

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: SAN DIEGO HEBREW HOMES. Doing business as: SEACREST VILLAGE RETIREMENT COMMUNITIES. Number and street: 211 SAXONY ROAD. City: ENCINITAS, CA 92024.

D Employer identification number: 95-1455284. E Telephone number: (760) 632-0081. G Gross receipts: \$ 22,068,681.

F Name and address of principal officer: PAM FERRIS, 211 SAXONY ROAD, ENCINITAS, CA 92024.

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No.

I Tax-exempt status: 501(c)(3)

J Website: SEACRESTVILLAGE.ORG

K Form of organization: Corporation

L Year of formation: 1944. M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HOUSING AND HEALTH CARE SERVICES TO ELDERLY PERSONS WITHOUT REGARD FOR ABILITY TO PAY.

Table with 2 columns: Description and Amount. Rows include 3 (13), 4 (13), 5 (360), 6 (87), 7a (237,522), 7b (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include 8-12 (Revenue) and 13-19 (Expenses).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include 20-22 (Net Assets or Fund Balances).

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.

Sign Here	Signature of officer	2023-04-20
	BRADLEY BLOSE CFO Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00188643
	Firm's name ▶ MOSS ADAMS LLP				Firm's EIN ▶ 91-0189318
	Firm's address ▶ 4747 EXECUTIVE DR SUITE 1300 SAN DIEGO, CA 92121				Phone no. (858) 627-1400

May the IRS discuss this return with the preparer shown above? (see instructions) **Yes** **No**
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO PROVIDE HOUSING AND HEALTH CARE SERVICES TO ELDERLY PERSONS WITHOUT REGARD FOR ABILITY TO PAY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? **Yes** **No**
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? **Yes** **No**
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 19,629,989 including grants of \$) (Revenue \$ 18,813,801)
PROVIDES FREE AND REDUCED-FEE CARE AND HOUSING TO QUALIFIED RESIDENTS. CHARITY IS PROVIDED THROUGHOUT ALL LEVELS OF CARE OFFERED BY SAN DIEGO HEBREW HOMES. CHARITABLE CARE IS MEASURED BASED ON DIRECT AND INDIRECT COSTS. THE TOTAL COST OF CHARITABLE CARE PROVIDED WAS APPROXIMATELY \$1,904,000.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 19,629,989

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

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Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 5 columns: Question ID, Question Text, Answer Field, Yes/No, and Other. Rows include questions 2a through 15 regarding employee counts, federal returns, business income, foreign accounts, tax shelter transactions, annual gross receipts, deductible contributions, sponsoring organizations, and charitable trusts.

parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
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? If "Yes," complete Form 6069.	17		

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

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

Section 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 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 in Schedule O.	1a	13	
b Enter the number of voting members included in line 1a, above, who are independent	1b	13	
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	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No

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	No
b 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	No
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	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
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	No
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 organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

CA

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- Own website
- Another's website
- Upon request
- Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 BRADLEY BLOSE 211 SAXONY ROAD ENCINITAS, CA 92024 (760) 632-0081

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN RATNER CHAIR	1.00	X		X				0	0	0
(2) DAVID GILBERT TREASURER	1.00	X		X				0	0	0
(3) LEN GREGORY SECRETARY	1.00	X		X				0	0	0
(4) JEFFREY PLATT TRUSTEE	1.00	X						0	0	0
(5) LEO EISENBERG TRUSTEE	1.00	X						0	0	0
(6) JOYCE NELSON TRUSTEE	1.00	X						0	0	0
(7) JONATHAN HALBERG TRUSTEE	1.00	X						0	0	0
(8) LARRY KATZ TRUSTEE	1.00	X						0	0	0
(9) ORNA WITTENBERG TRUSTEE	1.00	X						0	0	0

c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,559,088	0	219,753

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 10**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AJ GALLAGHER PO BOX 742886 LOS ANGELES, CA 90074	INSURANCE SERVICES	615,731
SELECT REHABILITATION LLC PO BOX 71985 CHICAGO, IL 60694	REHABILITATION SERVICES	532,846
SID'S CARPET BARN INC 132 WEST 8TH STREET NATIONAL CITY, CA 92050	CONSTRUCTION	228,933
RAISE RIGHT LLC 2111 44TH ST GRAND RAPIDS, MI 49508	EMPLOYEE RECOGNITION SERVICES	195,280
TWO MAGNETS 340 S LEMON AVE WALNUT, CA 91789	HEALTHCARE STAFFING	100,756

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 9**

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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns				
1b Contributions, Gifts, Grants, and Membership dues				
1c Other Amt Similar Fundraising events				
1d Related organizations	2,069,979			
1e Government grants (contributions)				
1f All other contributions, gifts, grants, and similar amounts not included above	7,885			
1g Noncash contributions included in lines 1a - 1f:\$				
h Total. Add lines 1a-1f	2,077,864			

		Business Code			
Program Service Revenue	2a RESIDENT SERVICES		11,593,874	11,593,874	
	SKILLED NURSING	900099	6,941,229	6,941,229	
	MANAGEMENT SERVICES	900099	186,319	30,000	156,319
	OTHER REVENUE	900099	92,379	11,176	81,203
f All other program service revenue.					
9 Total. Add lines 2a-2f.			18,813,801		

3 Investment income (including dividends, interest, and other similar amounts)		137,567		137,567
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				

		(i) Real	(ii) Personal		
6a Gross rents	6a				
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)					

		(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory	7a	1,039,449			
b Less: cost or other basis and sales expenses	7b	1,034,384			
c Gain or (loss)	7c	5,065			
d Net gain or (loss)				5,065	5,065

8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					

9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					

10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					

Miscellaneous Revenue		Business Code			
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					

14 Total revenue. See instructions	21,034,297	18,576,279	237,522	142,632
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Part IX Statement of Functional Expenses
 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) 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 individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,183,979	72,000	1,111,979	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,539,286	8,924,502	614,784	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	156,098	150,084	6,014	
9 Other employee benefits	1,062,558	897,395	165,163	
10 Payroll taxes	750,041	642,126	107,915	
11 Fees for services (non-employees):				
a Management				
b Legal	19,917		19,917	
c Accounting	54,170		54,170	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,297		5,297	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,893,971	1,629,963	264,008	
12 Advertising and promotion	100,049		100,049	
13 Office expenses	30,260	9,003	21,257	
14 Information technology	73,499		73,499	
15 Royalties				
16 Occupancy	1,047,620	1,047,020	600	
17 Travel	17,800	13,793	4,007	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,185		10,185	
20 Interest	318,588	318,588		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,621,344	2,543,599	77,745	
23 Insurance	497,231	395,424	101,807	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD	1,118,114	1,118,114		
b HEALTHCARE SUPPLIES	388,420	388,420		
c COVID TESTING & RELATED	328,677	328,677		
d REGULATORY FEES	317,488	317,488		
e All other expenses	917,658	833,793	83,865	

All other expenses				
25 Total functional expenses. Add lines 1 through 24e	22,452,250	19,629,989	2,822,261	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X **Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,473,402	1	949,087
	2 Savings and temporary cash investments	495,328	2	152,611
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	729,659	4	616,763
	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		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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	433,905	9	432,872
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,363,257		
	b Less: accumulated depreciation	10b 19,179,663	31,547,486	10c 30,183,594
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	3,105,871	12	4,525,889
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,111,673	15	7,455,539
16 Total assets. Add lines 1 through 15 (must equal line 33)	46,897,324	16	44,316,355	
Liabilities	17 Accounts payable and accrued expenses	2,061,796	17	1,404,817
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,542,341	23	7,264,275
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	2,327,540	25	2,073,082
	26 Total liabilities. Add lines 17 through 25	11,931,677	26	10,742,174
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	31,647,458	27	30,233,495
	28 Net assets with donor restrictions	3,318,189	28	3,340,686
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	34,965,647	32	33,574,181	
33 Total liabilities and net assets/fund balances	46,897,324	33	44,316,355	

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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	21,034,297
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,452,250
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,417,953
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34,965,647
5	Net unrealized gains (losses) on investments	5	-358,702
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	385,189
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	33,574,181

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description