Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2021

Open to Public Inspection

Department of the Treasury

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

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning 01/01/2021 and ending 12/31/2021 C Name of organization South Carolina Progressive Network D Employer identification number Check if applicable: R Doing business as 65-1305264 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 803-808-3384 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Columbia, SC 29202-8325 **G** Gross receipts \$ 7.019 Amended return Application pending F Name and address of principal officer: Brett Bursey **H(a)** Is this a group return for subordinates? Yes PO Box 8325, Columbia, SC 29202-8325 **H(b)** Are all subordinates included? Yes No Tax-exempt status: 501(c)(3) **✓** 501(c) () ◀ (insert no.) 4947(a)(1) or If "No." attach a list. See instructions. Website: ► www.scpronet.com **H(c)** Group exemption number ▶ Form of organization: 🗸 Corporation Trust Association L Year of formation: M State of legal domicile: 2008 SC Part I **Summary** 1 Briefly describe the organization's mission or most significant activities: Social welfare Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 6 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 0 6 6 10 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 29,264 7,019 Revenue 9 Program service revenue (Part VIII, line 2g) 1,965 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 31,229 7.019 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,963 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 20,089 26,509 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 29,472 20,089 Revenue less expenses. Subtract line 18 from line 12 19 1,757 -13,070 Assets or designation of designation of the designa **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 5,373 4,199 21 Total liabilities (Part X, line 26) . 4.820 16,972 22 Net assets or fund balances. Subtract line 21 from line 20 -12,773 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Shannon Herin, Treasurer Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date Check | if **Paid** self-employed **Preparer** Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no.

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

Yes

Part		Accomplishments esponse or note to any line in this Pa	art III	\square
1	Briefly describe the organization's mission	<u> </u>		
2	Did the organization undertake any sign prior Form 990 or 990-EZ?			☐ Yes ☑ No
3	If "Yes," describe these new services on Did the organization cease conducting services?	g, or make significant changes in h		□Ves ✓ No
4	If "Yes," describe these changes on Sch Describe the organization's program se expenses. Section 501(c)(3) and 501(c)(the total expenses, and revenue, if any,	ledule O. rvice accomplishments for each of its 4) organizations are required to repor	three largest program services,	as measured by
4a	Membership maintenance	6,231 including grants of \$		
4b	Field organizing			
4c	(Code:) (Expenses \$	8,865 including grants of \$	0) (Revenue \$	0.)
4d	Other program services (Describe on Sc (Expenses \$ 0 including g		\$ 0)	

orm 99	00 (2021)		F	age
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		,
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
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		~
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		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		_
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? <i>If</i> "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	9		<i>'</i>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.	10		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	4.4		
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	11a 11b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
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		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
b	Schedule D, Parts XI and XII	12a		<i>'</i>
10	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		V
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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	144		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
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		,
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		/
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		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a		~

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

20b

Part I	V 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		_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
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? <i>If "Yes," complete Schedule L, Part II</i>	26	~	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	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		_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		~
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	~	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part				
	2 25		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
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		~
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?	5a		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	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?	6-		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	J.J		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		
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?	7с		
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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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?	0		
9	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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		~
	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		~
	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		~
	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		
	If "Yes," complete Form 6069.			

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 V 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b ~ 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b 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 16a v b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ SC 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ✓ Upon request Other (explain on Schedule O) ✓ Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Shannon Herin, (803)808-3384

Part VI

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if heither the organization no	r any relate	a org	anız	atic	n c	ompe	ensa	ited any current	officer, director,	or trustee.
				(0	C)					
(A)	(B)	Position (do not check more the						(D)	(E)	(F)
Name and title	Average hours per week	box,	unles	ss pe d a d	rson lirect	is both or/trus	n an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			from the organization and related organizations
Rebecca Robbins	20.00									
Communications Director	20.00	~						0	48,600	0
Omari Fox	10.00									
Co-Chair	0.00			~				1,896	0	0
Brett Bursey	20.00									
Director	30.00	~						0	800	0
Carol Singletary	2.00									
Co-Chair	0.00			~				0	0	0
Wayne Borders	2.00									
Secretary	0.00			~				0	0	0
Shannon Herin	5.00									
Treasurer	10.00			~				0	0	0
		_								
		-								
		-								

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Emp	oloyees (continued)
					((C)					
	(A)	(B)	Position						(D)	(E)	(F)
	Name and title	Average	,				e than o i is both		Reportable	Reportable	Estimated amount
		hours					or/trus		compensation	compensation	
		per week (list any	악	Ins	♀	₩ 6	en 프	Fo	from the organization (W-2/	from related organizations (W	compensation from the
		hours for	Individual to or director	i tr	Officer	y er	plo	Former	1099-MISC/	1099-MISC/	organization and
		related organizations	ctor	tion		 	yee	~	1099-NEC)	1099-NEC)	related organizations
		below	Individual trustee or director	al tri		Key employee) Ř				
		dotted line)	tee	Institutional trustee			Highest compensated employee				
				Φ			ted				
			1								
			1								
			1								
			1								
			1								
1b	Subtotal		٠	٠.					1,896	49,4	00 0
С	Total from continuation sheets to Part	VII, Section	n A							,	
d									1,896	49,4	00 0
2	Total number of individuals (including but						above	e) w			
	reportable compensation from the organi	ization ►							0		
											Yes No
3	Did the organization list any former of	officer, dire	ector,	tru	ste	e, k	кеу е	mpl	loyee, or highes	t compensat	ted
	employee on line 1a? If "Yes," complete										
4	For any individual listed on line 1a, is the	sum of re	portal	ble	con	npe	nsatic	n a	and other compe	nsation from	the
	organization and related organizations										
	individual										. 4 1
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	/ un	related organizat	tion or individ	ual
	for services rendered to the organization	? If "Yes," c	compl	lete	Sch	hedi	ule J i	for s	such person .		. 5
Secti	on B. Independent Contractors										
1	Complete this table for your five high	nest comp	ensate	ed	inde	epe	ndent	CC	ontractors that r	eceived mor	e than \$100,000 of
	compensation from the organization. Rep	ort compen	satio	n fo	r the	e ca	lenda	r ye	ar ending with or	within the org	ganization's tax year.
	(A)								(B)		(C)
	Name and business add	Iress							Description of serv	vices	Compensation
None											
2	Total number of independent contractor	ors (includir	ng bu	ut n	ot	limit	ted to	th	ose listed abov	e) who	
	received more than \$100,000 of compens	ation from	the or	gan	izat	ion	>		0		

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Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to	o an	y line in this Pa	rt VIII		🗆
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b		107				
ھَ کَ	С	Fundraising events 1c	0				
ifts ar A	d	Related organizations 1d	0				
ם יי	е	Government grants (contributions) 1e	0				
Sir	f	All other contributions, gifts, grants,					
he ti			912				
를 풀	g	Noncash contributions included in lines 1a–1f					
oug		9 +	0				
0 "	h	Total. Add lines 1a–1f	40	7,019			
φ.	2a	Business Cod	ue				
Program Service Revenue	za b						
gram Ser Revenue	C						
E §	d						
gra Re	e						
S.	f	All other program service revenue		0	0	0	0
-	g	Total. Add lines 2a–2f		0			
	3	Investment income (including dividends, interest, a	and				
		other similar amounts)		0	0	0	0
	4	Income from investment of tax-exempt bond proceeds	.▶	0	0	0	0
	5	Royalties	▶	0	0	0	0
		(i) Real (ii) Personal					
	6a	Gross rents 6a 0	0				
	b	Less: rental expenses 6b 0	0				
	С	Rental income or (loss) 6c 0	0				
	_d	Net rental income or (loss)		0	0	0	0
	7a	Gross amount from (i) Securities (ii) Other	-				
		sales of assets other than inventory 7a	0				
	h	other than inventory 7a	\dashv				
evenue	b	and adles evinences					
Ş.	С	Gain or (loss) 7c 0	0				
E	d	Net gain or (loss)	•	0	0	0	0
Other		Gross income from fundraising				J	
ਰ	ou	events (not including \$ 0					
		of contributions reported on line	- 1				
		1c). See Part IV, line 18 8a	0				
	b	Less: direct expenses 8b	0				
	С	Net income or (loss) from fundraising events	▶	0		0	0
	9a	Gross income from gaming	- 1				
		activities. See Part IV, line 19 . 9a	0				
		Less: direct expenses 9b	0				
		Net income or (loss) from gaming activities	>	0	0	0	0
	ıva	Gross sales of inventory, less returns and allowances 10a					
	J_	104	0				
	b C	Less: cost of goods sold 10b Net income or (loss) from sales of inventory	0				
-	<u> </u>	Business Cod	de	0	0	0	0
Miscellaneous Revenue	11a	Dusiness Cod	ue				
scellaneo Revenue	b		\dashv				
ella ÿei	C		\dashv				
Sc	d	All other revenue		0	0	0	0
Σ		Total. Add lines 11a–11d		0			
	12	Total revenue. See instructions		7,019	0	0	0

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

	Check if Schedule O contains a response		e in this Part IX .		<u>v</u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	_			
2	Grants and other assistance to domestic	0	0		
_	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign	U	U		
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified	0	U	0	0
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
•		0	0	0	0
9 10	Other employee benefits	0	0	0	0
11	Fees for services (nonemployees):	U	U	0	0
а	Management	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0	_		0
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	0
Э	(A), amount, list line 11g expenses on Schedule O.)	1,896	1,896	0	0
12	Advertising and promotion	100	100	0	0
13	Office expenses	801	448	353	0
14	Information technology	3,964	3,964	0	0
15	Royalties	0	0	0	0
16	Occupancy	8,865	8,865	0	0
17 18	Travel	266	266	0	0
-	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	125	125	0	0
20	Interest	55	0	55	0
21	Payments to affiliates	376	26	350	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23 24	Insurance	0	0	0	0
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.)				
а	Online donation service	1,693	1,693	0	0
b	Taxes, licenses, permits	90	0	90	0
C	Bank charges	1,842	0	1,842	
d e	Other admin and program expenses All other expenses	16	0	16	0
25	Total functional expenses. Add lines 1 through 24e	20,089	17,383	2,706	0
26	Joint costs. Complete this line only if the	20,007	,505	2,700	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if				
	following ŠOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	. 2,406	1	1,232
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	0
	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	6	5	2.047
	6	Loans and other receivables from other disqualified persons (as defined	2,701	3	2,967
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
ts	7	Notes and loans receivable, net		7	0
Assets	8	Inventories for sale or use	. 0	8	0
Ä	9	Prepaid expenses and deferred charges	. 0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0	10c	
	11	Investments—publicly traded securities	. 0	11	0
	12	Investments – other securities. See Part IV, line 11	. 0	12	0
	13	Investments – program-related. See Part IV, line 11	. 0	13	0
	14	Intangible assets			0
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	. 5,373	16	4,199
	17	Accounts payable and accrued expenses	. 2,970	17	15,122
	18	Grants payable	. 0	18	0
	19	Deferred revenue	. 0	19	0
	20	Tax-exempt bond liabilities	. 0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	. 0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director trustee, key employee, creator or founder, substantial contributor, or 35%	6		
iab		controlled entity or family member of any of these persons	1,030		1,850
_	23	Secured mortgages and notes payable to unrelated third parties			0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part 2	d X	24	0
		of Schedule D	•		
	26	Total liabilities. Add lines 17 through 25	. 4,820	26	16,972
nces		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	. 553	27	-12,773
I B	28	Net assets with donor restrictions	. 0	28	0
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
)t /	32	Total net assets or fund balances	. 553	32	-12,773
ž	33	Total liabilities and net assets/fund balances		33	4,199

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			~
1	Total revenue (must equal Part VIII, column (A), line 12)			7,	,019
2	Total expenses (must equal Part IX, column (A), line 25)			20,	,089
3	Revenue less expenses. Subtract line 2 from line 1			-13,	,070
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4				553
5	Net unrealized gains (losses) on investments				0
6	Donated services and use of facilities				0
7	Investment expenses				0
8	Prior period adjustments				0
9	Other changes in net assets or fund balances (explain on Schedule O)				-256
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))			-12,	,773
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	٠.		
		_	`	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain	on			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. [2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	. [2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or	ı a 📗			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	on			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t	the			
	Single Audit Act and OMB Circular A-133?		3a		/
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo to				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u>;</u>	3b	200	

Form **990** (2021)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

(9) (10)

OMB No. 1545-0047

Name of the organization **Employer identification number South Carolina Progressive Network** 65-1305264

Pai	rt I Excess Bene Complete if the	fit Transactione organization	ns (section 501 answered "Yes	(c)(3), s" on l	section Form 99	501(c)(4), a 0, Part IV, li	nd se ine 25	ction 501(c)(29) a or 25b, or For	organizat m 990-E	ion: Z, P	s on Part V	ly). /, line	40b.	
1	(a) Name of disqualified	person	(b) Relationship be			person and		(c) Description	of transact	ion			(d) Corr	rected?
				organiza	ation			(-, ,					Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount under section 4958		d by the orgar	nizatio	n manag 	gers or dis	qualifi 	ed persons du	ring the y	/ear ►	r · \$_			
3	Enter the amount o	of tax, if any, or	n line 2, above,	reimb	ursed by	the organi	izatior	ı		. ▶	· \$_			
Par	Complete if th	ne organization	rested Person answered "Yestount on Form 9	s" on l	Form 99 art X, line	0-EZ, Part \ e 5, 6, or 22	V, line 2.	38a or Form 99	00, Part IV	/, lir	ne 26	3; or i	f the	
(a) 1	Name of interested person	(b) Relationship with organization		fro	oan to or om the nization?	(e) Origir principal am		(f) Balance due	(g) In defau		h) App by boa commi	ard or	(i) Wi agreer	ritten ment?
				То	From				Yes No	, ,	Yes	No	Yes	No
(1)	Omari Fox	Co-Chair	Stipend advan		V	,	1,967	2,967	·		~			~
(2)	Brett Bursey	Director	Operating loar	~			750	1,850	V		~			~
(3)	•													
(4)										T				
(5)										T				
(6)										\top				
(7)										\top				
(8)										\top				
(9)										\top				
(10)										\top				
Tota	l						. •	\$ 4,817						
Par	t III Grants or Ass	sistance Bene ne organization	efiting Interestor answered "Yes	ed Pe	rsons.		ine 27	•						
	a) Name of interested person		nship between intere and the organizatio		(c) Amount	of assistance	(d) Type of assistance	е	(e) F	Purpos	se of a	ssistan	се
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)													_	_
(8)														

Schedule L	(Form 990 or 990-EZ) 2021				F	Page 2
Part IV	Business Transactions Invo	olving Interested Persons. answered "Yes" on Form 990	, Part IV, line 28a, 2	8b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
					Yes	No
(1)						1
(2)						
(3)						
(4)					-	
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information. Provide additional information	n for responses to questions	on Schadula I. (saa	instructions)		
	1 Tovide additional information	Trior responses to questions t	on ochedule L (see	instructions).		

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ. Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

Open to Public Inspection

Name of the organization	Employer identification number
South Carolina Progressive Network	65-1305264
Form 990, Part VI, Section A, Line 2 - Brett Bursey and Rebecca Robbins; family relationship	
Form 990, Part VI, Section B, Line 11b - Form 990 is reviewed by financial staff, Executive Director, and ac	countant
Form 990, Part VI, Section C, Line 19 - Governing documents are available on request	
Form 990, Part IX, Line 11g - Contract services for outreach / education	
Form 990, Part XI, Line 9 - Adjust fund balances to actual	
- Company of the state of the s	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Open to Public Inspection

South Carolina Progressive Network

Employer identification number 65-1305264

(a) Name, address, and EIN (if applicable) of disregarded entity		Prima	(b) ary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cor entit	ntrolling
<u>(1)</u>								
(2)								
(3)								
(4)								
<u>(5)</u>								
(6)								
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations d	zations. Compuring the tax y	olete if th	he organization	answered "Yes" o	on Form 990, Par	t IV, line 34, bed	ause it h	nad
(a) Name, address, and EIN of related organization	(b) Primary act	tivity	(c) Legal domicile (state or foreign country		(e) Public charity status (if section 501(c)(3))		g Section con	(g) 512(b)(13) trolled ntity?
							Yes	No
(1) SC Progressive Network Education Fund (57-1069839) PO Box 8325, Columbia, SC 29202-8325	Promote socia and equality	l justice	SC	501(c)(3)	7: section 170(b)((1) N/A		~
(2)	-							
(3)	-							
<u>(4)</u>	-							
(5)	-							
(6)								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets			Disproportionate		Disproportionate		Disproportional		Disproportional				Disproportionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	i) eral or aging ner?	(k) Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No													
(1)																								
(2)																								
(3)																								
(4)																								
(5)																								
(6)																								
(7)																								

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

(a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or foreign country)	(d)	(e)	(f)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 conti ent	(i) 512(b)(13) rolled tity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Yes No

1a

1b

1c

1d

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

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

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

Gift, grant, or capital contribution from related organization(s)

е	Loans or loan guarantees by related organization(s)					•	•	•			1e	V
	Dividends from related organization(s)										1f	V
g	Sale of assets to related organization(s)									_	ii Ig	\ <u>\</u>
9 h	Purchase of assets from related organization(s)										ig Ih	\ <u>\</u>
 i	Exchange of assets with related organization(s)										1i	\ <u>'</u>
i	Lease of facilities, equipment, or other assets to related organization(s)										 1i	\ <u>'</u>
,	20000 01 radinates, equipment, or early assess to related enganization(e)					•	•	•				
k	Lease of facilities, equipment, or other assets from related organization(s)										1k	V
1	Performance of services or membership or fundraising solicitations for related organization(s)										11	·
m											m	·
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										1n	~
О	Sharing of paid employees with related organization(s)										lo	~
р	Reimbursement paid to related organization(s) for expenses									.	1p	'
q	Reimbursement paid by related organization(s) for expenses									. [1q	'
r	Other transfer of cash or property to related organization(s)										1r	~
S	Other transfer of cash or property from related organization(s)										1s	'
2 2	Other transfer of cash or property from related organization(s)											
2 2	If the answer to any of the above is "Yes," see the instructions for information on who must c	omplete this	s line, inclu	iding cov	ered rel	ation	ships	and t	rans	action (d)	thresho	lds.
<u>s</u> 2		omplete this (b)	s line, inclu) ction	iding cov	ered rel	ation	ships	and t	rans	action (d)		lds.
	If the answer to any of the above is "Yes," see the instructions for information on who must c (a) Name of related organization	omplete this (b) Transa type (a	s line, inclu) ction	iding cov	ered rel	ation I	ships : Meth	and t	rans	action (d)	thresho	lds.
S	If the answer to any of the above is "Yes," see the instructions for information on who must c	omplete this (b)	s line, inclu) ction	iding cov	ered rel	ation I	ships	and t	rans	action (d)	thresho	lds.
	If the answer to any of the above is "Yes," see the instructions for information on who must c (a) Name of related organization	omplete this (b) Transa type (a	s line, inclu) ction	iding cov	ered rel	ation I	ships : Meth	and t	rans	action (d)	thresho	lds.
S (1)	If the answer to any of the above is "Yes," see the instructions for information on who must c (a) Name of related organization	omplete this (b) Transa type (a	s line, inclu) ction	iding cov	ered rel	ation I	ships : Meth	and t	rans	action (d)	thresho	lds.
S	If the answer to any of the above is "Yes," see the instructions for information on who must c (a) Name of related organization	omplete this (b) Transa type (a	s line, inclu) ction	iding cov	ered rel	ation I	ships : Meth	and t	rans	action (d)	thresho	lds.
S (1)	If the answer to any of the above is "Yes," see the instructions for information on who must c (a) Name of related organization	omplete this (b) Transa type (a	s line, inclu) ction	iding cov	ered rel	ation I	ships : Meth	and t	rans	action (d)	thresho	lds.
S (1)	If the answer to any of the above is "Yes," see the instructions for information on who must c (a) Name of related organization	omplete this (b) Transa type (a	s line, inclu) ction	iding cov	ered rel	ation I	ships : Meth	and t	rans	action (d)	thresho	lds.
(1) (2) (3)	If the answer to any of the above is "Yes," see the instructions for information on who must c (a) Name of related organization	omplete this (b) Transa type (a	s line, inclu) ction	iding cov	ered rel	ation I	ships : Meth	and t	rans	action (d)	thresho	lds.
(1) (2) (3)	If the answer to any of the above is "Yes," see the instructions for information on who must c (a) Name of related organization	omplete this (b) Transa type (a	s line, inclu) ction	iding cov	ered rel	ation I	ships : Meth	and t	rans	action (d)	thresho	lds.
S (1)	If the answer to any of the above is "Yes," see the instructions for information on who must c (a) Name of related organization	omplete this (b) Transa type (a	s line, inclu) ction	iding cov	ered rel	ation I	ships : Meth	and t	rans	action (d)	thresho	lds.
(1) (2) (3) (4)	If the answer to any of the above is "Yes," see the instructions for information on who must c (a) Name of related organization	omplete this (b) Transa type (a	s line, inclu) ction	iding cov	ered rel	ation I	ships : Meth	and t	rans	action (d)	thresho	lds.
(1) (2) (3) (4)	If the answer to any of the above is "Yes," see the instructions for information on who must c (a) Name of related organization	omplete this (b) Transa type (a	s line, inclu) ction	iding cov	ered rel	ation I	ships : Meth	and t	deterr	action (d) mining a	thresho	lds.

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 – 514)	501(c)(3)		(f) Share of total income	(g) Share of end-of-year assets	Disprop	n) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
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Page 5 Schedule R (Form 990) 2021 **Supplemental Information** Provide additional information for responses to questions on Schedule R. See instructions.