business Transactions Invol Complete if the organization ar	ving Interested Persons. nswered "Yes" on Form 990, I	Part IV, line 28a, 28b	, or 28c.		
	(a) Name of interested person	( <b>b</b> ) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	<b>(e)</b> Sha organiz rever	ation's
					Yes	No
	EAJ BLUE INVESTMENTS	OFFICER	21,600	RENT		Х
(2)						
(3) (4)						
(4)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information. Provide additional information	for responses to questions on	Schedule L (see ins	tructions).		
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222 FOUNDATION

SCHEDULE	0
(Form 990)	

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

OMB No. 1545-0047
2024

(Form 990)	Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information.	<sup>ns on</sup> 2021				
	Attach to Form 990 or Form 990-EZ.					
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection				
Name of the organization		Employer identification number				
222 FOUNDATION		82-4823763				
Form 990, Part I, Line	1: MINISTRY LEADERS OF THE WORLD. IN ADDITION TO FINANCIAL A	SSISTANCE,				
OUR GOAL IS TO IN	VEST IN EACH OF OUR STUDENT PARTNERS IN THREE AREAS: PERS	ONAL GROWTH,				
SPIRITUAL GROWTH	I, AND MINISTRY DEVELOPMENT.					
Form 990, Part VI, Se	ction B, Line 11B: THE FORM 990 IS PREPARED BY AN OUTSIDE ACCO					
AND IS REVIEWED E	BY MEMBERS OF THE BOARD.					
Form 990, Part VI, Se	ction B, Line 12C: ALL BOARD MEMBERS ARE AWARE OF THE CONFLIC	CT OF				
INTEREST POLICY A	ND THAT THEY ARE REQUIRED TO DISCLOSE CONFLICTS. ANY, AND	ALL, CONFLICTS OF				
INTEREST (IF THEY	EXIST) ARE DISCUSSED AND ADDRESSED BY THE BOARD IN ACCOR	DANCE WITH THE				
POLICY.						
Form 990, Part VI, Se	ction B, Line 15: THE COMPENSATION FOR THE EXECUTIVE DIRECTOR	R IS APPROVED				
BY THE BOARD OF I	DIRECTORS AND COMPARED WITH OTHER SIMILAR NON-PROFITS.					

Form 990, Part VI, Section C, Line 19: DOCUMENTS ARE AVAILABLE UPON REQUEST AND AT

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Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
222 FOUNDATION	82-4823763