	00			Poturn c	of Organizatio	n Exempt	From In	voom	no Tav		OMB No. 1545-0047
Form	99	<i>i</i> u		Netum							2021
			Under se	ection 501(c), {	527, or 4947(a)(1) of th	ne Internal Revenu	ue Code (exc	cept priv	vate found	lations)	2021
Depart	nent of t	he Treasury		Do not ent	ter social security nun	nbers on this forn	n as it may b	be made	public.		Open to Public
Interna	Revenu	le Service		► Go to w	www.irs.gov/Form990	for instructions a	and the lates	st inforn	nation.		Inspection
	or the	2021 calend		tax year begin			, 2021, ai	nd endi	ng		, 20
		pplicable:		e of organization KH	ERUT					D Emp	loyer identification number
	ddress cl	-		g business as							83-2816420
	ame cha	•			O. box if mail is not delivered to			Room/suit	te	E Telep	bhone number
H	itial retur				RST STREET UNIT						(714)381-4385
		n/terminated			vince, country, and ZIP or forei	gn postal code					ss receipts
H	mended			EIM, CA 92					11(-)	\$	498,453
L A	oplication	n pending	F Name	e and address of prir	ncipal officer:				.,		
		pt status: X	501(c)(3)	501(c) () < (insert no.) 49	947(a)(1) or 5	27		.,		tes included? Yes No
	ebsite:		.KHERUT			947(a)(1) 01 5	21		II INO, H(c) Group		
			Corporation		ociation Other ►		Year of formation	201			gal domicile: CA
Par		Summar				E			.9 101	State of le	
I ui				anization's missi	ion or most significant a	ctivities: TO P	ROVIDE E	דערטווס.		ΤΡΤ.ΟΥΝ	 ENT
		-	-		ING TO HELP REE				-		
e		INDIVIDU				<u>, , , , , , , , , , , , , , , , , , , </u>	-, 120			<u> </u>	
Governance											
ver	2	Check this bo	ox ► 🗌 if t	the organization	discontinued its operat	ions or disposed o	of more than 2	25% of it	ts net asse	ts.	
ê				0	rning body (Part VI, line	•				1	10
کە س			-	-	s of the governing body						8
itie:				-	calendar year 2021 (P					_	18
Activities &				ers (estimate if r						. 6	
Ă	7a	Total unrelate	ed busines:	s revenue from	Part VIII, column (C), lir	ne 12				. 7a	0
	b	Net unrelate	d business	taxable income	from Form 990-T, Part	I, line 11				. 7b	0
									Prior Year	•	Current Year
	8	Contributions	and grants	s (Part VIII, line	1h)			•			325,600
ne	9	Program ser	vice revenu	e (Part VIII, line	e 2g)			•			172,853
Revenue	10	Investment in	icome (Parl	t VIII, column (A	(), lines 3, 4, and 7d)			•			0
Re	11	Other revenu	e (Part VIII	, column (A), lin	ies 5, 6d, 8c, 9c, 10c, ar	nd 11e)					0
	12	Total revenue	e - add lines	s 8 through 11 (must equal Part VIII, co	lumn (A), line 12)					498,453
	13	Grants and s	imilar amou	unts paid (Part I	X, column (A), lines 1-3	6)		•			0
	14	Benefits paid	to or for m	embers (Part Ιλ	K, column (A), line 4)			•			0
	15	Salaries, oth	er compens	sation, employee	e benefits (Part IX, colur	mn (A), lines 5-10)					211,490
see	16a	Professional	fundraising	g fees (Part IX, o	column (A), line 11e)			•			17,500
Expenses			• •		umn (D), line 25) 🕨						
Щ		•	`		nes 11a-11d, 11f-24e)						183,664
					equal Part IX, column (412,654
	19	Revenue less	s expenses	. Subtract line	18 from line 12			•			85,799
ces								-	nning of Curr	ent Year	End of Year
sets					•••••					5,507	373,840
Net Assets or Fund Balances				,						3,639	24,618
					line 21 from line 20 .			•	262	2,868	349,222
Par			re Block		rn, including accompanying scl	hadulaa and atatamanta	and to the heat (of my know	ladaa and ba	liof it io	
					cer) is based on all information			of my know	neuge and be	liei, it is	
											0.7.1.2.0000
Sigr		—	MASQUEI	РА						Da	07-13-2022
-		Signature of officer Date									
Here	-		MASQUEI print name and		R AND EXECUTIVE	DIRECTOR					
		Print/Type pre			Preparer's signature		Date			v	PTIN
Paic	1							~~	Check		
		Jodi Se	TTECK		Jodi Selleck		07-15-202		self-em	ployed	XXXXXXXXX
-	oarer		▶ ►		Financial Group				irm's EIN 🕨		
use	Only	Firm's address	6 🕨	2082 Mic	helson Drive Su	iite 107		P	hone no.		

May the IRS discuss this return with the preparer shown above? See instructions	
For Paperwork Reduction Act Notice, see the separate instructions.	

Irvine CA 92612

No

949-226-8026

Form	990 (2021) KHERUT 83-2816420 F	Page 2
Pa	t 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 EDUCATION, EMPLOYMENT OPPORTUNITIES, AND MENTORING TO HELP REBUILD, UPLIFT, AND	
	TRANSFORM LIVES OF AT RISK INDIVIDUALS.	
	INMOLORY HIVED OF MERIDA INDIVIDUAD.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	
	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.	
40		
4a	(Code:) (Expenses \$ 280,424 including grants of \$) (Revenue \$ 172,853 See SERVICES page for a description of this program service.)
	see SERVICES page for a description of this program service.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 280,424	

Forn	990 (2021) KHERUT 83-2816	420	F	age 3
Pa	rt IV Checklist of Required Schedules			
		r	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		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	. 2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	_		
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	. 5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
-	"Yes," complete Schedule D, Part I	. 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	. 7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
~	complete Schedule D, Part III	. 8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	. 10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	. 10		x
	VII, VIII, IX, or X as applicable.			
а				
a	complete Schedule D, Part VI	. 11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	. 11a		
Ň	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		x
с				
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. 11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d	x	
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		x	
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	. 12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			x
14a	Did the organization maintain an office, employees, or agents outside of the United States?			x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	. 15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	. 17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	x	
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		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 20a		x
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		x
		_	/-	

	n 990 (2021) KHERUT	83-28164	20	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				1
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J.		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
-	to defease any tax-exempt bonds?		24c		
d 25a	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		05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		054		
	If "Yes," complete Schedule L, Part I		25b		x
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%		-		
07	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		x
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		27		v
28	persons? If "Yes," complete Schedule L, Part III		21		x
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):				
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
а	"Yes," complete Schedule L, Part IV.		28a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		20a 28b		x x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		200		^
U	"Yes," complete Schedule L, Part IV.		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		200		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		23		~
50	conservation contributions? If "Yes," complete Schedule M.		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>		0.		~
	complete Schedule N, Part II		32		x
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		x
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
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		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	x	
Par					
			<u></u> .	<u></u> .	
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	<u></u> .	1c		x
			-		

Form	990 (2021) KHERUT 83-28164	20	P	Page 5
Par	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 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	L
	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		<u> </u>
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?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		<u> </u>
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		ļ
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?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		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?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	х	
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		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
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			
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			
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 Q	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		x
	If "Yes," see 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		
	If "Yes," complete Form 6069.			

For	m 990 (2021) KHERUT 83-28164	20	F	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No'	,	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Se	ction A. Governing Body and Management			1
			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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	-		
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	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		v
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x x
6	Did the organization become aware during the year of a significant diversion of the organization's assets:	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			~
74	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
1 0 a	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,			
	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	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
13	describe in Schedule O how this was done. Did the organization have a written whistleblower policy?	12c 13	x	v
14	Did the organization have a written document retention and destruction policy?	14		x x
14	Did the process for determining compensation of the following persons include a review and approval by	14		~
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	x	
	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		x
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JODY MASQUEFA (714)381-4385, 1112 N BROOKHURST STREET UNIT 6, ANAHEIM, CA 92801			

Form 990 (202	21) KHERUT		83-2816420	Page 7
Part VII	Compensation of Officer	s, Directors, Trustees, Key Emp	oyees, Highest Compensated Employ	ees, and
	Independent Contractors	6		
	Check if Schedule O contains a re	esponse or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Ke	ey Employees, and Highest Compensated	Employees	
1a Complete	this table for all persons required t	to be listed. Report compensation for the ca	lendar year ending with or within the	
organization's	tax year.			
 List all c 	of the organization's current office	rs, directors, trustees (whether individuals o	r organizations), regardless of amount of	
compensation.	Enter -0- in columns (D), (E), and	(F) if no compensation was paid.		

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, 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 instructions for the order in which to list the persons above.

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

	lou organizat				(C)					
(A)	(B) Position							(D)	(E)	(F)
Name and title	Average					nan one s both ar	ı	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week (list any							from the organization (W-2/	from related organizations W-2/	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC	organization and
	related	ecto	ution	er	Idue	est c oyee	ēr	1099-NEC)	1099-NEC	related organizations
	organizations below	r	al tru		oyee	ompe				
	dotted line)	lee	istee			ensat				
						fed				
(1) JIM CARTER	10.00									
TREASURER		х						0	0	0
(2) BOB_CURTIS	15.00									
DIRECTOR		х						0	0	0
(3) LAURA_HUNTER	1.00									
DIRECTOR		х						0	0	0
(4) DEBORAH WILLIAMS - RESIGNED 5/17/2	10.25									
DIRECTOR		х						0	0	0
(5) KARLA FOSBURG	5.00									
DIRECTOR		х						0	0	0
(6) JANA MITCHELL	5.00									
DIRECTOR		х						0	0	0
(7) NICK_WILLIAMS	5.00									
SECRETARY		х						0	0	0
(8) JON MILLER	2.00									
DIRECTOR		х						0	0	0
(9) DEMETRIA MOORE	20.00									
DIRECTOR		х						0	0	0
(10)YVES_MASQUEFA	10.00									
FOUNDER AND EXECUTIVE DIRECTOR				х				0	0	0
(11) JODY MASQUEFA	25.00									
FOUNDER AND DIRECTOR OF OPERATIONS				х				0	0	0
(12)										
<u>(13)</u>										
<u>(14)</u>										

	90 (2021) KHERUT									83	3-28164	420	P	9age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, ai	nd H	lighe	est Co	omp	ensated Employe	es (continu	ued)			
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more tha box, unless person is to officer and a director/tr				s both a	n	(D) Reportable compensation from the	(E) Reportab compensat from relat	able ation ated	(F) Estimated of ot compen		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organization 1099-MI 1099-NE	SC/	orga	rom the nization d organiz	
(15)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Subtotal	tion A .		••				· •	0		0			0
2	Total number of individuals (including but not limit	ted to those							ore than \$100,000	of				
	reportable compensation from the organization	•											Yes	No
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>		-		-		-					3		x
4	For any individual listed on line 1a, is the sum of reorganization and related organizations greater the													
	individual					•••						4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			-					5		x
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Report comp										ax vear.			
	(A) Name and business address								(B) Description of service		-	(C) Compens	ation	
	Total number of index and entire stars the short	a hut not li	aito d ta	the		tod) ,ե	•					
2	Total number of independent contractors (includin received more than \$100,000 of compensation from the structure of the struc	-					anove) wn						

art \	0 (202 /III	21) KHERU Statement of Rev		Ie					83-28164	120 Pag
	/	Check if Schedule O co			e or n	ote to any line in thi	s Part VIII			
					<u></u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512–51
	1a	Federated campaigns .	•••		1a					
<u>م</u> ز	b	Membership dues	••		1b					
and Other Similar Amounts	С	Fundraising events			1c	108,105				
Amo	d	Related organizations .			1d					
ilar ,	e	· · · · · · · · · · · · · · · · · · ·				14,785				
Sim	f	and similar amounts not in	-		1f	202,710				
ther	g	Noncash contributions inc				202,710				
ð Þ	5	lines 1a-1f			1g	\$ 2,500				
an	h	Total. Add lines 1a-1f	• •				325,600			
						Business Code				
		HWY 39 SALES				722320	111,008	111,008		
ð	b	CATERING - FOOD				722320	48,272	48,272		
enu		CATERING - BAR				722320	263	263		
Rev	d CATERING SERVERS					722320	8,710	8,710		
Revenue		RENTAL FEES All other program service r				722320	2,916	2,916		
		Total. Add lines 2a-2f .					172,853	1,004		
		Investment income (includi					1,1,000			
		other similar amounts) .								
	4	Income from investment of	tax-e	exempt bond	l proc	eeds►				
	5	Royalties	<u></u>			· · · · · · •				
				(i) Real		(ii) Personal				
		Gross rents								
		Less: rental expenses	6b							
		Rental income or (loss) Net rental income or (loss)	6c			 ►				
		Gross amount from	\square	(i) Securiti		▶ (ii) Other				
	14	sales of assets		(i) Securities		()				
		other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses								
		Gain or (loss)								
		Net gain or (loss)			• • •	· · · · · · •				
		Gross income from fundrai events (not including \$	-	108,105						
,		of contributions reported o								
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
	с	Net income or (loss) from f	undr	aising event	s	· · · · · · ►				
		Gross income from gaming	-							
		activities, See Part IV, line			9a					
		Less: direct expenses .			9b					
		Net income or (loss) from (-	ng activities		···· ►				
	1 0a	Gross sales of inventory, le returns and allowances .			10a					
	b	Less: cost of goods sold			10					
		Net income or (loss) from s				•••••				
						Business Code				
	11a									
3	b									
Revenue	C									
		All other revenue Total. Add lines 11a-11d	••			>				

KHERUT

Page 10

Sect	tion 501(c)(3) and 501(c)(4) organizations must complete all d	columns. All other orgai			
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	67,448	42,218	25,230	
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	136,938	136,938		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,737	6,340	397	
10		367	367		
11	Fees for services (nonemployees):				
a L		1		1 000	
b		1,000		1,000	
C d		740		740	
d	Lobbying	17 500			17 500
e f	Investment management fees	17,500			17,500
	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)	32 002		32 002	
12	Advertising and promotion	32,002 5,619		32,002 5,619	
13	Office expenses	5,761		5,761	
14		1,667		1,667	
15	Royalties	1,007		1,007	
16					
17	Travel	17,939	17,939		
18	Payments of travel or entertainment expenses	217505	1,7505		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,604	1,604		
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,908	8,908		
23		3,352	• •	3,352	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	EMPLOYEE UNIFORMS	635	635		
b	SCHEDULING PROGRAM	316	316		
С	CERTIFICATIONS	635	635		
d	FACILITIES & EQUIPMENT	39,175	2,058		37,117
е	All other expenses	64,311	62,466	1,845	
25	Total functional expenses. Add lines 1 through 24e	412,654	280,424	77,613	54,617
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 F if				
	following SOP 98-2 (ASC 958-720)				

	990 (20	D21) KHERUT	83	3-28164	420 Page 11
Par	t 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	109,340	1	159,090
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	12,364	3	
	4	Accounts receivable, net		4	4,614
	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	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2,870	8	13,118
As	9	Prepaid expenses and deferred charges	10,000	9	12,328
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 106,911			
	b	Less: accumulated depreciation		10c	95,578
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	131,933	15	89,112
	16	Total assets. Add lines 1 through 15 (must equal line 33)	266,507	16	373,840
	17	Accounts payable and accrued expenses	385	17	5,693
	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	
es	22	Loans and other payables to any current or former officer, director,			
olliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	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			
			3,254	25	18,925
	26	Total liabilities. Add lines 17 through 25 Operations that follows 54 00 000 on a back lines	3,639	26	24,618
		Organizations that follow FASB ASC 958, check here x			
es	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	004 605	27	
anc	27		224,605		309,003
Bal	28	H	38,263	28	40,219
pu					
r Fu	20	and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
S 0	29 30	Paid-in or capital surplus, or land, building, or equipment fund		29 30	
iset	30 31	Retained earnings, endowment, accumulated income, or other funds		30	
Net Assets or Fund Balances	32	Total net assets or fund balances	262,868	32	349,222
Ne.	33	Total liabilities and net assets/fund balances		33	
	33		266,507	33	373,840

EEA

Form 990 (2021)

Form	990 (2021) KHERUT 83	3-28164	20	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. x
1	Total revenue (must equal Part VIII, column (A), line 12)	1		498,	,453
2	Total expenses (must equal Part IX, column (A), line 25)	2		412,	,654
3	Revenue less expenses. Subtract line 2 from line 1	3		85,	,799
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		262,	,868
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			555
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		349,	,222
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \Box$
				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				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		х
	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		х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		. 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	<u>.</u> .	. 3b		
EEA			Form	990 (2021)

SCHEDULE	Α
(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.

OMB No. 1545-0047
2021

			Complete il tile o	rganization is a section	Sor(c)(S) organization of a se	ction 4947(a)		st chantable trust.			
Depa	rtment of	the Treasury		Attac	h to Form 990 or Form	990-EZ.			Open to Public		
Internal Revenue Service Go			► Go	to www.irs.gov/Fo	Form990 for instructions and the latest information.			rmation.	Inspection		
Name	e of the o	organization						Employer identification	on number		
KHE	RUT							83-28164	20		
Pa	rt I	Reason	for Public Cha	rity Status. (Al	l organizations mus	st comple	ete this p	part.) See instruct	ions.		
The	organiza	ation is not a	private foundation b	ecause it is: (For lir	nes 1 through 12, check of	only one bo	ox.)				
1	A	church, con	vention of churches,	, or association of c	hurches described in se	ction 170	(b)(1)(A)(i)				
2	A :	school desc	ribed in section 170)(b)(1)(A)(ii). (Attac	h Schedule E (Form 99	0).)					
3	=	•		•	ion described in sectior						
4	A	medical res	earch organization o	perated in conjunc	tion with a hospital desc	ribed in se	ction 170	(b)(1)(A)(iii). Enter the	e		
		•	e, city, and state:								
5	🗌 Ar	n organizatio	n operated for the be	enefit of a college o	r university owned or op	erated by a	a governme	ental unit described in			
		-)(1)(A)(iv). (Comple	,							
6	=		•	•	I unit described in section						
7		-			art of its support from a g	governmen	tal unit or f	rom the general public	:		
			ection 170(b)(1)(A)								
8	_				(vi). (Complete Part II.)						
9		-	-		ction 170(b)(1)(A)(ix) o		-	-	ollege		
		-	r a non-land-grant co	ollege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or			
		iversity:		· (4) //							
10					33 1/3% of its support fr subject to certain exception				DSS		
	su	pport from g	ross investment inco	ome and unrelated I	ousiness taxable income	(less sect	ion 511 tax				
44			•		e section 509(a)(2). (Co	•		N			
11 12		-		-	to test for public safety.				and of		
12					ed in section 509(a)(1)						
				-	e of supporting organiza						
	a 🗌		•		ervised, or controlled by		•	-	nivina		
	• 🗆				rly appoint or elect a ma		-	.,	jiving		
			• • • •		rt IV, Sections A and E						
	b 🗌		-	-	controlled in connection		pported or	ganization(s), by hav	na		
-				•	tion vested in the same		• •	• • • •	•		
			on(s). You must co					3			
c	c □	-	. ,	•	rganization operated in o	connection	with, and	functionally integrated	d with,		
		its suppor	ed organization(s) (see instructions). Y	ou must complete Par	t IV, Secti	ons A, D,	and E.	·		
c	d 🗌	Type III n	on-functionally into	egrated. A support	ing organization operate	d in conne	ction with	its supported organization	ation(s)		
		that is not	functionally integrate	ed. The organization	n generally must satisfy a	a distributio	n requirem	ent and an attentivene	SS		
		requireme	nt (see instructions)	. You must compl	ete Part IV, Sections A	and D, an	nd Part V.				
(e 🗌	Check this	box if the organizat	ion received a writte	en determination from the	e IRS that it	t is a Type	I, Type II, Type III			
		functionall	y integrated, or Type	e III non-functionally	integrated supporting o	rganizatior	۱.				
f	f Ente	r the numbe	r of supported orgar	nizations					• • • •		
	g Prov	vide the follo	wing information abo	out the supported or	ganization(s).			1			
	(i) Name	e of supported o	ganization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of		
					(described on lines 1-10 above (see instructions))	listed in you docum	ur governing nent?	support (see instructions)	other support (see instructions)		
							 T				
-						Yes	No				
(A)											
(B)											
(C)											
(D)											
(E)											

Schedu	le A (Form 990) 2021 KHERUT					83-2816420	
Part	II Support Schedule for Organiza	ations Desc	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	vi)
	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if the	e organizatior	n failed to qua	lify under
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, pl	lease comple ⁻	te Part III.)	
Secti	on A. Public Support				_		
Calen	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
-	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	(a) 2017	(6) 2010	(0) 2013	(u) 2020	(6) 2021	
8	Gross income from interest, dividends,						
0							
	payments received on securities loans,						
	rents, royalties, and income from						
•							
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her	e					🕨 📋
	on C. Computation of Public Suppor					1 1	
14	Public support percentage for 2021 (line 6					14	%
15	Public support percentage from 2020 Sch					15	%
16a	33 1/3% support test - 2021. If the organ						
	box and stop here. The organization qual			-			
b	33 1/3% support test - 2020. If the organ	ization did not	t check a box o	n line 13 or 16	a, and line 15	is 33 1/3% or m	ore, check
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 202	21. If the organ	nization did not	check a box c	on line 13, 16a,	or 16b, and line	e 14 is
	10% or more, and if the organization meet						
	Part VI how the organization meets the factor	cts-and-circun	nstances test.	The organization	on qualifies as	a publicly supp	orted
	organization						► 🗌
b	10%-facts-and-circumstances test - 202	20. If the organ	nization did not	t check a box o	on line 13, 16a,	16b, or 17a, ar	
	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	
	organization			-			·
18	Private foundation. If the organization di						
-	instructions						

Schedul	le A (Form 990) 2021 KHERUT					83-281642	0 Page 3
Part	III Support Schedule for Organiza	ations Desci	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	e 10 of Part I o	or if the organ	ization failed	to qualify und	der Part II.
	If the organization fails to qualify	under the te	sts listed belo	w, please cor	mplete Part II	.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") .			193,380	244,042	325,600	763,022
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				17,389	172,853	190,242
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			193,380	261,431	498,453	953,264
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						953,264
	on B. Total Support		1				
Calen	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6			193,380	261,431	498,453	953,264
9 10a	Gross income from interest, dividends,			193,380	261,431	498,453	953,264
	Gross income from interest, dividends, payments received on securities loans, rents,			193,380	261,431	498,453	953,264
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			193,380	261,431	498,453	953,264
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less			193,380	261,431	498,453	953,264
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses			193,380	261,431	498,453	953,264
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			193,380	261,431	498,453	953,264
10a b c	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b			193,380	261,431	498,453	953,264
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business			193,380	261,431	498,453	953,264
10a b c	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether			193,380	261,431	498,453	953,264
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			193,380	261,431	498,453	953,264
10a b c	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or			193,380	261,431	498,453	953,264
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets			193,380	261,431	498,453	953,264
10a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			193,380	261,431	498,453	953,264
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						953,264
10a b c 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0		193,380	261,431	498,453	953,264
10a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ganization's fi	rst, second, thi	193,380	261,431	498,453	953,264
10a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ganization's fi		193,380	261,431 th tax year as a	498,453 a section 501(c	<u>953,264</u>
10a b c 11 12 13 14 <u>Secti</u>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	ganization's fi e t Percentag	e	193,380 rd, fourth, or fift	261,431 th tax year as a	498,453 a section 501(c	953,264 c)(3) ▶ 🕱
10a b c 11 12 13 14 <u>Secti</u> 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	ganization's fi e t Percentag B, column (f), d	e ivided by line 1	193, 380 rd, fourth, or fift 3, column (f))	261,431 th tax year as a	498,453 a section 501(a	953,264 c)(3) ▶ 🕱
10a b c 11 12 13 14 <u>Secti</u> 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	ganization's fi e t Percentag , column (f), d edule A, Part	e ivided by line 1 III, line 15	193, 380 rd, fourth, or fift 3, column (f))	261,431 th tax year as a	498,453 a section 501(c	953,264 c)(3) ► 🕱
10a b c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ganization's fi e t Percentag s, column (f), d edule A, Part come Perce	e ivided by line 1 II, line 15 . ntage	193, 380 rd, fourth, or fift	261,431 th tax year as a	498,453 a section 501(c 15 16	953,264 c)(3) ▶ x %
10a b c 11 12 13 14 <u>Sectii</u> 15 16 <u>Sectii</u> 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ganization's fi re rt Percentag s, column (f), d edule A, Part come Perce ine 10c, colum	e ivided by line 1 III, line 15 ntage nn (f), divided b	193,380 rd, fourth, or fift 3, column (f)) y line 13, colur	261,431 th tax year as a	498,453 a section 501(c 15 16 17	953,264 c)(3) ▶ x % %
10a b c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u> 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ganization's fi e t Percentag a, column (f), d edule A, Part come Perce ine 10c, colum Schedule A, I	e ivided by line 1 III, line 15 ntage nn (f), divided b Part III, line 17	193,380 rd, fourth, or fiff 3, column (f)) y line 13, colur	261,431 th tax year as a	498,453 a section 501(c 15 16 17 18	953,264 :)(3) ► X % % % %
10a b c 11 12 13 14 <u>Sectii</u> 15 16 <u>Sectii</u> 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	ganization's fi e t Percentag d, column (f), d edule A, Part come Perce ine 10c, colum Schedule A, I nization did no	e ivided by line 1 III, line 15 ntage nn (f), divided b Part III, line 17 ot check the bo	193, 380 rd, fourth, or fift 	261,431 th tax year as a 	498,453 a section 501(c 15 16 17 18 ore than 33 1/3	953,264 c)(3) ▶ X % % % %, and line
10a b c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u> 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	ganization's fi e t Percentag b, column (f), d edule A, Part come Perce ine 10c, colum Schedule A, I nization did no ox and stop h	e ivided by line 1 III, line 15 ntage nn (f), divided b Part III, line 17 of check the bo ere. The organ	193,380 rd, fourth, or fiff 	261,431 th tax year as a nn (f)) nd line 15 is mo s as a publicly	498,453 a section 501(c 15 16 17 18 ore than 33 1/3 supported orga	953,264 c)(3) ▶ x % % %, and line anization ► □
10a b c 11 12 13 14 <u>Sectii</u> 15 16 <u>Sectii</u> 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ganization's fi e t Percentag b, column (f), d edule A, Part come Perce ine 10c, colum Schedule A, I nization did no ox and stop h on did not chec	e ivided by line 1 III, line 15 ntage nn (f), divided b Part III, line 17 of check the bo ere. The organ k a box on line 14	193, 380 rd, fourth, or fift 3, column (f)) y line 13, colur x on line 14, ar ization qualifies 4 or line 19a, and	261,431 th tax year as a nn (f)) nd line 15 is more s as a publicly I line 16 is more	498,453 a section 501(c 15 16 17 18 ore than 33 1/3 supported orgation than 33 1/3%, a	953,264 c)(3) ▶ X % %, and line anization ► [] nd
10a b c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u> 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	ganization's fi e t Percentag b , column (f), d edule A, Part come Perce ine 10c, colum Schedule A, I nization did no ox and stop h ion did not chec x and stop here	e ivided by line 1 III, line 15 ntage nn (f), divided b Part III, line 17 ot check the bo ere. The organ k a box on line 14 c. The organizatio	193,380 rd, fourth, or fift 	261,431 th tax year as a 	498,453 a section 501(a 15 16 17 18 ore than 33 1/3 supported orgation than 33 1/3%, a ed organization	953,264 (3) ► X % % % % % % 1%, and line anization ► □ nd ► □

	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part		•	e
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part	V.)	
Secti	on A. All Supporting Organizations			
			Yes	Nc
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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i>			
	lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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.	9c		
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 10b below.	10a		
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.)

10b

Schedule A (Form 990) 2021

Part IV **Supporting Organizations**

KHERUT

(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

S

			res	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
4	Did the generative back, members of the generative back, officers estimative in their official especific estructure is a		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sacti	the supported organization(s). on D. All Type III Supporting Organizations	1		
Secu	on D. An Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	-		
Ũ	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructic	ns).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	ctions)	ł.	
C		/	Yes	No
с 2	Activities Lest. Answer lines 2a and 2b below.			-
2	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
2	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			
2	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,			
2	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	29		
2 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? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> 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.	2a		
2	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. Did the activities described on line 2a, above, constitute activities that, but for the organization's	2a		
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2 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. 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			
2 a b	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. 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 involvement.	2a 2b		
2 a b	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. 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. Parent of Supported Organizations. Answer lines 3a and 3b below.			
2 a b	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. 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. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		
2 a b 3 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. 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. Parent of Supported Organizations. Answer lines 3a and 3b below . 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 .			
2 a b	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. 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. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		

83-2816420

Page 5

Yes No

Schedule A (Form 990) 2021

 Part IV
 Supporting

KHERUT

Supporting Organizations (continued)

Part				
1	\Box Check here if the organization satisfied the Integral Part Test as a qualifying	-		
	instructions. All other Type III non-functionally integrated supporting organ	izatior	ns must complete Sect	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally inte	arated Type III suppo	rting organization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

	e A (Form 990) 2021 KHERUT				6420 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organ	izations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
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.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				
EEA					Schedule A (Form 990) 202

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

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 	2021			
Name of the organization	Employer identification number				
KHERUT	83-2816420				
Organization type (cheo	ck one):				
Filers of:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

KHERUT			33-2816420
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$57,600	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$14,345	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000	PersonxPayrollNoncashx(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$8,535	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$13,422	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)

Page 2

Employer identification number

Schedule B (Form 990) (2021)

Name of organization

	Centributere (acc instructions). Los duplicate es		83-2816420
Part I (a) No.	Contributors (see instructions). Use duplicate co (b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
7		\$6,864	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

Page 2

Employer identification number

Schedule B (Form 990) (2021)

Name of organization

lame of org	ganization		identification number -2816420		
Part II	Noncash Property (see instructions). Use duplicate co				
	Noncash Property (see instructions). Ose duplicate of		is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$2,500			
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			

SCHEDULE D	
(Form 990)	

Department of the Treasury

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

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

	Revenue Service Go to www.irs.gov/Forms	and the instructions and	d the latest informa	
Name o	f the organization			Employer identification number
KHERU				83-2816420
Pa	t I Organizations Maintaining Donor Advised I	Funds or Other Simi	ilar Funds or Acc	counts.
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 6.	
		(a) Donor advi	ised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets h	eld in donor advised	
	funds are the organization's property, subject to the organization	-		
6	Did the organization inform all grantees, donors, and donor a	-		
	only for charitable purposes and not for the benefit of the dor			
	conferring impermissible private benefit?			
Par				
	Complete if the organization answered "Yes" of	on Form 990 Part IV	line 7	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreation		-	historically important land area
	Protection of natural habitat			certified historic structure
	Preservation of open space	L		
2	Complete lines 2a through 2d if the organization held a qualif	find concervation contrib	ution in the form of a	concervation
2	easement on the last day of the tax year.			
•				Held at the End of the Tax Year
a L	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified historic str			<u>2</u> c
d	Number of conservation easements included in (c) acquired			
~	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the o	irganization during the
	tax year ►	a a manut in la satural		
4	Number of states where property subject to conservation ea		tion honelling of	
5	Does the organization have a written policy regarding the per			
c	violations, and enforcement of the conservation easements in			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nanuling of violations, an	iu eniorcing conserv	ation easements during the year
-		lling of violations, and an	· · · · · · · · · · · · · · · · · · ·	
7	Amount of expenses incurred in monitoring, inspecting, hand	and er	norcing conservation	n easements during the year
•	► \$	we esticly the requireme	nto of contine 170/h	
8	Does each conservation easement reported on line 2(d) abo			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	tinancial statements	s that describes the
Dor	organization's accounting for conservation easements.	of Art Historical		Nther Similar Access
Par				other Similar Assets.
	Complete if the organization answered "Yes" of			
1a	If the organization elected, as permitted under FASB ASC 9	•		
	of art, historical treasures, or other similar assets held for pu			herance of public
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 9	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	r research in further	ance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre	easures, or other similar	assets for financial g	gain, provide the
	following amounts required to be reported under FASB ASC	•		
а	Revenue included on Form 990, Part VIII, line 1		••••	· · · · · ▶ \$
b	Assets included in Form 990, Part X			▶\$

Schedule	D (Form 990) 2021 KHERUT					83-281		Page 2
Part	III Organizations Maintaining (Collections of	Art, Historica	I Treasures	, or Ot	her Similar A	ssets (c	ontinued)
3	Using the organization's acquisition, accession	on, and other record	ds, check any of th	e following that	make sig	pnificant use of its		
	collection items (check all that apply):							
а	Public exhibition		d 🗌 Loa	n or exchange p	orograms	3		
b	Scholarly research		e 🗌 Othe	ər				
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and expla	in how they further	the organizatio	on's exem	npt purpose in Pa	rt	
	XIII.	·		Ū				
5	During the year, did the organization solicit or	receive donations	of art. historical tre	easures. or othe	r similar			
	assets to be sold to raise funds rather than to						. 🗌 Ye	s 🗌 No
Part								
	Complete if the organization a	-	" on Form 990.	Part IV, line	e 9, or i	reported an ar	mount on	Form
	990, Part X, line 21.					•		
1a	Is the organization an agent, trustee, custodia	in or other intermed	liary for contributio	ns or other asse	ets not			
	included on Form 990, Part X?		-				🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII							
			9			A	mount	
с	Beginning balance				. 10			
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo						. 🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII.					•		
Part								
	Complete if the organization a	answered "Yes	" on Form 990.	Part IV. line	e 10.			
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years bac	k (e) Fou	r years back
1a	Beginning of year balance	(1) 01	(1) 1 10 9 20	(0) 100 900		(2)	(0)	
b	Contributions							
c	Net investment earnings, gains, and							
Ŭ								
d	Grants or scholarships							
e	Other expenditures for facilities and							
C	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	ant year and haland	e (line 1a, column	(a)) held as:				
-	Board designated or quasi-endowment							
b	Permanent endowment	%						
c	Term endowment > %	/0						
Ŭ	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	ld equal 100%						
3a	Are there endowment funds not in the posse		zation that are held	l and administer	ed for th	2		
ou	organization by:							Yes No
	(i) Unrelated organizations							
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the							
Part			downient runus.					
Tan	Complete if the organization a		" on Form 990	Part IV line	112 9	See Form 990	Part X	line 10
	Description of property	(a) Cost or oth		st or other basis		Accumulated	(d) Boo	
	Description of property	(investm		(other)		epreciation	(u) 600	ik value
10	Land	,		()		.,		
1a ⊾	Land							
b	Buildings				-			
С Д	Leasehold improvements			100 011		11 222		05 580
d	Equipment			106,911		11,333		95,578
e Tetal	Other			ing 10g \				05 580
i otal.	Add lines 1a through 1e. (Column (d) must e	quai Form 990, Pa	π X, column (B), ll	ne 10c.)		🕨		95,578

Schedule	D	(Form	990)	2021
ooncaulo	-		,	

EEA

(G) (H)

Dage 3

Schedule D (Form 990) 2021 KREKUI		03-2010420 Faye 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		

otal.	(Column	(b)	must ec	แมลไ	Form	990.	Part X	col.	(B) line	12.).				
olun.	Column	(N)	muot og	uui	1 01111	000,	r un n,	001.	10	,	12.).	•	•	•	•

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

. ►

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OFFICE COMPUTERS	1,244
(2)FOOD TRUCK PROJECT-TEMP RESTRICTED	4,206
(3)COMMISSARY KITCHEN-TEMP RESTRICTED	32,013
(4) SALARIES-TEMP RESTRICTED	4,000
(5)FOOD TRUCKS AND VEHICLES	106,729
(6)COMMISSARY TI	6,144
(7)KITCHEN EQUIPMENT	7,057
(8) ECURITY DEPOSITS	1,000
(9)SEE STATEMENT # D9	(73,281)
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	89,112

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal inco	me taxes	
(2)CHASE CRE	DIT CARD	14,619
(3) DIRECT DE	POSIT LIABILITIES	(32)
(4) PAYROLL L	IABILITIES	344
(5\$SALES TAX	PAYABLE	3,994
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) m	nust equal Form 990, Part X, col. (B) line 25.) . 🕨	18,925

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.

	D (Form 990) 2021 KHERUT	83-2816420	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
C	Other losses	_	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		

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

SCHEDULE G (Form 990)Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.				-	OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 				on.	Open to Public Inspection	
Name of the organization		g				Employer identifica	•
KHERUT						83-281	6420
	-	•	•		ered "Yes" on F	orm 990, Part IV, l	ine 17.
		required to comp	,				
— • • • • • •	-	ised funds through a	· _		ties. Check all that a		
a Mail solicitation	ons email solicitations		e L f [of non-government	-	
c Phone solicita			g [2		idraising events	15	
d In-person soli			9 4				
		or oral agreement w	ith any indiv	idual (includir	ng officers, directors,	trustees,	
b If "Yes," list the 1		viduals or entities (fu			sional fundraising se preements under whi	rvices? ch the fundraiser is to b	x Yes No
(i) Name and addre or entity (fur		(ii) Activity	custody of	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	_		
1 MCKENNA KLINE	CONSULTING	GOLF TOURNAMENT		x	77,037	17,500	59,537
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				►	77,037	17,500	59,537
3 List all states in v registration or lic California	-	ion is registered or li	censed to s	olicit contribu	tions or has been no	tified it is exempt from	

	_	· · · · · · · · · · · · · · · · · · ·	SRUT			-2816420 Page
Part	II	Fundraising Events. Com				
		than \$15,000 of fundraising		d gross income on Form	1990-EZ, lines 1 and 6	 List events with
		gross receipts greater than	φ5,000. (a) Event #1	(b) Event #2	(c) Other events	
				(b) Event #2	NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Ð						
anuavav	1	Gross receipts	31,496	77,308		108,804
É L						
	2	Less: Contributions	31,496	57,907		89,403
	3	Gross income (line 1 minus				
		line 2)		19,401		19,401
	4	Cash prizes		825		825
	4			025		625
	5	Noncash prizes		3,598		3,598
	-					
ŝ	6	Rent/facility costs		13,610		13,610
JIRECT EXPENSES	7	Food and beverages		8,049		8,049
ect		F () ()				
ב	8	Entertainment				
	9	Other direct expenses	1,286	49,775		51,061
	•		1,200	107770		51/001
1	10	Direct expense summary. Add lir	nes 4 through 9 in column (o	d)		77,143
	11	Net income summary. Subtract li	ine 10 from line 3, column (o	d)		(57,742)
Part	III	Gaming. Complete if the o	-	Yes" on Form 990, Part	IV, line 19, or reported	more than
		\$15,000 on Form 990-EZ, I	line 6a.			
B			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
				g		
	1	Gross revenue				
0	2	Cash prizes				
Jelises						
ad X	3	Noncash prizes				
5						
חוופנו באר	4	Rent/facility costs				
	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	 □ No	
	7	Direct expense summary. Add lir	nes 2 through 5 in column (o	d)		
	8	Net gaming income summary. S	ubtract line 7 from line 1, co	lumn (d)	<u> </u>	
9	En	ter the state(s) in which the organi	zation conducts doming act	ivitioc:		
a		the organization licensed to conduc				Yes 🗌 No
b		No," explain:				
		•				
10a	We	ere any of the organization's gamin	ng licenses revoked, susper	nded, or terminated during t	the tax year?	Yes 🗌 No
b	lf "	Yes," explain:				

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public
Inspection

Employer identification number 83-2816420

01. Officer, directors, etc. family relationship (Part VI, line 2)

YVES MASQUEFA, EXECUTIVE DIRECTOR AND JODY MASQUEFA, OPERATIONS DIRECTOR ARE HUSBAND AND

WIFE

KHERUT

02. Form 990 governing body review (Part VI, line 11)

2020 TAX RETURNS REVIEWED BY EXECTUIVE DIRECTOR PRIOR TO SIGNING AND FILING.

03. Conflict of interest policy compliance (Part VI, line 12c)

A DOCUMENTED CONFLICT OF INTEREST POLICY IS RETAINED IN A SHARED DRIVE AND IS AVAILABLE

FOR ALL DIRECTORS TO VIEW. ALL DIRECTORS ARE REQUIRED TO COMPLY AND ARE SUBJECT TO REVIEW

AND ENFORCEMENT.

04. CEO, executive director, top management comp (Part VI, line 15a)

COMPENSATION OF THE EXECUTIVE DIRECTOR AND TOP MANAGMENT IS DETERMINED BY THE REVIEW AND

APPROVAL OF THE BOARD.

05. Other officer or key employee compensation (Part VI, line 15b

COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE REVIEW AND APPROVAL OF THE BOARD.

06. Governing documents, etc, available to public (Part VI, line 19)

ALL ENTITY GOVERNING DOCUMENTS ARE AVAILBALE BY REQUEST OR PUBLICLY AVAILABLE AS PER IRS

GUIDELINES.

07. Explanation of other changes in net assets or fund balances (Part XI, line 9)

CURRENT DEPRECIATION EXPENSE ADJUSTMENT

Schedule O (Form 990) 2021	Page 2
Name of the organization KHERUT	Employer identification number 83-2816420
08. List of other fees for services expenses (Part IX, line 11g)	
OUTSIDE CONTRACT SERVICES OUTSIDE CONTRACT SERVICES - \$31,982	
OTHER CONTRACT SERVICES - \$20.00	
09. List of other expenses (Part IX, line 24e)	
GROCERIES - \$56,479	
FOOD PAPER - \$2,790	
MISC, KITCHEN SMALLWARES, RENTALS, ETC	

	4562	Deprecia	tion and A	mortizati	on		OMB No. 1545-0172
Form	4302		nformation on L Attach to your tax		ty)		2021
	ment of the Treasury Revenue Service (99)	► Go to www.irs.gov/Forn	•		test information.		Attachment Sequence No. 179
-	(s) shown on return	-	siness or activity to w			_	fying number
	ERUT			990 - 1			816420
Par	t I Election T	o Expense Certain Property L					
	Note: If you	have any listed property, complete	e Part V before y	ou complete	Part I.		
1		t (see instructions)				1	
2		on 179 property placed in service (2	
3		section 179 property before reduct				3	
4		ation. Subtract line 3 from line 2. If				4	
5		or tax year. Subtract line 4 from line			•		
		structions				5	
6	(a) [Description of property	(b) Cost (busin	ess use only)	(c) Elected cost		
	Lists damage anti-	at any the second second fragmenting of the					
7		nter the amount from line 29 of section 179 property. Add amou			7	8	
8 9		on. Enter the smaller of line 5 or lir				9	
10		lowed deduction from line 13 of you				10	
11	•	itation. Enter the smaller of business ind				11	
12		nse deduction. Add lines 9 and 10,				12	
13	-	lowed deduction to 2022. Add lines			13		
		or Part III below for listed property					
		preciation Allowance and Ot			clude listed property. So	ee insti	uctions.)
14		on allowance for qualified property					-
	during the tax yea	r. See instructions				14	
15		o section 168(f)(1) election				15	
_16	Other depreciation	n (including ACRS)				16	7,914
Par	t III MACRS De	epreciation (Don't include listed	property. See in	structions.)			
			Section A				
17		ns for assets placed in service in ta	• •	•		17	
18	•	to group any assets placed in serv	•	•	° –		
		heck here				Sucto	
	Section	(b) Month and year (c) Basis for deprecia placed in (business/investment)				Joysie	
(a)	Classification of propert	y placed in service only-see instruction		(e) Convention	n (f) Method	(g) D	epreciation deduction
19a	3-year property						
b	5-year property						
C	J						
d	· / · · · · · · · · · · · · · · · · · ·	at #567					994
	15-year property						
f			05		0/1		
	25-year property Residential renta		25 yrs.	MM	S/L S/L		
n			27.5 yrs. 27.5 yrs.	MM			
—i	property Nonresidential re		39 yrs.	MM	S/L		
	property		39 yrs.	MM	S/L S/L		
		C - Assets Placed in Service Duri	ng 2021 Tax Ye			on Sve	stem
20a	Class life				S/L		
	12-year		12 yrs.		S/L		
	30-year		30 yrs.	MM	S/L		
	40-year		40 yrs.	MM	S/L		
	t IV Summary (S	See instructions.)	.				
21	Listed property. E	Enter amount from line 28				21	
22		nts from line 12, lines 14 through 17					
		ppropriate lines of your return. Part		-	see instructions	22	8,908
23		above and placed in service during					
	•	is attributable to section 263A costs			23		

2021 PG01

Name(s) as shown on return

KHERUT

Your Social Security Number

83-2816420

Statement #4

FORM 990-PART III(A)

Statement of Service Accomplishment

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$280424
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$172853

EXPLANATION

JANUARY 2021 - • PREPARED & SENT 2021 DONOR TAX RECEIPTS • CONTINUED MK CARES 12 WEEK COURSE - FUNDRAISING & BUILDING A STRONG BOARD FEBRUARY 2021 - • APPLIED FOR PPP 2.0 • HIRED 1 WOMAN FOR OFFICE ADMINISTRATION PROGRAM MARCH 2021 - • HIRED 2 WOMAN TO BEGIN TRAINING FOR KITCHEN TRAINING PROGRAM • THE FUTURE IS WORKING FUNDRAISER • APPLY & MEETINGS FOR IMPACT PHILANTHROPIC GRANT APRIL 2021 - • PLANNING MEETINGS FOR GOLF TOURNAMENT • HIRED 1 NEW WOMAN TO BEGIN KITCHEN TRAINING PROGRAM May 2021 - • Hired 1 new woman to begin Kitchen Training Program • LOI & Grant Submission for Serving USA Grant June 2021 - • Hired 1 new woman to begin Kitchen Training Program • Virtual Cooking Event for Microsoft Inspire Event July 2021 - • Kherut 2020 Tax Return • Partnership with Rotary District 5320 - Human Trafficking Committee August 2021 • Re-integration Committee Workshop • Golf Tournament Swag, Sponsors, Auction Items September 2021 - • Hired 2 new women to begin Kitchen Training Program • Rooster Grant Presentations October 2021 - • Initial meetings with Be Well for partnership for employment • Golf Tournament Auction Items Collection & Preparation November 2021 -• First Annual Golf Tournament Fundraiser • Received OCCF Philanthropic Grant December 2021 - • Negotiations for new kitchen & office space location • New website outline & donor development program • Applied and received Sun Family Foundation Grant

Name(s) as shown on retu	F	ederal Supporting S	Statements	2021 PG01
KHERUT				83-2816420
	FORM	990 - SCHEDULE I OTHER ASSET		STATEMENT #D9
DESCRIPTIC PETTY CASH UNDEPOSITED F ACCUMULATED D		TMENT		BOOK VALUE \$ 381 \$ 21,916 \$ (95,578)
		FORM 4562 - LINI	E 19D	PG01 Statement #56
BASIS 3,281 3,085 6,800 4,597	RP 10 10 10 10	CV MQ MQ MQ MQ	METHOD SL SL SL SL	DEDUCTION 287 270 255 182
TOTAL				<u> </u>

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	202	21 Page 1
Name(s) as shown on return		FEIN	rage I
KHERUT			83-2816420
	FUNDRAISING EVENTS		
Description			Amount
SPECIAL EVE		\$	
GOLF TOURNA			77,30
	Tota	al: \$_	108,10
Description		\$	Amount
REDIKICIED	<u>GRANTS - PPP 1.0 - 2.0</u>	⊅ al: \$_	
		~∸• ¥ <u>—</u>	1
Description			Amount
	EGULAR GIVING	<u></u>	
	GIVING		
	D GRANTS		101,20
MISC INCOME		al: \$	200,21
Description			Amount
<u>GIFTS IN KI</u>		<u>\$</u>	
	Tota	al: \$_	2,50
Demoniachier			3
Description	IRECTOR - PROGRAM	<u>خ</u>	<u>Amount</u> 25,23
DIRECTOR OF	OPERATIONS	<u>Y</u> _	16,98
		al: \$	42,21
Description		<u>ـــ</u>	Amount
<u>EXECUTIVE D</u>	IRECTOR - MANAGEMENT Tota	1: \$ <u></u>	25,23 25,23

990	Overflow Statement	2021 _{Dage 2}
Name(s) as shown on return	(This page is not filed with the return. It is for your records only.)	FEIN Page 2
KHERUT		83-2816420
Description		Amount
SE LABOR		
OTHER PAYRO	LL EXPENSES	
PAYROLL PRO		70
	Total:	\$ <u>136,93</u>
Description		Amount
SICK PAY		\$ 68
WORKERS COM	P	5,33
<u>EE HEALTH I</u>		31
	Total:	\$6,34
Description		Amount
	DENTAL INSURANCE	<u>\$</u> 39
<u>SS SICK PAY</u>		\$39
Description		Amount
ER 940 TAX		<u>\$ 36</u>
	Total:	\$36 \$36
ER 940 TAX		Amount
ER 940 TAX Description OUTSIDE CON	TRACT SERVICES	Amount \$31,98
ER 940 TAX Description OUTSIDE CON	TRACT SERVICES	Amount \$31,98
ER 940 TAX Description OUTSIDE CON	TRACT SERVICES	Amount \$31,98
ER 940 TAX Description OUTSIDE CON	TRACT SERVICES	\$ 36 \$ 36 \$ 36 \$ 31,98 \$ 31,98 \$ 32,00

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	202	21 Page 3
Name(s) as shown on return		FEIN	ruge J
KHERUT			83-2816420
	MARKETING		
Description			Amount
SOCIAL MEDIA		\$	2,55
EMAIL MARKET			<u> </u>
OTHER MARKET	ULLATERAL		24
OTHER MARKET		al: \$	5,61
		''=	
	OPERATIONS		
Description			Amount
	IS & MEMBERSHIPS	\$	
	ILING	<u>Y</u> _	49
	COPYING		38
OFFICE SUPPL	JES		77
TELEPHONE &	COMMUNICATIONS	<u> </u>	2,19
	Tota	a⊥: \$	5,76
	COMPUTERS AND SOFTWARE		
Deeenintion			3
Description SUBSCRIPTION	IS	\$	Amount 87
WEBSITES		¥_	78
	Tota	al: \$	1,66
	TRANSPORTATION		
	TRANSPORTATION		
Description		<u> </u>	Amount
	INSURANCE	\$	2,55
AUTO INSURAN	AND GASOLINE		<u> </u>
	MAINTENANCE		4,99
LICENSES AND			93
VEHICLE LEAS	E		3,30
	Tota	al: \$	17,93
. .			
Description			Amount
TEAM MEETING		<u> </u>	1,60
	TOTA	··· >=	1,60

Numeric) as shown on return FEN KHERUT 83-28164 Description Amount GENERAL LIABILITY \$ 1, E&O Total: \$ 3, FUNDRAISING 1, Description Amount BLACKBAUD MONTHLY SUBSCRIPTION \$ 2, PAYMENT PROCESSING 1, FUNDRAISING EVENT \$ 2, FOOD PURCHASES AND MISC 33, Total: \$ 5, FOOD PURCHASES - GROCERIES \$ 5, FOOD PURCHASES - OTHER \$ 2, CLEANING SUPPLIES \$ 2, KITCHEN SMALLWARES \$ 2, EVENT RENTALS \$ 2, SQUARE PROCESSING FEES \$ 1, SQUARE PROCESSING FEES 1, STOTAL: \$ 62, Description Amount STORAGE \$ 10, OTHER COSTS 5 10, DEPRECIATION EXPENSE ADJUSTMENT (8,	shown on return FEN JT 83-2816420 ciption Amount S1,55; 1,800 Total: \$ FUNDRAISING \$ ription Amount KBAUD MONTHLY SUBSCRIPTION \$ S2,464 1,160 SMT PROCESSING 1,160 SAISING EVENT 33,481 FOOD PURCHASES AND MISC 33,481 FOOD PURCHASES AND MISC 33,481 FURCHASES - GROCERIES \$ PURCHASES - OTHER 33,481 PURCHASES - OTHER 33,481 FIND PURCHASES - OTHER 33,481 FOOD PURCHASES AND MISC 33,481 FIND PURCHASES - OTHER 5,56,471 PURCHASES - OTHER 3,341 FIND SUPPLIES 2,991 RE PROCESSING FEES 5,77 FIND RALE SUPPLIES 1,62 <tr< th=""><th>990</th><th>Overflow Statement (This page is not filed with the return. It is for your records only.)</th><th>202</th><th>Page 4</th></tr<>	990	Overflow Statement (This page is not filed with the return. It is for your records only.)	202	Page 4		
Description Amount GENERAL LIABILITY \$ 1, E&O 1, E&O 1, FUNDRAISING Total: \$ 3, FUNDRAISING Description BLACKBAUD MONTHLY SUBSCRIPTION \$ 2, PAYMENT PROCESSING 1, FUNDRAISING EVENT \$ 2, FUNDRAISING EVENT \$ 2, FOOD PURCHASES AND MISC 33, Total: \$ 37, FOOD PURCHASES - GROCERIES FOOD PURCHASES - GROCERIES \$ 56, FOOD PURCHASES - OTHER \$ 56, FOOD PURCHASES - OTHER \$ 56, CLEANING SUPPLIES \$ 56, KITCHEN SMALLWARES \$ 1, EVENT RENTALS 1, SQUARE PROCESSING FEES 1, SQUARE PROCESSING FEES \$ 10, OTHER COSTS \$ 10, DESCRIPTION \$ 10, OTHER COSTS \$ 10, DEPERCIATION EXPENSE ADJUSTMENT (8,	ription Stat LIABILITY State of the second sta	Name(s) as shown on return	(This page is not lifed with the return. It is for your records only.)	FEIN	raye 4		
GENERAL LIABILITY \$ 1, E&O Total: \$ 1, E&O Total: \$ 1, FUNDRAISING FUNDRAISING Description \$ 2, PAYMENT PROCESSING 1, FUNDRAISING EVENT \$ 2, Total: \$ 37, 33, FOOD PURCHASES AND MISC 33, FOOD PURCHASES - GROCERIES \$ 56, FOOD PURCHASES - OTHER \$ 56, CLEANING SUPPLIES \$ 56, KITCHEN SMALLWARES 1, EVENT RENTALS 1, SQUARE PROCESSING FEES \$ 10, Description \$ 10, OTHER COSTS \$ 10, DEPERCIATION EXPENSE ADJUSTMENT (8,	XAL LIABILITY \$ 1,55 Total: \$ 1,80 FUNDRAISING Amount Reader of the second secon	KHERUT			83-2816420		
GENERAL LIABILITY \$ 1, E&O Total: \$ 1, E&O Total: \$ 1, FUNDRAISING FUNDRAISING Description \$ 2, PAYMENT PROCESSING 1, FUNDRAISING EVENT \$ 2, FUNDRAISING EVENT \$ 2, FUNDRAISING EVENT \$ 2, FOOD PURCHASES AND MISC 33, FOOD PURCHASES - GROCERIES \$ 56, FOOD PURCHASES - OTHER \$ 56, CLEANING SUPPLIES \$ 56, KITCHEN SMALLWARES 1, SOUARE PROCESSING FEES \$ 10, Description \$ 10, OTHER COSTS \$ 10, DEPERCIATION EXPENSE ADJUSTMENT (8,	XAL LIABILITY \$ 1,55 Total: \$ 1,80 FUNDRAISING Amount Reader of the second secon	Description			Amount		
Total: \$3, FUNDRAISING Amount BLACKBAUD MONTHLY SUBSCRIPTION S 2, PAYMENT PROCESSING Amount FUNDRAISING EVENT FOOD PURCHASES AND MISC Description FOOD PURCHASES - GROCERIES FOOD PURCHASES - PAPER FOOD PURCHASES - PAPER FOOD PURCHASES - OTHER CLEANING SUPPLIES KITCHEN SMALLWARES 1, FOOL PURCESSING FEES Total: \$ 62, Description Amount SOUARE PROCESSING FEES Description Amount S 10, Description Amount S 10, DEPRECIATION EXPENSE ADJUSTMENT (8, 10)	Total: \$3,35 FUNDRAISING Amount Security Subscription PURCHASES - GROCERIES PURCHASES - GROCERIES PURCHASES - PAPER PURCHASES - OTHER Security Subscription Security Subscription <td <="" colspan="2" td=""><td></td><td></td><td>\$</td><td></td></td>	<td></td> <td></td> <td>\$</td> <td></td>				\$	
FUNDRAISING Amount BLACKBAUD MONTHLY SUBSCRIPTION \$ 2, PAYMENT PROCESSING 1, 1, FUNDRAISING EVENT 33, Total: \$ 37, FOOD PURCHASES AND MISC Description Amount FOOD PURCHASES - GROCERIES \$ 56, FOOD PURCHASES - OTHER \$ 56, FOOD PURCHASES - OTHER \$ 2, FOOD PURCHASES - OTHER \$ 56, CLEANING SUPPLIES \$ 1, SQUARE PROCESSING FEES 1, 62, Total: \$ 62, Description Amount STORAGE \$ 10, OTHER COSTS 5 10, 5 10, DEPERCIATION EXPENSE ADJUSTMENT (8,	FUNDRAISING Amount Knownt Amount \$ 2,46 ENT PROCESSING 1,16 Call of the system Call of the system <	E&O			1,80		
Description Amount BLACKBAUD MONTHLY SUBSCRIPTION \$ 2, PAYMENT PROCESSING 1, FUNDRAISING EVENT 33, Total: \$ 2, JOINT FOOD PURCHASES AND MISC Description FOOD PURCHASES - GROCERIES \$ 56, FOOD PURCHASES - PAPER 2, FOOD PURCHASES - OTHER 2, CLEANING SUPPLIES 2, KITCHEN SMALLWARES 2, EVENT RENTALS 1, SQUARE PROCESSING FEES 1, SQUARE PROCESSING FEES 5, Description Amount \$ 5TOTAL: \$ 62, OTHER COSTS 1, DEPRECIATION EXPENSE ADJUSTMENT (8,	Amount KBAUD MONTHLY SUBSCRIPTION \$ 2,46 ENT PROCESSING 1,16 RAISING EVENT 33,48 FOOD PURCHASES AND MISC FOOD PURCHASES AND MISC Amount FOOD PURCHASES AND MISC Ciption PURCHASES - GROCERIES \$ 56,47 PURCHASES - PAPER 2,79 PURCHASES - OTHER 33 NING SUPPLIES \$ 29 LEN SMALLWARES 57 T RENTALS 1,82 Amount Amount Amount Amount \$ 2,79 PURCHASES - OTHER 33 Same 29 PURCHASES 51 For Rentals 1,82 Rentals 62,46 Total: \$ 62,46		Total	: \$	3,35		
BLACKBAUD MONTHLY SUBSCRIPTION \$ 2, PAYMENT PROCESSING 1, FUNDRAISING EVENT 33, FOOD PURCHASES AND MISC 33, Total: \$ 37, FOOD PURCHASES AND MISC Amount FOOD PURCHASES - GROCERIES \$ 56, FOOD PURCHASES - DAPER 2, FOOD PURCHASES - OTHER 2, CLEANING SUPPLIES 2, KITCHEN SMALLWARES 1, EVENT RENTALS 1, SQUARE PROCESSING FEES 1, SOUARE PROCESSING FEES 56, Description 4, STORAGE 1, OTHER COSTS 4, DEPRECIATION EXPENSE ADJUSTMENT (8,	KBAUD MONTHLY SUBSCRIPTION \$ 2,46 ENT PROCESSING 1,16 RAISING EVENT 33,48 Total: \$ 37,11 FOOD PURCHASES AND MISC FOOD PURCHASES AND MISC Amount PURCHASES - GROCERIES PURCHASES - DAPER 2,79 PURCHASES - OTHER 23 NING SUPPLIES 29 HEN SMALLWARES 57 T RENTALS 57 T RENTALS 1,82 RE PROCESSING FEES 16 Total: \$ 62,46 Amount		FUNDRAISING				
BLACKBAUD MONTHLY SUBSCRIPTION \$ 2, PAYMENT PROCESSING 1, FUNDRAISING EVENT 33, FOOD PURCHASES AND MISC 33, Total: \$ Amount FOOD PURCHASES - GROCERIES \$ FOOD PURCHASES - PAPER 2, FOOD PURCHASES - OTHER 2, FOOD PURCHASES - OTHER 2, FOOD PURCHASES - OTHER 2, CLEANING SUPPLIES 1, KITCHEN SMALLWARES 1, EVENT RENTALS 1, SQUARE PROCESSING FEES 1, SOUARE PROCESSING FEES 1, STORAGE 10, OTHER COSTS 4 DEPRECIATION EXPENSE ADJUSTMENT (8,	KBAUD MONTHLY SUBSCRIPTION \$ 2,46 ENT PROCESSING 1,16 RAISING EVENT 33,48 Total: \$ 37,11 FOOD PURCHASES AND MISC FOOD PURCHASES AND MISC FOOD PURCHASES AND MISC PURCHASES - GROCERIES PURCHASES - DAPER 2,79 PURCHASES - OTHER 23 NING SUPPLIES 29 HEN SMALLWARES 57 T RENTALS 57 T RENTALS 1,82 RE PROCESSING FEES 16 Total: \$ 62,46 Amount Amount KGE 30 ACOSTS 34 COSTS ACIATION EXPENSE ADJUSTMENT (8,90	Description			Amount		
FUNDRAISING EVENT 33, Total: \$ STORAGE OTHER COSTS Amount Amount SUPPRECIATION EXPENSE ADJUSTMENT 33, Total: \$ STORAGE OTHER COSTS Description Amount STORAGE OTHER COSTS DEPRECIATION EXPENSE ADJUSTMENT	ALSING EVENT 33,48 Total: \$ STOTAL: \$ FOOD PURCHASES AND MISC Amount PURCHASES - GROCERIES PURCHASES - DAPER 2,79 PURCHASES - OTHER 33 NING SUPPLIES 33 VING SUPPLIES 29 HEN SMALLWARES 57 PROCESSING FEES 1,82 Total: \$ Amount Amount Amount Amount S 10,40 AGE 34 Amount S 10,40 34 COSTS Adjustment	BLACKBAUD M	ONTHLY SUBSCRIPTION		2,46		
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FOOD PURCHASES AND MISC Amount FOOD PURCHASES - GROCERIES \$ 56, FOOD PURCHASES - PAPER 2, FOOD PURCHASES - OTHER 2, CLEANING SUPPLIES 2, KITCHEN SMALLWARES 2, EVENT RENTALS 1, SQUARE PROCESSING FEES 1, Total: \$ 62, Mount STORAGE 5,000 OTHER COSTS DEPRECIATION EXPENSE ADJUSTMENT	FOOD PURCHASES AND MISC Amount PURCHASES - GROCERIES \$ 56,47 PURCHASES - DAPER 2,79 PURCHASES - OTHER 33 NING SUPPLIES 29 HEN SMALLWARES 57 C RENTALS 1,82 RE PROCESSING FEES 16 Total: \$ 62,46 Amount AGE \$ 10,40 Q COSTS 34 ECIATION EXPENSE ADJUSTMENT (8,90)	FUNDRAISING					
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	e(s) as shown on return												curity number/El	N	
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	FOOD TRUCK BASE	01012019	11,845		100.00			11,845	10	SL HY	10	2,369	1,184	3,553	1,184
2	COMMISSARY IMPROVEMEN		281		100.00			281		SL HY	10	56	28	84	28
3	FOOD TRUCK IMPROVEMEN	04302020	22,309		100.00			22,309	10	SL HY	10		2,231	2,231	2,231
4	FOOD TRUCK MANUFACTUR	08072020	44,713		100.00			44,713	10	SL HY	10		4,471	4,471	4,471
5	FOOD TRUCK EQUIPMENT	02192021	3,281		100.00			3,281	10	SL MQ	8.75		287	287	287
6	FOOD TRUCK MANUFACTUR	03312021	3,085		100.00			3,085	10	SL MQ	8.75		270	270	270
7	FOOD TRUCK MANUFACTUR	07082021	6,800		100.00			6,800	10	SL MQ	3.75		255	255	255
8	FOOD TRUCK MANUFACTUR	10212021	14,597		100.00			14,597	10	SL MQ	1.25		182	182	182

Totals

106,911

2,425

106,911

ST ADJ: 8,908

11,333

8,908

8,908

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ame(s) as shown on retur		with the return. It is for yo	ur records	s only.)			O Number
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orm Multi-Form	Description	Date	Basis		Method	Life	Deduction
RG 1	FOOD TRUCK BASE	01-01-2019		11,845	SL	10	1,184
RG 1	COMMISSARY IMPROVEMENTS	01-01-2019		281	SL	10	28
2G 1	FOOD TRUCK IMPROVEMENTS	04-30-2020		22,309	SL	10	2,231
RG 1	FOOD TRUCK MANUFACTURING	08-07-2020		44,713	SL	10	4,471
RG 1	FOOD TRUCK EQUIPMENT AND	02-19-2021		3,281	SL	10	328
RG 1	FOOD TRUCK MANUFACTURING	03-31-2021		3,085	SL	10	308
RG 1	FOOD TRUCK MANUFACTURING	07-08-2021		6,800	SL	10	680
RG 1	FOOD TRUCK MANUFACTURING	10-21-2021		14,597	SL	10	1,460
	TOTAL						10,690