

### **Instructions**

Included in this DocuSign are the assembled copies of the filings for the organization's records as follows:

- 1. **Internal Copy:** Includes all letters, instructions, and return pages without any redaction. Please review this file, sign, and date where indicated and submit back to CLA.
- 2. **Public Inspection Copy:** Redacted to just the information that is required for public inspection. If anyone from the public were to request a copy of the return or if the return were to be posted, the Public Inspection Copy should be used.

#### Please note:

After the documents have been e-signed and you click 'Finish' - DocuSign will give you the option to log-in - you can log-in at that time and download the executed documents; alternatively, DocuSign will send you another email indicating that the documents have been 'finished' and you can click that link to download and/or print the documents. **Downloading is important as you will not be receiving a paper copy. You have 120 days to download.** 

CLA cannot e-file any return until its signed e-file authorization is returned to CLA.

CLA does recommend all returns included in each PDF be signed and dated for your records.

CLA is not making any payments as part of the e-file or submitting any paper returns on your behalf.

Please initial to indicate that you have read and understand the above:



### CLAconnect.com

CPAs | CONSULTANTS | WEALTH ADVISORS

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See <u>CLAglobal.com/disclaimer</u>. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.





CliftonLarsonAllen LLP CLAconnect.com

# NAAA WARREN YOUNG, SR. SCHOLASTIC FOUNDATION, INC.

### FORM 990-PF INCOME TAX RETURN

FOR YEAR ENDED DECEMBER 31, 2021



CliftonLarsonAllen LLP CLAconnect.com

NAAA Warren Young, Sr. Scholastic Foundation, Inc. 5320 Spectrum Drive D Frederick, MD 21703

NAAA Warren Young, Sr. Scholastic Foundation, Inc.:

Enclosed are the organization's 2021 Exempt Organization return and 2022 estimated tax payment information.

Specific filing instructions are as follows.

#### **FORM 990-PF RETURN:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than as soon as possible the filing deadline.

Form 990-PF has a balance due of \$3,033.

Payments should be made using the Electronic Federal Tax Payment System (EFTPS). Taxpayers can make deposits online at www.eftps.gov or by calling EFTPS Customer Service at 1-800-555-4477. For deposits made by EFTPS to be on time, the organization must initiate the transaction during business hours at least 1 business day before the date the deposit is due. The deposits must be made by the 15th day of the month in which the return is due. If you are using ACH Credit or Same-Day Fedwire methods, please check with the appropriate financial institution for the deadline to ensure timely transmission of funds.

The 990-PF return includes a penalty for underpayment of estimated tax from Form 2220 of \$71.

### **ESTIMATED TAX PAYMENTS FOR FORM 990-PF:**

For your reference we have listed all estimated tax payments and their original due dates below.

Installment No. 4 by 12/15/22 ...... \$3,000

Payments should be made using the Electronic Federal Tax Payment System (EFTPS). Taxpayers can make deposits online at www.eftps.gov or by calling EFTPS Customer Service at 1-800-555-4477. For deposits made by EFTPS to be on time, the organization must initiate the transaction during business hours at least 1 business day before the date the deposit is due. If you are using ACH Credit or Same-Day Fedwire methods, please check with the appropriate financial institution for the deadline to ensure timely transmission of funds.

Please note that there is \$68,450 of undistributed income for 2021 on Form 990-PF. The organization must distribute this amount by the end of its 2022 tax year to avoid the excise tax on undistributed income. In addition, if the organization has undistributed income from previous tax years that must be distributed as well or additional excise taxes will be assessed.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

### A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial
  accounts and foreign activity. Please make sure you have informed us of any foreign financial
  accounts or foreign activity so that we have the necessary information to complete any required
  disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

Form **8879-TE** 

## IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning , 2021, and ending

\_\_\_\_, 2021, and ending \_\_\_\_\_\_\_\_, 20 \_\_\_\_\_

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

► Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TF for the latest inform.

► Go to www.irs.gov/Form8879TE for the latest information.

NAAA WARREN YOUNG, SR. SCHOLASTIC

EIN or SSN 05-0604611

Name and title of officer or person subject to tax

FOUNDATION,

TRICIA HEON

CEO

INC.

| Part I | Type of | Return | and Retu | urn Infoi | mation |
|--------|---------|--------|----------|-----------|--------|
|--------|---------|--------|----------|-----------|--------|

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| 1a        | Form 990 check here                    | b    | Total revenue, if any (Form 990, Part VIII, column (A), line 12)     |           | 1b                     |
|-----------|--|------|--|-----------|------------------------|
| 2a        | Form 990-EZ check here >               | b    | Total revenue, if any (Form 990-EZ, line 9)                          |           | 2b                     |
| За        | Form 1120-POL check here ▶             | b    | Total tax (Form 1120-POL, line 22)                                   |           | 3b                     |
| 4a        | Form 990-PF check here ► X             |      | Tax based on investment income (Form 990-PF, Part V, line 5)         |           | 4b 2,962.              |
| 5a        | Form 8868 check here                   | b    | Balance due (Form 8868, line 3c)                                     |           | 5b                     |
| 6a        | Form 990-T check here                  |      | Total tax (Form 990-T, Part III, line 4)                             |           | 6b                     |
| 7a        | Form 4720 check here                   |      | Total tax (Form 4720, Part III, line 1)                              |           | 7b                     |
| 8a        | Form 5227 check here                   | b    | FMV of assets at end of tax year (Form 5227, Item D)                 |           | 8b                     |
| 9a        | Form 5330 check here                   | b    | Tax due (Form 5330, Part II, line 19)                                |           | 9b                     |
| 10a       | Form 8038-CP check here                | b    | Amount of credit payment requested (Form 8038-CP, Part III, line     | 22)       | 10b                    |
| Part      | II Declaration and Signati             | ıre  | Authorization of Officer or Person Subject to Tax                    |           |                        |
| Jnder p   | penalties of perjury, I declare that X | l aı | m an officer of the above entity or 🔲 I am a person subject to tax v | /ith resp | pect to (name          |
| of entity | /)                                     |      | , (EIN) and that   | ıt I have | examined a copy of the |
|           |  |      |  |           |                        |

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

| PINI- | chack | one | hov | only |
|-------|-------|-----|-----|------|

X Lauthorize CLIFTONLARSONALLEN LLP

to enter my PIN

21703

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter the return's disclosure consent screen.

Signature of officer or person subject to tax 
Part III Certification and Authentication

number (EFIN) followed by your five-digit self-selected PIN.

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

71660642639

Do not enter all zero:

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature 
CLIFTONLARSONALLEN LLP

Date > 12/16/22

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

(Worksheet)

Department of the Treasury Internal Revenue Service

05-0604611 **Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations** 

OMB No. 1545-0047

(and on Investment Income for Private Foundations) FORM 990-PF

► Go to www.irs.gov/Form990W for instructions and the latest information. ► Keep for your records. Do not send to the Internal Revenue Service.

2022

| 1  | Unrelated business taxable income expected in the tax yo   | ear                                  |                               |                          |               | 1   |               |
|----|--|--------------------------------------|-------------------------------|--------------------------|---------------|-----|---------------|
| 2  | Tax on the amount on line 1. See instructions for tax co   | omputa                               | tion                          |                          |               | 2   |               |
|    |  |                                      |                               |                          |               | 3   |               |
|    | Total. Add lines 2 and 3   |                                      |                               |                          |               | 4   |               |
|    |  |                                      |                               |                          |               |     |               |
| 5  | Estimated tax credits. See instructions  |                                      |                               |                          |               | 5   |               |
| 6  | Subtract line 5 from line 4  |                                      |                               |                          |               | 6   |               |
| 7  | Other taxes. See instructions  |                                      |                               |                          |               | 7   |               |
| 8  | Total. Add lines 6 and 7   |                                      |                               |                          |               | 8   |               |
| 9  | Credit for federal tax paid on fuels. See instructions   |                                      |                               |                          |               | 9   |               |
|    | Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the of estimated tax payments. Private foundations, see instructions. Enter the tax shown on the 2021 return. See instructions zero or the tax year was for less than 12 months, skip the and enter the amount from line 10a on line 10c | ctions<br>s. <b>Cauti</b><br>is line |                               | 10a                      | 2,962.        |     |               |
| C  | 2022 Estimated Tax. Enter the smaller of line 10a or line  | e 10b. I                             | f the organization is require | d to skip line 10b, ente | er the amount |     | 2 000         |
|    | from line 10a on line 10c  | ·····                                | (a)                           | ADJUST<br>(b)            | (c)           | 10c | 3,000.<br>(d) |
| 11 | Installment due dates. See instructions  | 11                                   |                               |                          |               |     | 12/15/22      |
| 12 | Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal   |                                      |                               |                          |               |     |               |
|    | installment method, or is a "large organization."  | 12                                   |                               |                          |               |     | 3,000.        |
| 13 | 2021 Overpayment. See instructions   | 13                                   |                               |                          |               |     |               |
| 14 | Payment due (Subtract line 13 from line 12)  | 14                                   |                               |                          |               |     | 3,000.        |

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

Form **8868** 

(Rev. January 2022)

### **Application for Automatic Extension of Time To File an Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) NAAA WARREN YOUNG, SR. SCHOLASTIC print 05-0604611 FOUNDATION, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 5320 SPECTRUM DRIVE, D return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. FREDERICK, MD 21703 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) TRICIA HEON • The books are in the care of ▶ 5320 SPECTRUM DRIVE, SUITE D - FREDERICK, MD 21703 Telephone No. ► 301-696-0400 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or \_\_\_ tax year beginning \_\_\_ , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA

Form 8868 (Rev. 1-2022)

Form **990-PF** 

#### Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2021 or tax year beginning and ending Name of foundation A Employer identification number NAAA WARREN YOUNG, SR. SCHOLASTIC FOUNDATION, INC. 05-0604611 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number 5320 SPECTRUM DRIVE 301-696-0400 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 21703 FREDERICK, MD G Check all that apply: Initial return X Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation **H** Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Cash X Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ...▶ 2,949,662. (Part I, column (d), must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (c) Adjusted net (d) Disbursements for charitable purposes (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income (cash basis only) 18,500. Contributions, gifts, grants, etc., received ...... N/Aif the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 164,979. 164,979. STATEMENT 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 75,590. 6a Net gain or (loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a ..... 603,296. 75,590. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications .... Gross sales less returns 10a and allowances b Less: Cost of goods sold c Gross profit or (loss) 11 Other income  $259,0\overline{69}$ 240,569. Total. Add lines 1 through 11 12 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages ..... 15 Pension plans, employee benefits 16a Legal fees Administrative Expenses b Accounting fees STMT 2 13,362.6,681. 6,681 c Other professional fees STMT 3 23,487. 20,095. 3.392 17 Interest 18 Taxes Depreciation and depletion 19 Occupancy 20 21 Travel, conferences, and meetings ..... Operating and 22 Printing and publications ...... 23 Other expenses STMT 4 3,683. 675. 3,008. 24 Total operating and administrative 27,451. 40,532. 13,081. expenses. Add lines 13 through 23 59,000. 59,000. 25 Contributions, gifts, grants paid ..... 26 Total expenses and disbursements. 99,532. 72,081. Add lines 24 and 25 27,451. 27 Subtract line 26 from line 12: 159,537. **a** Excess of revenue over expenses and disbursements 213,118. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2021)

Form 990-PF (2021) FOUNDATION, INC. 05-0604611 Page 2

|                     | 90-PF (2021) FOUNDATION, INC.   | Doginning of year                       |                          | 604611 Pag                       |
|---------------------|---|---|--------------------------|----------------------------------|
| art                 | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. | Beginning of year (a) Book Value        | End of y  (b) Book Value | ear<br>(c) Fair Market Value     |
| 1                   | Cash - non-interest-bearing   | 51,669.                                 | 115,231.                 |                                  |
|                     |   | 296,595.                                | 335,731.                 |                                  |
|                     | Savings and temporary cash investments  Accounts receivable ► 500.  | 200,000                                 | 333,731.                 | 333,731                          |
| 3                   |   |   | 500.                     | 500                              |
|                     | Less: allowance for doubtful accounts   |   | 300.                     | 300                              |
| 4                   | Pledges receivable  |   |                          |                                  |
| _                   | Less; allowance for doubtful accounts   |   |                          |                                  |
| 5                   | Grants receivable   |   |                          |                                  |
| 6                   | Receivables due from officers, directors, trustees, and other   |   |                          |                                  |
| _                   | disqualified persons  |   |                          |                                  |
| 7                   | Other notes and loans receivable  |   |                          |                                  |
|                     | Less: allowance for doubtful accounts   |   |                          |                                  |
|                     | Inventories for sale or use   | 0.01                                    | 001                      | 0.01                             |
|                     | Prepaid expenses and deferred charges   | 991.                                    | 991.                     | 991                              |
|                     | Investments - U.S. and state government obligations   |   |                          |                                  |
| b                   | Investments - corporate stock   |   |                          |                                  |
| C                   | Investments - corporate bonds STMT 5  | 1,258,266.                              | 1,235,443.               | 1,235,443                        |
| 11                  | Investments - land, buildings, and equipment: basis   |   |                          |                                  |
|                     | Less: accumulated depreciation  |   |                          |                                  |
| 12                  | Investments - mortgage loans  |   |                          |                                  |
| 13                  | Investments - other STMT 6  | 1,235,725.                              | 1,252,661.               | 1,252,661                        |
| 14                  | Land, buildings, and equipment: basis   2,399.  |   |                          |                                  |
|                     | Less: accumulated depreciation 2,399.   |   |                          |                                  |
| 15                  |   | 9,577.                                  | 9,105.                   | 9,105                            |
| 16                  | Total assets (to be completed by all filers - see the   |   |                          |                                  |
|                     | instructions. Also, see page 1, item I)   | 2,852,823.                              | 2,949,662.               | 2,949,662                        |
| 17                  |   |   | , ,                      | ,                                |
| 18                  | Grants payable  |   |                          |                                  |
| 19                  | Deferred revenue  |   |                          |                                  |
| 20                  | Loans from officers, directors, trustees, and other disqualified persons  |   |                          |                                  |
| 21                  | Mortgages and other notes payable   |   |                          |                                  |
|                     | Other liabilities (describe   |   |                          |                                  |
|                     | ,   |   |                          |                                  |
| 23                  | Total liabilities (add lines 17 through 22)   | 0.                                      | 0.                       |                                  |
|                     | Foundations that follow FASB ASC 958, check here  | • | •                        |                                  |
|                     | and complete lines 24, 25, 29, and 30.  |   |                          |                                  |
| 24                  | Net assets without donor restrictions   | 2,777,823.                              | 2,884,162.               |                                  |
| 25                  | Net assets without donor restrictions   | 75,000.                                 | 65,500.                  |                                  |
| 20                  | Foundations that do not follow FASB ASC 958, check here   | 73,000.                                 | 03,300.                  |                                  |
|                     | and complete lines 26 through 30.   |   |                          |                                  |
| 96                  |   |   |                          |                                  |
| 26                  | Capital stock, trust principal, or current funds  |   |                          |                                  |
| 27                  | Paid-in or capital surplus, or land, bldg., and equipment fund  |   |                          |                                  |
| 28                  | Retained earnings, accumulated income, endowment, or other funds  | 2 852 822                               | 2 040 662                |                                  |
| 29                  | Total net assets or fund balances   | 2,852,823.                              | 2,949,662.               |                                  |
| 30                  | Total liabilities and net assets/fund balances  | 2,852,823.                              | 2,949,662.               |                                  |
| art                 |   | •                                       | 2,343,0024               |                                  |
| ar t                | Analysis of Orlanges in Net Assets of Fund Bare   |   |                          |                                  |
|                     | I net assets or fund balances at beginning of year - Part II, column (a), line 29                               |   |                          | 0 0 0 0 0 0 0                    |
| mus                 | st agree with end-of-year figure reported on prior year's return)   |   |                          | 2,852,823                        |
|                     | r amount from Part I, line 27a  |   |                          | 159,537                          |
| nte                 |   |   | 3                        | C                                |
| nte                 | er increases not included in line 2 (itemize)   |   |                          |                                  |
| Ente<br>Othe<br>Add | r increases not included in line 2 (itemize) lines 1, 2, and 3  |   |                          |                                  |
| Ente<br>Othe<br>Add | er increases not included in line 2 (itemize)   |   |                          | 3,012,360<br>62,698<br>2,949,662 |

123511 12-10-21

| Form 990-PF (2021) FOU Part IV Capital Gains:                                | NDATION, INC.  and Losses for Tax on Inv  | vostmont Incomo                               |          |   | 05-                               | 06046                         | 11 Page 3       |
|--|---|---|----------|---|-----------------------------------|-------------------------------|-----------------|
| -  | the kind(s) of property sold (for exam  |   | (b       | ) How acquired<br>P - Purchase                    | (c) Date acq                      | uired                         | (d) Date sold   |
|  | arehouse; or common stock, 200 shs.   |   |          | P - Purchase<br>D - Donation                      | (mo., day,                        |                               | (mo., day, yr.) |
| 1a PUBLICLY TRADE  | D SECURITIES  |   |          | P   |                                   |                               |                 |
| b  |   |   |          |   |                                   |                               |                 |
| C  |   |   |          |   |                                   |                               |                 |
| d  |   |   |          |   |                                   |                               |                 |
| <u>e</u>   |   |   |          |   |                                   |                               |                 |
| (e) Gross sales price  | (f) Depreciation allowed<br>(or allowable)  | (g) Cost or other ba<br>plus expense of sa    |          |   | <b>(h)</b> Gain ((e) plus (f)     |                               |                 |
| a 603,296.   |   | 527,  | 706      |   |                                   |                               | 75,590.         |
| b  |   | •   |          |   |                                   |                               |                 |
| C  |   |   |          |   |                                   |                               |                 |
| d  |   |   |          |   |                                   |                               |                 |
| е  |   |   |          |   |                                   |                               |                 |
| Complete only for assets showing   | ng gain in column (h) and owned by th   | ne foundation on 12/31/69                     |          |   | (I) Gains (Col. (                 |                               |                 |
| (i) FMV as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69  | (k) Excess of col. (<br>over col. (j), if any |          | CC  | ol. (k), but not l<br>Losses (fro | less than -0-<br>om col. (h)) | ·) or           |
| a  |   |   |          |   |                                   |                               | 75,590.         |
| b  |   |   |          |   |                                   |                               |                 |
| C  |   |   |          |   |                                   |                               |                 |
| d  |   |   |          |   |                                   |                               |                 |
| e  |   |   |          |   |                                   |                               |                 |
| 2 Capital gain net income or (net ca   | apital loss) { If gain, also enter If (loss), enter -0-                             | in Part I, line 7<br>in Part I, line 7        | )        | }   |                                   |                               | 75,590.         |
| , ,  | •   |   | <i>)</i> | ' <del>                                    </del> |                                   |                               | 73,330.         |
|  | ss) as defined in sections 1222(5) and<br>, column (c). See instructions. If (loss) | ` ,   | )        | <b>,</b>  |                                   |                               |                 |
| Part I, line 8   |   | - (C- ation 4040/a)                           | 4040     | 3   | aaa laatu                         | N/A                           |                 |
|  | sed on Investment Income  | •       | -        |   | - see instr                       | uctions                       |                 |
|  | described in section 4940(d)(2), check  |   |          |   |                                   |                               | 2 262           |
| _  | letter: (atta   | * *   | -        | ee instructions)                                  |                                   |                               | 2,962.          |
|  | enter 1.39% (0.0139) of line 27b. Exe   |   |          |   |                                   |                               |                 |
| enter 4% (0.04) of Part I, line 1  | 12, col. (b)  | de ferro dell'ere e elle elle                 |          |   |                                   |                               | 0               |
| 0 Add lines 1 and 0  | tic section 4947(a)(1) trusts and taxab   |   |          |   |                                   |                               | 2,962.          |
|  | ation agation 4047(a)(1) truets and tays  |   |          |   | . 3                               |                               | 0.              |
|  | stic section 4947(a)(1) trusts and taxa   |   |          |   | _                                 |                               | 2,962.          |
| <ul><li>5 Tax based on investment inco</li><li>6 Credits/Payments:</li></ul> | me. Subtract line 4 from line 3. If zero  | 0 01 1688, 611161 -0-                         |          |   | 5                                 |                               | 2,502.          |
| -  | and 2020 overpayment credited to 202  | 21   <b>6a</b>                                |          | (   | o.                                |                               |                 |
|  | tax withheld at source  |   |          |   |                                   |                               |                 |
|  | ctension of time to file (Form 8868)  |   |          |   |                                   |                               |                 |
|  | ly withheld   |   |          |   |                                   |                               |                 |
|  | ld lines 6a through 6d  |   |          |   |                                   |                               | 0.              |
| 8 Enter any penalty for underpay   | ment of estimated tax. Check here   | if Form 2220 is attacl                        | <br>hed  |   | 1 - 1                             |                               | 71.             |
|  | and 8 is more than 7, enter <b>amount o</b>   |   |          |   | 9                                 |                               | 3,033.          |
|  | than the total of lines 5 and 8, enter t  |   |          |   | 10                                |                               | · ·             |
|  | be: Credited to 2022 estimated tax  |   |          | Refunded  |                                   |                               |                 |
|  |   |   |          |   |                                   | Form                          | 990-PF (2021)   |

123521 12-10-21

Form 990-PF (2021) FOUNDATION, INC. 05-0604611 Page 4 Part VI-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Х any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. Х c Did the foundation file Form 1120-POL for this year? 1c **d** Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 • (2) On foundation managers. ► \$ (1) On the foundation. ► \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? Х 2 If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? X 4a b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law Х remain in the governing instrument? Х 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV 7 8a Enter the states to which the foundation reports or with which it is registered. See instructions. b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) Х of each state as required by General Instruction G? If "No," attach explanation 8b Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII 9 10 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions Х 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disgualified person had advisory privileges? If "Yes." attach statement. See instructions 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► WWW.NAAAWYSF.COM 14 The books are in care of ► TRICIA HEON Telephone no. > 301 - 696 - 0400Located at ▶ 5320 SPECTRUM DRIVE, SUITE D, FREDERICK, MD \_\_\_\_\_ ZIP+4 ▶21703 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year \_\_\_\_\_\_\_ **b** 15

Form **990-PF** (2021)

16

Yes

No

At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the

foreign country

securities, or other financial account in a foreign country?

Form 990-PF (2021)

FOUNDATION, INC.

05-0604611

| Pa | art VI-B   Sta      | atements Regarding Activities for Which Form 4720 May Be Required  |        |     |    |
|----|---------------------|--|--------|-----|----|
|    | File Form 472       | 0 if any item is checked in the "Yes" column, unless an exception applies.   |        | Yes | No |
| 1a | During the year,    | did the foundation (either directly or indirectly):  |        |     |    |
|    | (1) Engage in the   | he sale or exchange, or leasing of property with a disqualified person?  | 1a(1)  |     | Х  |
|    | (2) Borrow mor      | ney from, lend money to, or otherwise extend credit to (or accept it from)   |        |     |    |
|    | a disqualifie       | ed person?   | 1a(2)  |     | Х  |
|    | (3) Furnish god     | ods, services, or facilities to (or accept them from) a disqualified person?   | 1a(3)  | Х   |    |
|    |                     | nsation to, or pay or reimburse the expenses of, a disqualified person?  |        | Х   |    |
|    | (5) Transfer any    | y income or assets to a disqualified person (or make any of either available   |        |     |    |
|    | for the bene        | efit or use of a disqualified person)?   |        |     |    |
|    |                     | y money or property to a government official? (Exception. Check "No"   | 1a(5)  |     | X  |
|    | if the found        | ation agreed to make a grant to or to employ the official for a period after   |        |     |    |
|    | termination         | of government service, if terminating within 90 days.)   | 1a(6)  |     | Х  |
| b  |                     | "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations                        |        |     |    |
|    | section 53.4941     | (d)-3 or in a current notice regarding disaster assistance? See instructions   | 1b     |     | X  |
| C  | Organizations re    | llying on a current notice regarding disaster assistance, check here   |        |     |    |
| d  | Did the foundati    | on engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected              |        |     |    |
|    | before the first o  | day of the tax year beginning in 2021?   | 1d     |     | X  |
| 2  |                     | to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation              |        |     |    |
|    | defined in sectio   | on 4942(j)(3) or 4942(j)(5)):  |        |     |    |
| а  | At the end of tax   | year 2021, did the foundation have any undistributed income (Part XII, lines   |        |     |    |
|    | 6d and 6e) for ta   | ax year(s) beginning before 2021?  | 2a     |     | X  |
|    |                     | years <b>&gt;</b>  |        |     |    |
| b  |                     | ars listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect |        |     |    |
|    | valuation of asse   | ets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach  |        |     |    |
|    | statement - see     | instructions.)   | N/A 2b |     |    |
| C  |                     | of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.                        |        |     |    |
|    | <b>&gt;</b>         |  |        |     |    |
| 3a | Did the foundati    | on hold more than a 2% direct or indirect interest in any business enterprise at any time                                    |        |     |    |
|    | during the year?    | )  | 3a     |     | X  |
| b  | If "Yes," did it ha | we excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after          |        |     |    |
|    | May 26, 1969; (     | 2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispo          | se     |     |    |
|    | of holdings acqu    | uired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,           |        |     |    |
|    | Schedule C, to d    | letermine if the foundation had excess business holdings in 2021.)   | N/A 3b |     |    |
| 4a |                     | on invest during the year any amount in a manner that would jeopardize its charitable purposes?                              |        |     | X  |
| b  | Did the foundati    | on make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that       | at     |     |    |
|    | had not been rer    | moved from jeopardy before the first day of the tax year beginning in 2021?  | 4b     |     | Х  |

Form **990-PF** (2021)

Page 5

| Sign Envelope ID: 1FD0944A-BB0C-45B8-9F9B-CF5A78AB0D5A  | CHOT. A STITC                                 |                  |  |             |                  |               |
|---|---|------------------|--|-------------|------------------|---------------|
| orm 990-PF (2021) FOUNDATION, INC.  | CHOLADIIC                                     |                  | 05-06046   | 511         |                  | Page 6        |
| Part VI-B   Statements Regarding Activities for Which F   | orm 4720 May Be R                             |                  |  |             |                  | ugo C         |
| 5a During the year, did the foundation pay or incur any amount to:  | -   | (00              |  | 1           | Yes              | No            |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section   | n 4945(e))?                                   |                  |  | 5a(1)       |                  | Х             |
| (2) Influence the outcome of any specific public election (see section 4955); of  |   |                  |  |             |                  |               |
| any voter registration drive?   |   |                  |  | 5a(2)       |                  | X             |
| (3) Provide a grant to an individual for travel, study, or other similar purposes                                       | 3?  |                  |  | 5a(3)       | Х                |               |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio                                       | n described in section                        |                  |  |             |                  |               |
| 4945(d)(4)(A)? See instructions   |   |                  |  | 5a(4)       |                  | _X_           |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,                                     |   |                  |  |             |                  |               |
| the prevention of cruelty to children or animals?   |   |                  |  | 5a(5)       |                  | X             |
| ${f b}$ If any answer is "Yes" to 5a(1)-(5), did ${f any}$ of the transactions fail to qualify un                       |   |                  |  |             |                  |               |
| section 53.4945 or in a current notice regarding disaster assistance? See instr   | uctions                                       |                  |  | 5b          |                  | <u> </u>      |
| c Organizations relying on a current notice regarding disaster assistance, check  |   |                  | ▶□   |             |                  |               |
| <b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption f                                |   |                  | NT / 7   | 5.1         |                  |               |
| expenditure responsibility for the grant?   |   |                  | N/A  | 5d          |                  |               |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d).  |   |                  |  |             |                  |               |
| <b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to                            |   |                  |  | 6a          |                  | Х             |
| a personal benefit contract? <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p |   |                  | l  | 6b          |                  | X             |
| If "Yes" to 6b, file Form 8870.   | Dei Sonai Denenii Contracti                   |                  |  | 00          |                  |               |
| <b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax s                             | shelter transaction?                          |                  |  | 7a          |                  | Х             |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu                                      |   |                  |  | 7b          |                  |               |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$                                       |   |                  |  |             |                  |               |
| excess parachute payment(s) during the year?  |   |                  |  | 8           |                  | Х             |
| Part VII Information About Officers, Directors, Trusto  | ees, Foundation Mar                           | nagers, Highly   |  |             |                  |               |
| Paid Employees, and Contractors   |   |                  |  |             |                  |               |
| List all officers, directors, trustees, and foundation managers and t   |   | (c) Compensation | (d) 0  | <del></del> | \ F              |               |
| (a) Name and address  | (b) Title, and average hours per week devoted | (If not paid.    | (d) Contributions to<br>employee benefit plans<br>and deferred | ac (        | e) Exp<br>count, | other         |
| (a) name and address  | to position                                   | enter -0-)       | compensation   | <u> </u>    | allowai          | nces          |
|   | _   |                  |  |             |                  |               |
| CEE CMAMEMENT 7   | _   | 0.               | _  |             |                  | ^             |
| SEE STATEMENT 7   |   | 0.               | 0 .  | +-          |                  | 0.            |
|   | _   |                  |  |             |                  |               |
|   | _   |                  |  |             |                  |               |
|   |   |                  |  | +           |                  |               |
|   |   |                  |  |             |                  |               |
|   | 1   |                  |  |             |                  |               |
|   |   |                  |  | +           |                  |               |
|   | 1   |                  |  |             |                  |               |
|   |   |                  |  |             |                  |               |
| 2 Compensation of five highest-paid employees (other than those inc   | cluded on line 1). If none,                   | enter "NONE."    |  |             |                  |               |
| (a) Name and address of each employee paid more than \$50,000   | (b) Title, and average hours per week         | (c) Compensation | (d) Contributions to<br>employee benefit plans<br>and deferred | ) (e        | e) Exp<br>count, | ense<br>other |
| (a) Name and address of each employee paid more than \$\phi \text{o}_0,000  | devoted to position                           | (C) Compensation | and deferred<br>compensation                                   | 1 6         | allowai          | nces          |
| NONE  |   |                  |  |             |                  |               |
|   |   |                  |  | <del></del> |                  |               |
|   | 4   |                  |  |             |                  |               |
|   |   |                  |  | +           |                  |               |
|   | -   |                  |  |             |                  |               |
|   | 1   | 1                | 1  | 1           |                  |               |

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Total number of other employees paid over \$50,000

### NAAA WARREN YOUNG, SR. SCHOLASTIC FOUNDATION, INC.

| Paid Employees, and Contractors (continued)  3 Five highest-paid independent contractors for professional services. If no | ne enter "NONF "                         |                  |
|---|--|------------------|
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service                      | (c) Compensation |
| NONE  | (b) Type of sorvice                      | (O) compensation |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
| otal number of others receiving over \$50,000 for professional services   | 1  | ▶ (              |
| Part VIII-A Summary of Direct Charitable Activities   |  | 1                |
| ist the foundation's four largest direct charitable activities during the tax year. Include rele                          | vant statistical information such as the | Expenses         |
| umber of organizations and other beneficiaries served, conferences convened, research pa                                  | apers produced, etc.                     |                  |
| N/A   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
| Part VIII-B   Summary of Program-Related Investments  | L.                                       |                  |
| Describe the two largest program-related investments made by the foundation during the ta                                 | ax year on lines 1 and 2.                | Amount           |
| N/A   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
| Il other program-related investments. See instructions.   |  |                  |
| n outer program related invocationes, over motivations.   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
| otal. Add lines 1 through 3   |  | 0.               |

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## NAAA WARREN YOUNG, SR. SCHOLASTIC FOUNDATION, INC.

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| Pa | art IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations         | dations, s | see instructions.) |
|----|---|------------|--------------------|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:     |            |                    |
| а  | Average monthly fair market value of securities   | 1a         | 2,495,178.         |
|    | Average of monthly cash balances  | 1b         | 418,389.           |
| C  | Fair market value of all other assets (see instructions)  | 1c         | 0.                 |
|    | Total (add lines 1a, b, and c)  | 1d         | 2,913,567.         |
| е  | Reduction claimed for blockage or other factors reported on lines 1a and  |            |                    |
|    | 1c (attach detailed explanation) 1e 0.  |            |                    |
| 2  | Acquisition indebtedness applicable to line 1 assets  | 2          | 0.                 |
| 3  | Subtract line 2 from line 1d  | 3          | 2,913,567.         |
| 4  | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | 4          | 43,704.            |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3  | 5          | 2,869,863.         |
| 6  | Minimum investment return. Enter 5% (0.05) of line 5  | 6          | 143,493.           |
| Pa | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an         | d certain  |                    |
|    | foreign organizations, check here 🕨 🔃 and do not complete this part.)   |            |                    |
| 1  | Minimum investment return from Part IX, line 6  | 1          | 143,493.           |
| 2a | Tax on investment income for 2021 from Part V, line 5 2,962.  |            |                    |
| b  | Income tax for 2021. (This does not include the tax from Part V.)   |            |                    |
| C  | Add lines 2a and 2b   | 2c         | 2,962.             |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1   | 3          | 140,531.           |
| 4  | Recoveries of amounts treated as qualifying distributions   | 4          | 0.                 |
| 5  | Add lines 3 and 4   | 5          | 140,531.           |
| 6  | Deduction from distributable amount (see instructions)  | 6          | 0.                 |
| 7  | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1               | 7          | 140,531.           |
| Pa | Qualifying Distributions (see instructions)   |            |                    |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                      |            |                    |
| а  | Expenses, contributions, gifts, etc total from Part I, column (d), line 26                                      | 1a         | 72,081.            |
| b  | Program-related investments - total from Part VIII-B  | 1b         | 0.                 |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes       | 2          |                    |
| 3  | Amounts set aside for specific charitable projects that satisfy the:  |            |                    |
| а  | Suitability test (prior IRS approval required)  | 3a         |                    |
| b  | Cash distribution test (attach the required schedule)   | 3b         |                    |
| 4  | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4                           | 4          | 72,081.            |

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Part XII Undistributed Income (see instructions)

|  |                      | (a)                        | ( )         |                     |
|--|----------------------|----------------------------|-------------|---------------------|
|  | <b>(a)</b><br>Corpus | (b)<br>Years prior to 2020 | (c)<br>2020 | ( <b>d)</b><br>2021 |
| 1 Distributable amount for 2021 from Part X,   | •                    |                            |             |                     |
| line 7   |                      |                            |             | 140,531.            |
| 2 Undistributed income, if any, as of the end of 2021:   |                      |                            |             |                     |
| <b>a</b> Enter amount for 2020 only  |                      |                            | 0.          |                     |
| <b>b</b> Total for prior years:  |                      |                            |             |                     |
| 3 Excess distributions carryover, if any, to 2021:   |                      | 0.                         |             |                     |
| _  |                      |                            |             |                     |
| <b>a</b> From 2016 <b>b</b> From 2017  |                      |                            |             |                     |
|  |                      |                            |             |                     |
| <b>c</b> From 2018 <b>d</b> From 2019  |                      |                            |             |                     |
| F 0000   |                      |                            |             |                     |
| f Total of lines 3a through e  | 0.                   |                            |             |                     |
| 4 Qualifying distributions for 2021 from   | <u> </u>             |                            |             |                     |
| Part XI, line 4: ►\$ 72,081.   |                      |                            |             |                     |
| a Applied to 2020, but not more than line 2a   |                      |                            | 0.          |                     |
| <b>b</b> Applied to undistributed income of prior  |                      |                            | 0.          |                     |
| years (Election required - see instructions)   |                      | 0.                         |             |                     |
| c Treated as distributions out of corpus   |                      | 0.                         |             |                     |
| (Flootion manifold and instructions)   | 0.                   |                            |             |                     |
| d Applied to 2021 distributable amount   | <u> </u>             |                            |             | 72,081.             |
| e Remaining amount distributed out of corpus   | 0.                   |                            |             | 72,001              |
| 5 Excess distributions carryover applied to 2021   | •                    |                            |             |                     |
| (If an amount appears in column (d), the same amount must be shown in column (a).)   | 0.                   |                            |             | 0.                  |
| 6 Enter the net total of each column as indicated below:   |                      |                            |             |                     |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5   | 0.                   |                            |             |                     |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b  |                      | 0.                         |             |                     |
| c Enter the amount of prior years'   |                      |                            |             |                     |
| undistributed income for which a notice of<br>deficiency has been issued, or on which<br>the section 4942(a) tax has been previously |                      | 0.                         |             |                     |
| assessed   |                      | 0.                         |             |                     |
| d Subtract line 6c from line 6b. Taxable   |                      | 0.                         |             |                     |
| amount - see instructions  |                      | 0.                         |             |                     |
| e Undistributed income for 2020. Subtract line   |                      |                            | 0.          |                     |
| 4a from line 2a. Taxable amount - see instr f Undistributed income for 2021. Subtract  |                      |                            | 0.          |                     |
| lines 4d and 5 from line 1. This amount must   |                      |                            |             |                     |
| be distributed in 2022   |                      |                            |             | 68,450.             |
| 7 Amounts treated as distributions out of  |                      |                            |             | 00, 130.            |
| corpus to satisfy requirements imposed by  |                      |                            |             |                     |
| section 170(b)(1)(F) or 4942(g)(3) (Election   |                      |                            |             |                     |
| may be required - see instructions)  | 0.                   |                            |             |                     |
| 8 Excess distributions carryover from 2016   |                      |                            |             |                     |
| not applied on line 5 or line 7  | 0.                   |                            |             |                     |
| 9 Excess distributions carryover to 2022.  |                      |                            |             |                     |
| Subtract lines 7 and 8 from line 6a  | 0.                   |                            |             |                     |
| 10 Analysis of line 9:   |                      |                            |             |                     |
| a Excess from 2017   |                      |                            |             |                     |
| <b>b</b> Excess from 2018  |                      |                            |             |                     |
| c Excess from 2019   |                      |                            |             |                     |
| d Excess from 2020   |                      |                            |             |                     |
| e Excess from 2021   |                      |                            |             |                     |

Form 990-PF (2021) FOUNDATION, INC. 05-0604611 Page 10 Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling **b** Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (c) 2019 (a) 2021 **(b)** 2020 (d) 2018 (e) Total income from Part I or the minimum investment return from Part IX for each year listed **b** 85% (0.85) of line 2a c Qualifying distributions from Part XI, line 4, for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon; a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization ..... Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here  $\triangleright X$  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: **b** The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form **990-PF** (2021)

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| Part XIV Supplementary Information         |  |                         |                                  | <u> </u>                     |
|--|--|-------------------------|----------------------------------|------------------------------|
| 3 Grants and Contributions Paid During the |  | ayment                  |                                  |                              |
| Recipient                                  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of | Purpose of grant or contribution | Amount                       |
| Name and address (home or business)        | or substantial contributor   | recipient               |                                  |                              |
| a Paid during the year                     |  |                         |                                  |                              |
|  |  |                         |                                  |                              |
|  |  |                         |                                  |                              |
| ELMA BJELEVAC                              |  |                         | SCHOLARSHIP                      |                              |
| 5320 SPECTRUM DRIVE                        |  |                         |                                  |                              |
| FREDERICK, MD 21703                        |  |                         |                                  | 5,000.                       |
|  |  |                         |                                  |                              |
|  |  |                         |                                  |                              |
| MARSHALL TOMCHIK                           |  |                         | SCHOLARSHIP                      |                              |
| 5320 SPECTRUM DRIVE                        |  |                         |                                  |                              |
| FREDERICK, MD 21703                        |  |                         |                                  | 5,000.                       |
|  |  |                         |                                  |                              |
|  |  |                         |                                  |                              |
| MAX WILLIS                                 |  |                         | SCHOLARSHIP                      |                              |
| 5320 SPECTRUM DRIVE                        |  |                         |                                  |                              |
| FREDERICK, MD 21703                        |  |                         |                                  | 5,000.                       |
|  |  |                         |                                  |                              |
|  |  |                         |                                  |                              |
| TAYLOR OLEJNICZAK                          |  |                         | SCHOLARSHIP                      |                              |
| 5320 SPECTRUM DRIVE                        |  |                         |                                  |                              |
| FREDERICK, MD 21703                        |  |                         |                                  | 5,000.                       |
|  |  |                         |                                  |                              |
|  |  |                         |                                  |                              |
| MARV GRACE BOOKMVER                        |  |                         | SCHOLARSHIP                      |                              |
| 5320 SPECTRUM DRIVE                        |  |                         |                                  | 5,000.                       |
| FREDERICK, MD 21703  Total SEE (           | CONTINUATION SHEE  | ፲<br>ሆ(ያ)               | <b>&gt;</b> 3a                   | 59,000.                      |
| b Approved for future payment              |  |                         | Julia                            | ,                            |
| ,,   |  |                         |                                  |                              |
| NONE                                       |  |                         |                                  |                              |
| NOINE                                      |  |                         |                                  |                              |
|  |  |                         |                                  |                              |
|  |  |                         |                                  |                              |
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|  |  |                         |                                  |                              |
|  |  |                         |                                  |                              |
|  |  |                         |                                  |                              |
|  |  |                         |                                  |                              |
| Total                                      |  |                         | <b>&gt;</b> 3b                   | 0,<br>rm <b>990-PF</b> (2021 |

05-0604611 Page 12 Form 990-PF (2021) FOUNDATION, INC.

Part XV-A **Analysis of Income-Producing Activities** 

| Enter gross amounts unless otherwise indicated.                 | Unrelate        | d business income    |                               | ded by section 512, 513, or 514 | (e)                               |
|---|-----------------|----------------------|-------------------------------|---------------------------------|-----------------------------------|
| -   | (a)<br>Business | <b>(b)</b><br>Amount | (C)<br>Exclu-<br>sion<br>code | ( <b>d)</b><br>Amount           | Related or exempt function income |
| 1 Program service revenue:                                      | code            | 7.11.104.111         | code                          | Amount                          | Tunotion modifie                  |
| a   |                 |                      |                               |                                 |                                   |
|   |                 |                      |                               |                                 |                                   |
| c   |                 |                      |                               |                                 |                                   |
| d   |                 |                      |                               |                                 |                                   |
| e   |                 |                      |                               |                                 |                                   |
| g Fees and contracts from government agencies                   |                 |                      |                               |                                 |                                   |
| 2 Membership dues and assessments                               |                 |                      |                               |                                 |                                   |
| 3 Interest on savings and temporary cash investments            |                 |                      |                               |                                 |                                   |
| 4 Dividends and interest from securities                        |                 |                      | 14                            | 164,979.                        |                                   |
| 5 Net rental income or (loss) from real estate:                 |                 |                      |                               |                                 |                                   |
| a Debt-financed property  |                 |                      |                               |                                 |                                   |
| <b>b</b> Not debt-financed property                             |                 |                      |                               |                                 |                                   |
| 6 Net rental income or (loss) from personal property            |                 |                      |                               |                                 |                                   |
| 7 Other investment income                                       |                 |                      |                               |                                 |                                   |
| 8 Gain or (loss) from sales of assets other than inventory      |                 |                      | 18                            | 75,590.                         |                                   |
| 9 Net income or (loss) from special events                      |                 |                      |                               |                                 |                                   |
| 10 Gross profit or (loss) from sales of inventory               |                 |                      |                               |                                 |                                   |
| 11 Other revenue:   |                 |                      |                               |                                 |                                   |
| a   |                 |                      |                               |                                 |                                   |
| b   |                 |                      |                               |                                 |                                   |
| c   |                 |                      |                               |                                 |                                   |
| d   |                 |                      |                               |                                 |                                   |
| e   |                 |                      |                               |                                 |                                   |
| 12 Subtotal. Add columns (b), (d), and (e)                      |                 | 0                    | •                             | 240,569.                        | 0.                                |
| <b>13 Total.</b> Add line 12, columns (b), (d), and (e)         |                 |                      |                               | 13                              | 240,569.                          |
| (See worksheet in line 13 instructions to verify calculations.) |                 |                      |                               |                                 |                                   |

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|----------|--|
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Form **990-PF** (2021)

| Form 990-PF (2 | POUNDATION, INC.                           | 05-060 <b>4611</b> P                           | Page 13 |
|----------------|--|--|---------|
| Part XVI       | Information Regarding Transfers to and Tra | nsactions and Relationships With Noncharitable |         |

| _   |            | Exempt Organi                  | izations                   |                   |                                   |                            |                                    |                                       |                        |        |
|-----|------------|--------------------------------|----------------------------|-------------------|-----------------------------------|----------------------------|------------------------------------|---------------------------------------|------------------------|--------|
| 1   | Did the o  | rganization directly or indir  | rectly engage in any o     | of the followin   | g with any other organization     | on described in section    | on 501(c)                          |                                       | Yes                    | No     |
|     |            |                                |                            |                   | to political organizations?       |                            | • •                                |                                       |                        |        |
| а   | •          | s from the reporting founda    | •                          | -                 |                                   |                            |                                    |                                       |                        |        |
|     | (1) Cash   | 1                              |                            |                   |                                   |                            |                                    | 1a(1)                                 |                        | X      |
|     |            |                                |                            |                   |                                   |                            |                                    | 1a(2)                                 |                        | X      |
| b   |            | nsactions:                     |                            |                   |                                   |                            |                                    | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                        |        |
|     |            | s of assets to a noncharital   | ole exempt organizat       | ion               |                                   |                            |                                    | 1b(1)                                 |                        | Х      |
|     |            |                                |                            |                   |                                   |                            |                                    | 1b(2)                                 |                        | X      |
|     |            |                                |                            |                   |                                   |                            |                                    | 1b(3)                                 |                        | X      |
|     |            |                                |                            |                   |                                   |                            |                                    | 1b(4)                                 |                        | X      |
|     |            |                                |                            |                   |                                   |                            |                                    | 1b(5)                                 |                        | X      |
|     | (6) Perf   | ormance of services or me      | mbership or fundrais       | ing solicitatio   | ns                                |                            |                                    | 1b(6)                                 |                        | X      |
| C   |            |                                |                            |                   | ployees                           |                            |                                    | 1c                                    |                        | X      |
| d   |            |                                |                            |                   |                                   |                            | arket value of the goods, of       | her ass                               | ets,                   |        |
|     |            | es given by the reporting fo   |                            |                   | ed less than fair market valu     | ue in any transaction (    | or sharing arrangement, sh         | ow in                                 |                        |        |
| a)∟ | ine no.    | (b) Amount involved            |                            |                   | e exempt organization             | (d) Description            | of transfers, transactions, and sh | aring arr                             | angemen                | ts.    |
| -,- | , , , ,    | 1-1                            | (3)                        | N/A               | L Q                               | (2) 2333                   | ,                                  |                                       | .52511                 |        |
|     |            |                                |                            | 11/ 21            |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
| 2 a | Is the for | ındation directly or indirect  | lv affiliated with or r    | elated to one     | or more tax-exempt organ          | izations described         |                                    |                                       |                        |        |
|     |            | -                              |                            |                   |                                   |                            |                                    | Yes                                   | X                      | No     |
| b   |            | complete the following sche    |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            | (a) Name of org                |                            |                   | (b) Type of organization          | (                          | c) Description of relationsh       | ip                                    |                        |        |
|     |            | N/A                            |                            |                   | , , , , .                         | ,                          | ,                                  |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            |                                |                            |                   | accompanying schedules and s      |                            |                                    | the IRS (                             | discuss th             | nis    |
| Si  | gn   🔏     | eligoitusture conject, and com | plete. Declaration of prep | parer (other than | taxpayer) is based on all informa | ation of which preparer ha | s any knowledge.                   | n with th                             | e prepare<br>? See ins | er     |
| He  | re         | Tricia Heon                    |                            |                   | <sub> </sub> 1/6/2023             | CEO                        |                                    | Yes                                   |                        | No     |
|     | Sig        | mažuse ctoovo trustee          |                            |                   | Date                              | Title                      |                                    |                                       |                        |        |
|     |            | Print/Type preparer's na       | me                         | Preparer's si     |                                   | Date                       | Check if PTIN                      |                                       |                        |        |
|     |            | MICHAELA J                     | . CROMAR.                  |                   |                                   |                            | self- employed                     |                                       |                        |        |
| Pa  | id         | CPA                            | -                          | MICHAE            | LA J. CROMA                       | 12/16/22                   | P00                                | 895                                   | 728                    |        |
| Pr  | eparer     | Firm's name ► CLI              |                            |                   |                                   |                            | Firm's EIN ► 41-07                 |                                       |                        |        |
| Us  | e Only     |                                |                            |                   |                                   |                            |                                    |                                       |                        |        |
|     |            | Firm's address ▶ 90            | 1 N. GLEB                  | E ROAD            | , SUITE 200                       |                            |                                    |                                       |                        |        |
|     |            |                                | LINGTON,                   |                   |                                   |                            | Phone no. 571-22                   | 7-9                                   | 500                    |        |
|     |            |                                | •                          |                   |                                   |                            |                                    |                                       | 0-PF                   | (2021) |

05-0604611

| Hecipient is an individual, show any relationship to any foundation manager of substantial contribution of states of recipient states of recipie   | Part XIV Supplementary Information 3 Grants and Contributions Paid During the |                                |             |                                  |        |
|--|---|--------------------------------|-------------|----------------------------------|--------|
| Name and address (home or business)  Show any telegonomy to support the contribution of contri |   | If recipient is an individual, | Formedation | Durance of accept on             |        |
| HALLI WILLIS 520 SPECTRUM DRIVE FREDERICK, MD 21703  SCHOLARSHIP  320 SPECTRUM DRIVE FREDERICK, MD 21703  3,  BUMA HERNANDEZ 5520 SPECTRUM DRIVE FREDERICK, MD 21703  SCHOLARSHIP  5520 SPECTRUM DRIVE FREDERICK, MD 21703  5,  JACOS MOYER 5520 SPECTRUM DRIVE FREDERICK, MD 21703  5,  JACOS MOYER 5520 SPECTRUM DRIVE FREDERICK, MD 21703  SCHOLARSHIP  5,  JACOS MOYER 5,  |   | any foundation manager         | status of   | Purpose of grant or contribution | Amount |
| FREBERICK, MD 21703  3, HALEY MEYERING S120 SPECTRUM DRIVE FREBERICK, MD 21703  SCHOLARSHIP  SCH |   | or dubotantial donaribator     |             |                                  |        |
| PREDERICK, MO 21703  3, HALEY MEYERING 3320 SPECTRUM DRIVE PREDERICK, MO 21703  3,  SCHOLARSHIP  320 SPECTRUM DRIVE PREDERICK, MO 21703  5,  7ACOB MOYER 3320 SPECTRUM DRIVE PREDERICK, MO 21703  5,  7ACOB MOYER 3320 SPECTRUM DRIVE PREDERICK, MO 21703  5,  SCHOLARSHIP  3210 SPECTRUM DRIVE PREDERICK, MO 21703  5,  SCHOLARSHIP  320 SPECTRUM DRIVE PREDERICK, MO 21703  3,  KEITH DABROSKI 3320 SPECTRUM DRIVE PREDERICK, MO 21703  5,  JOINN KELLY 200 N. MAIN STREET MANVILLE, NJ 08835  PRANCY SURREZ 200 N. MAIN STREET MANVILLE, NJ 08835  DISASTER RELIEF  MANVILLE, NJ 08835  | HALLI WILLIS  |                                |             | SCHOLARSHIP                      |        |
| HALEY MEVERING 5320 SPECTRUM DRIVE PREDERICK, MD 21703  25320 SPECTRUM DRIVE PREDERICK, MD 21703  25320 SPECTRUM DRIVE PREDERICK, MD 21703  35,  JACOB MOVER 320 SPECTRUM DRIVE PREDERICK, MD 21703  55,  TERESA LEVESQUE 3320 SPECTRUM DRIVE PREDERICK, MD 21703  36,  KEITH DABROSKI 3520 SPECTRUM DRIVE PREDERICK, MD 21703  37,  KEITH DABROSKI 3520 SPECTRUM DRIVE PREDERICK, MD 21703  55,  JOHN KELLY 200 N. MAIN STREET MANVILLE, NJ 08835  SARA DUFFY 200 N. MAIN STREET MANVILLE, NJ 08835  PRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  PRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  PRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  PRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  PRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  | 5320 SPECTRUM DRIVE   |                                |             |                                  |        |
| SCHOLARSHIP  SCHOL | FREDERICK, MD 21703   |                                |             |                                  | 3,000  |
| SCHOLARSHIP  SCHOL | WALEN MENDETNA  |                                |             | agual anguan                     |        |
| PREDERICK, MD 21703  EMMA HERNANDEZ  5320 SPECTRUM DRIVE  FREDERICK, MD 21703  5,  JACOB MOVER  5320 SPECTRUM DRIVE  FREDERICK, MD 21703  5,  TERESA LEVESQUE  5320 SPECTRUM DRIVE  FREDERICK, MD 21703  3,  KEITH DABROSKI  5320 SPECTRUM DRIVE  FREDERICK, MD 21703  5,  KEITH DABROSKI  5320 SPECTRUM DRIVE  FREDERICK, MD 21703  5,  JOHN KELLY  DISASTER RELIEF  DISASTER RELIEF  DISASTER RELIEF  PRANVILLE, NJ 08835  FRANCY SUAREZ  200 N. MAIN STREET  MANVILLE, NJ 08835  PRANCY SUAREZ  200 N. MAIN STREET  MANVILLE, NJ 08835  TOM PIETROMICZ  200 N. MAIN STREET  MANVILLE, NJ 08835  |   |                                |             | SCHOLARSHIP                      |        |
| EMMA HERNANDEZ  \$20 SPECTRUM DRIVE  PREDERICK, MD 21703  \$5,  JACOB MOYER  \$320 SPECTRUM DRIVE  PREDERICK, MD 21703  \$5,  TEREGA LEVESQUE  \$320 SPECTRUM DRIVE  PREDERICK, MD 21703  \$3,  KEITH DABROSKI  \$320 SPECTRUM DRIVE  PREDERICK, MD 21703  \$3,  KEITH DABROSKI  \$320 SPECTRUM DRIVE  PREDERICK, MD 21703  \$5,  JOHN KELLY  JOHN KELLY  ANNULLE, NJ 08835  BARA DUFFY  200 N. MAIN STREET  MANVILLE, NJ 08835  PRANCY SUAREZ  200 N. MAIN STREET  MANVILLE, NJ 08835  DISASTER RELIEF  |   |                                |             |                                  | 2 000  |
| SAZO SPECTRUM DRIVE PREDERICK, MD 21703  JACOB MOYER  5320 SPECTRUM DRIVE PREDERICK, MD 21703  SCHOLARSHIP  5320 SPECTRUM DRIVE FREDERICK, MD 21703  SCHOLARSHIP  5320 SPECTRUM DRIVE FREDERICK, MD 21703  3,  KEITH DABROSKI 5320 SPECTRUM DRIVE FREDERICK, MD 21703  SCHOLARSHIP  5,  JOHN KELLY JOHN KELLY JOHN KELLY JOHN KAIN STREET MANVILLE, NJ 08835  DISASTER RELIEF   | FREDERICK, MD 21703   |                                |             |                                  | 3,000  |
| FREDERICK, MD 21703  JACOB MOYER  5320 SPECTRUM DRIVE  FREDERICK, MD 21703  SCHOLARSHIP  5520 SPECTRUM DRIVE  FREDERICK, MD 21703  SCHOLARSHIP  5320 SPECTRUM DRIVE  FREDERICK, MD 21703  3,  KEITH DABROSKI  5320 SPECTRUM DRIVE  FREDERICK, MD 21703  SCHOLARSHIP  5320 SPECTRUM DRIVE  FREDERICK, MD 21703  5,  JOHN KELLY  200 N. MAIN STREET  MANVILLE, NJ 08835  DISASTER RELIEF   | EMMA HERNANDEZ  |                                |             | SCHOLARSHIP                      |        |
| JACOB MOYER 5320 SPECTRUM DRIVE PREDERICK, MD 21703  5,  TERESA LEVESQUE 5320 SPECTRUM DRIVE PREDERICK, MD 21703  3,  KEITH DABROSKI 5320 SPECTRUM DRIVE PREDERICK, MD 21703  5,  JOHN KELLY 200 N. MAIN STREET MANVILLE, NJ 08835  PRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  PRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  DISASTER RELIEF  | 5320 SPECTRUM DRIVE   |                                |             |                                  |        |
| 5320 SPECTRUM DRIVE FREDERICK, MD 21703  5,  TERESA LEVESQUE 5220 SPECTRUM DRIVE FREDERICK, MD 21703  3,  KEITH DABROSKI 5320 SPECTRUM DRIVE FREDERICK, MD 21703  5,  JOHN KELLY 200 N. MAIN STREET MANVILLE, NJ 08835  DISASTER RELIEF   | FREDERICK, MD 21703   |                                |             |                                  | 5,000  |
| 5320 SPECTRUM DRIVE FREDERICK, MD 21703  5,  TERESA LEVESQUE 5320 SPECTRUM DRIVE FREDERICK, MD 21703  3,  KEITH DABROSKI 5320 SPECTRUM DRIVE FREDERICK, MD 21703  5,  JOHN KELLY 200 N. MAIN STREET MANVILLE, NJ 08835  FRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  FRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  DISASTER RELIEF  |   |                                |             |                                  |        |
| FREDERICK, MD 21703  5,  TERESA LEVESQUE 5320 SPECTRUM DRIVE FREDERICK, MD 21703  3,  KEITH DABROSKI 5320 SPECTRUM DRIVE FREDERICK, MD 21703  5,  JOHN KELLY 200 N. MAIN STREET MANVILLE, NJ 08835  DISASTER RELIEF  |   |                                |             | SCHOLARSHIP                      |        |
| TERESA LEVESQUE 5320 SPECTRUM DRIVE PREDERICK, MD 21703  3,  KEITH DABROSKI 5320 SPECTRUM DRIVE FREDERICK, MD 21703  5,  JOHN KELLY 200 N. MAIN STREET MANVILLE, NJ 08835  SARA DUFFY 200 N. MAIN STREET MANVILLE, NJ 08835  PRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  DISASTER RELIEF  |   |                                |             |                                  |        |
| 5320 SPECTRUM DRIVE FREDERICK, MD 21703  3,  KEITH DABROSKI 5320 SPECTRUM DRIVE FREDERICK, MD 21703  5,  JOHN KELLY 200 N. MAIN STREET MANVILLE, NJ 08835  SARA DUFFY 200 N. MAIN STREET MANVILLE, NJ 08835  DISASTER RELIEF  | FREDERICK, MD 21703   |                                |             |                                  | 5,000  |
| 5320 SPECTRUM DRIVE FREDERICK, MD 21703  3,  KEITH DABROSKI 5320 SPECTRUM DRIVE FREDERICK, MD 21703  5,  JOHN KELLY 200 N. MAIN STREET MANVILLE, NJ 08835  SARA DUFFY 200 N. MAIN STREET MANVILLE, NJ 08835  DISASTER RELIEF  | TERESA LEVESOUE   |                                |             | SCHOLARSHIP                      |        |
| KEITH DABROSKI 5320 SPECTRUM DRIVE FREDERICK, MD 21703  5,  JOHN KELLY 200 N. MAIN STREET MANVILLE, NJ 08835  SARA DUFFY 200 N. MAIN STREET MANVILLE, NJ 08835  FRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  DISASTER RELIEF  DISASTER RELIEF  DISASTER RELIEF  TOM PIETROWICZ 200 N. MAIN STREET  DISASTER RELIEF   |   |                                |             |                                  |        |
| 5320 SPECTRUM DRIVE FREDERICK, MD 21703  5,  JOHN KELLY 200 N. MAIN STREET MANVILLE, NJ 08835  SARA DUFFY 200 N. MAIN STREET MANVILLE, NJ 08835  FRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  TOM PIETROWICZ 200 N. MAIN STREET  MAIN STREET  MANVILLE, NJ 08835   | FREDERICK, MD 21703   |                                |             |                                  | 3,000  |
| 5320 SPECTRUM DRIVE FREDERICK, MD 21703  5,  JOHN KELLY 200 N. MAIN STREET MANVILLE, NJ 08835  SARA DUFFY 200 N. MAIN STREET MANVILLE, NJ 08835  DISASTER RELIEF  MANVILLE, NJ 08835  DISASTER RELIEF  DISASTER RELIEF  DISASTER RELIEF  DISASTER RELIEF   |   |                                |             |                                  |        |
| FREDERICK, MD 21703  JOHN KELLY 200 N. MAIN STREET MANVILLE, NJ 08835  SARA DUFFY 200 N. MAIN STREET MANVILLE, NJ 08835  FRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  TOM PIETROWICZ 200 N. MAIN STREET  DISASTER RELIEF  DISASTER RELIEF  |   |                                |             | SCHOLARSHIP                      |        |
| JOHN KELLY 200 N. MAIN STREET MANVILLE, NJ 08835  SARA DUFFY 200 N. MAIN STREET MANVILLE, NJ 08835  FRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  TOM PIETROWICZ 200 N. MAIN STREET   |   |                                |             |                                  |        |
| 200 N. MAIN STREET MANVILLE, NJ 08835  SARA DUFFY 200 N. MAIN STREET MANVILLE, NJ 08835  FRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  TOM PIETROWICZ 200 N. MAIN STREET  | FREDERICK, MD 21703   |                                |             |                                  | 5,000  |
| 200 N. MAIN STREET MANVILLE, NJ 08835  SARA DUFFY 200 N. MAIN STREET MANVILLE, NJ 08835  FRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  TOM PIETROWICZ 200 N. MAIN STREET  | JOHN KELLY  |                                |             | DISASTER RELIEF                  |        |
| SARA DUFFY  200 N. MAIN STREET  MANVILLE, NJ 08835   PRANCY SUAREZ  200 N. MAIN STREET  MANVILLE, NJ 08835   TOM PIETROWICZ  200 N. MAIN STREET  DISASTER RELIEF  DISASTER RELIEF  |   |                                |             |                                  |        |
| 200 N. MAIN STREET  MANVILLE, NJ 08835  FRANCY SUAREZ  200 N. MAIN STREET  MANVILLE, NJ 08835  TOM PIETROWICZ  200 N. MAIN STREET  | MANVILLE, NJ 08835  |                                |             |                                  | 500    |
| 200 N. MAIN STREET MANVILLE, NJ 08835  FRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  TOM PIETROWICZ 200 N. MAIN STREET  |   |                                |             |                                  |        |
| MANVILLE, NJ 08835  FRANCY SUAREZ 200 N. MAIN STREET  MANVILLE, NJ 08835  TOM PIETROWICZ 200 N. MAIN STREET  |   |                                |             | DISASTER RELIEF                  |        |
| FRANCY SUAREZ 200 N. MAIN STREET MANVILLE, NJ 08835  TOM PIETROWICZ 200 N. MAIN STREET   |   |                                |             |                                  |        |
| 200 N. MAIN STREET MANVILLE, NJ 08835  TOM PIETROWICZ 200 N. MAIN STREET  DISASTER RELIEF  | MANVILLE, NJ U8835  |                                |             |                                  | 500    |
| 200 N. MAIN STREET MANVILLE, NJ 08835  TOM PIETROWICZ 200 N. MAIN STREET  DISASTER RELIEF  | FRANCY SUAREZ   |                                |             | DISASTER RELIEF                  |        |
| MANVILLE, NJ 08835  TOM PIETROWICZ  200 N. MAIN STREET  DISASTER RELIEF  |   |                                |             |                                  |        |
| 200 N. MAIN STREET   | MANVILLE, NJ 08835  |                                |             |                                  | 500    |
| 200 N. MAIN STREET   |   |                                |             |                                  |        |
|  |   |                                |             | DISASTER RELIEF                  |        |
| CE880 DN Jailvnem  |   |                                |             |                                  |        |
| Total from continuation sheets 34,   | <u> </u>  |                                |             |                                  | 34,000 |

05-0604611

| 3 Grants and Contributions Paid During the | Year (Continuation)                                     |                        |                                  |        |
|--|---|------------------------|----------------------------------|--------|
| Recipient                                  | If recipient is an individual, show any relationship to | Foundation             | Purpose of grant or              |        |
| Name and address (home or business)        | any foundation manager<br>or substantial contributor    | status of<br>recipient | Purpose of grant or contribution | Amount |
| ROBIN BRYGIER                              |   |                        | DISASTER RELIEF                  |        |
| 200 N. MAIN STREET                         |   |                        |                                  |        |
| MANVILLE, NJ 08835                         |   |                        |                                  | 50     |
| TERESA GIORDANO                            |   |                        | DISASTER RELIEF                  |        |
| 200 N. MAIN STREET                         |   |                        |                                  |        |
| MANVILLE, NJ 08835                         |   |                        |                                  | 50     |
| MICHAEL RODRIGUEZ                          |   |                        | DISASTER RELIEF                  |        |
| 200 N. MAIN STREET                         |   |                        |                                  |        |
| MANVILLE, NJ 08835                         |   |                        |                                  | 50     |
| JILL LANDRY                                |   |                        | DISASTER RELIEF                  |        |
| 18310 WOODSCALE ROAD                       |   |                        |                                  |        |
| HAMMOND, LA 70401                          |   |                        |                                  | 50     |
| BARBARA SCHROEDER                          |   |                        | DISASTER RELIEF                  |        |
| 18310 WOODSCALE ROAD                       |   |                        |                                  |        |
| HAMMOND, LA 70401                          |   |                        | _                                | 50     |
| TIM COOK                                   |   |                        | DISASTER RELIEF                  |        |
| 18310 WOODSCALE ROAD                       |   |                        |                                  |        |
| HAMMOND, LA 70401                          |   |                        |                                  | 50     |
| PEDRO CEDENO                               |   |                        | DISASTER RELIEF                  |        |
| 18310 WOODSCALE ROAD<br>HAMMOND, LA 70401  |   |                        |                                  | 50     |
| ·  |   |                        |                                  |        |
| MAURICE EFFLER                             |   |                        | DISASTER RELIEF                  |        |
| 18310 WOODSCALE ROAD                       |   |                        |                                  |        |
| HAMMOND, LA 70401                          |   |                        |                                  | 50     |
| TROY BICKMAN                               |   |                        | DISASTER RELIEF                  |        |
| 18310 WOODSCALE ROAD                       |   |                        |                                  |        |
| HAMMOND, LA 70401                          |   |                        |                                  | 50     |
| VATHY COLKMIRE                             |   |                        | DISASTER RELIEF                  |        |
| 18310 WOODSCALE ROAD                       |   |                        |                                  |        |
| HAMMOND, LA 70401                          |   |                        |                                  | 50     |

05-0604611

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor LORI HART DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. CALEB WHITTINGTON DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. TYLER DYSON DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. FLOYD BUMGARDEN DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. MIKE ARBOUR DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. RICKY SWANBERG DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. Total from continuation sheets

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

NAAA WARREN YOUNG, SR. SCHOLASTIC FOUNDATION. INC.

**Employer identification number** 

05-0604611

| Organization type (check one):   |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| Filers of  | :  | Section:  |  |  |  |  |  |
| Form 990 or 990-EZ   |  | 501(c)( ) (enter number) organization   |  |  |  |  |  |
|  |  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |  |  |  |  |  |
|  |  | 527 political organization  |  |  |  |  |  |
| Form 990   | )-PF                                     | X 501(c)(3) exempt private foundation   |  |  |  |  |  |
|  |  | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |  |  |  |  |  |
|  |  | 501(c)(3) taxable private foundation  |  |  |  |  |  |
| Form 990 or 990 EZ   |  |   |  |  |  |  |  |
| X  |  |   |  |  |  |  |  |
| Special  | Rules                                    |   |  |  |  |  |  |
|  | sections 509(a)(1) a contributor, during | 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 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  |  | the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering  |  |  |  |  |  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than is checked, enter here the total contributions that were received during the year for an exclusively religious, charitapurpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received |  | exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc.,  |  |  |  |  |  |
| answer "   | No" on Part IV, line                     | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990). |  |  |  |  |  |

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

NAAA WARREN YOUNG, SR. SCHOLASTIC

FOUNDATION, INC.

Employer identification number

05-0604611

| Parti      | Contributors (see instructions). Use duplicate copies of Part I if addit             | lional space is needed.    |  |
|------------|--|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1          | NATIONAL AUTO AUCTION ASSOCIATION  5320 SPECTRUM DRIVE, SUITE D  FREDERICK, MD 21703 | \$17,500.                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |  |                            | Person Payroll Noncash (Complete Part II for noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
|            |  |                            | Person Payroll Noncash (Complete Part II for noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution   |
|            |  |                            | Person Payroll Noncash (Complete Part II for noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution   |
|            |  |                            | Person Payroll Noncash  (Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |  |                            | Person Payroll Noncash (Complete Part II for noncash contributions.)     |

Schedule B (Form 990) (2021)

Name of organization

NAAA WARREN YOUNG, SR. SCHOLASTIC

FOUNDATION, INC.

Employer identification number

05-0604611

| Part II                      | <b>Noncash Property</b> (see instructions). Use duplicate copies of Pa | art II if additional space is needed.     |                      |
|------------------------------|--|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                             | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
|                              |  | <br> <br>  \$                             |                      |
|                              |  |   |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                             | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                             | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  |   |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                             | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
|                              |  | <br> <br>                                 |                      |
|                              |  |   |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                             | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  |   |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                             | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  | l ¢                                       | Ī                    |

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** NAAA WARREN YOUNG, SR. SCHOLASTIC 05-0604611 FOUNDATION, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **Underpayment of Estimated Tax by Corporations**

FORM 990-PF Attach to the corporation's tax return.

2021

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form2220 for instructions and the latest information. NAAA WARREN YOUNG, SR. SCHOLASTIC

Employer identification number 05-0604611

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

|    | Part I Required Annual Payment  |            |                             |              |         |      |              |     |          |
|----|---|------------|-----------------------------|--------------|---------|------|--------------|-----|----------|
|    |   |            |                             |              |         |      |              |     |          |
| 1  | Total tax (see instructions)  |            |                             |              |         |      |              | 1   | 2,962.   |
|    |   |            |                             |              |         |      |              |     |          |
| 2  | <b>a</b> Personal holding company tax (Schedule PH (Form 1120), line  | e 26)      | included on line 1          |              | 2a      |      |              |     |          |
| -  | ${f b}$ Look-back interest included on line 1 under section 460(b)(2) | for c      | ompleted long-term          |              |         |      |              |     |          |
|    | contracts or section 167(g) for depreciation under the income         | fore       | cast method                 |              | 2b      |      |              |     |          |
|    |   |            |                             |              |         |      |              |     |          |
| (  | c Credit for federal tax paid on fuels (see instructions)             |            |                             |              | 2c      |      |              |     |          |
| (  | d Total. Add lines 2a through 2c                                      |            |                             |              |         |      |              | 2d  |          |
| 3  | Subtract line 2d from line 1. If the result is less than \$500, do    | not        | complete or file this form. | The corpo    | ration  |      |              |     |          |
|    | does not owe the penalty  |            |                             |              |         |      |              | 3   | 2,962.   |
| 4  | Enter the tax shown on the corporation's 2020 income tax retu         | ırn. S     | See instructions. Caution   | : If the tax | is zero |      |              |     |          |
|    | or the tax year was for less than 12 months, skip this line and       | ente       | r the amount from line 3 o  | on line 5    |         |      |              | 4   |          |
|    |   |            |                             |              |         |      |              |     |          |
| 5  | Required annual payment. Enter the smaller of line 3 or line          | 4. If      | the corporation is require  | d to skip li | ne 4,   |      |              |     |          |
|    | enter the amount from line 3  |            |                             |              |         |      |              | 5   | 2,962.   |
|    | Part II Reasons for Filing - Check the boxes belo                     |            |                             |              |         |      |              | 220 |          |
|    | even if it does not owe a penalty. See instructions.                  |            |                             |              |         |      |              |     |          |
| 6  | The corporation is using the adjusted seasonal installr               | nent       | method.                     |              |         |      |              |     |          |
| 7  | The corporation is using the annualized income install                | men        | t method.                   |              |         |      |              |     |          |
| 8  | The corporation is a "large corporation" figuring its firs            | st rec     | uired installment based o   | n the prior  | year's  | tax. |              |     |          |
|    | Part III   Figuring the Underpayment                                  |            |                             | •            |         |      |              |     |          |
|    |   |            | (a)                         |              | (b)     |      | (c)          |     | (d)      |
| 9  | Installment due dates. Enter in columns (a) through (d) the           |            |                             |              |         |      |              |     |          |
|    | 15th day of the 4th (Form 990-PF filers: Use 5th month),              |            |                             |              |         |      |              |     |          |
|    | 6th, 9th, and 12th months of the corporation's tax year               | 9          | 05/15/21                    | 06/          | 15/     | 21   | 09/15/       | 21  | 12/15/21 |
| 10 |   |            |                             |              |         |      |              |     |          |
|    | above is checked, enter the amounts from Sch A, line 38. If           |            |                             |              |         |      |              |     |          |
|    | the box on line 8 (but not 6 or 7) is checked, see instructions       |            |                             |              |         |      |              |     |          |
|    | for the amounts to enter. If none of these boxes are checked.         |            |                             |              |         |      |              |     |          |
|    | enter 25% (0.25) of line 5 above in each column                       | 10         | 741.                        |              | 7       | 40.  | 7            | 41. | 740.     |
| 11 | Estimated tax paid or credited for each period. For                   |            |                             |              |         |      |              |     |          |
|    | column (a) only, enter the amount from line 11 on line 15.            |            |                             |              |         |      |              |     |          |
|    | See instructions  | 11         |                             |              |         |      |              |     |          |
|    | Complete lines 12 through 18 of one column                            |            |                             |              |         |      |              |     |          |
|    | before going to the next column.                                      |            |                             |              |         |      |              |     |          |
| 12 | Enter amount, if any, from line 18 of the preceding column            | 12         |                             |              |         |      |              |     |          |
|    | Add lines 11 and 12   | 13         |                             |              |         |      |              |     |          |
| 14 |   | 14         |                             |              | 7       | 41.  | 1,4          | 81. | 2,222.   |
| 15 |   | 15         | 0.                          |              |         | 0.   |              | 0.  | 0.       |
|    | If the amount on line 15 is zero, subtract line 13 from line          |            |                             |              |         |      |              |     |          |
|    | 14. Otherwise, enter -0-  | 16         |                             |              | 7       | 41.  | 1,4          | 81. |          |
| 17 |   | <u>. ۲</u> |                             |              |         |      | _ , <u>_</u> |     |          |
| •• | subtract line 15 from line 10. Then go to line 12 of the next         |            |                             |              |         |      |              |     |          |
|    | column. Otherwise, go to line 18                                      | 17         | 741.                        |              | 7       | 40.  | 7            | 41. | 740.     |
| 18 | Overpayment. If line 10 is less than line 15, subtract line 10        | <u> </u>   | ,                           |              |         |      |              |     |          |
|    | from line 15. Then go to line 12 of the next column                   | 18         |                             |              |         |      |              |     |          |
|    |   |            |                             |              |         |      |              |     |          |

For Paperwork Reduction Act Notice, see separate instructions.

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Form 2220 (2021)

FORM 990-PF

NAAA WARREN YOUNG, SR. SCHOLASTIC

Form 2220 (2021) FOUNDATION, INC.

05-0604611

Page 2

| Dart IV | Figuring | tha | Donalty |
|---------|----------|-----|---------|
| Partiv  | riguring | uie | Penany  |

|   |  |         | (a)                      | (b)                      | (c)      | (d) |
|---|--|---------|--------------------------|--------------------------|----------|-----|
| 9 | Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.  (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month.  Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions | 19      |                          |                          |          |     |
| ) | Number of days from due date of installment on line 9 to the   |         |                          |                          |          |     |
|   | date shown on line 19  | 20      |                          |                          |          |     |
| 1 | Number of days on line 20 after 4/15/2021 and before 7/1/2021  | 21      |                          |                          |          |     |
| 2 | Underpayment on line 17 x Number of days on line 21 x 3% (0.03)  | 22      | \$                       | \$                       | \$       | \$  |
| 3 | Number of days on line 20 after 6/30/2021 and before 10/1/2021   | 23      |                          |                          |          |     |
| 4 | Underpayment on line 17 x Number of days on line 23 x 3% (0.03)  | 24      | \$                       | \$                       | \$       | \$  |
| 5 | Number of days on line 20 after 9/30/2021 and before 1/1/2022  | 25      |                          |                          |          |     |
| 6 | Underpayment on line 17 x Number of days on line 25 x 3% (0.03)  | 26      | \$                       | \$                       | \$       | \$  |
| 7 | Number of days on line 20 after 12/31/2021 and before 4/1/2022   | 27      | SEI                      | ATTACHED W               | ORKSHEET |     |
| 8 | Underpayment on line 17 x Number of days on line 27 x 3% (0.03)  | 28      | \$                       | \$                       | \$       | \$  |
| 9 | Number of days on line 20 after 3/31/2022 and before 7/1/2022  | 29      |                          |                          |          |     |
| 0 | Underpayment on line 17 x Number of days on line 29 x *%   | 30      | \$                       | \$                       | \$       | \$  |
| 1 | Number of days on line 20 after 6/30/2022 and before 10/1/2022   | 31      |                          |                          |          |     |
| 2 | Underpayment on line 17 x Number of days on line 31 x *% 365   | 32      | \$                       | \$                       | \$       | \$  |
| 3 | Number of days on line 20 after 9/30/2022 and before 1/1/2023  | 33      |                          |                          |          |     |
| 4 | Underpayment on line 17 x Number of days on line 33 x *% 365   | 34      | \$                       | \$                       | \$       | \$  |
| 5 | Number of days on line 20 after 12/31/2022 and before 3/16/2023  | 35      |                          |                          |          |     |
| 6 | Underpayment on line 17 x Number of days on line 35 x *% 365   | 36      | \$                       | \$                       | \$       | \$  |
| 7 | Add lines 22, 24, 26, 28, 30, 32, 34, and 36   | 37      | \$                       | \$                       | \$       | \$  |
| 3 | Penalty. Add columns (a) through (d) of line 37. Enter the to  | tal he  | ere and on Form 1120. li | ne 34: or the comparable |          |     |
| • |  | -41 110 |                          | i, or and domparable     |          | 1   |

<sup>\*</sup> Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2021)

### FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

| Name(s) NAAA WARRE       | N YOUNG, SR. | SCHOLASTIC              |                            | Identifying N         |         |
|--------------------------|--------------|-------------------------|----------------------------|-----------------------|---------|
| (A)                      | (B)          | (C)                     | (D)                        | (E)                   | (F)     |
| *Date                    | Amount       | Adjusted<br>Balance Due | Number Days<br>Balance Due | Daily<br>Penalty Rate | Penalty |
|                          |              | -0-                     |                            |                       |         |
| 05/15/21                 | 741.         | 741.                    | 31                         | .000082192            | 2.      |
| 06/15/21                 | 740.         | 1,481.                  | 92                         | .000082192            | 11.     |
| 09/15/21                 | 741.         | 2,222.                  | 91                         | .000082192            | 17.     |
| 12/15/21                 | 740.         | 2,962.                  | 106                        | .000082192            | 26.     |
| 03/31/22                 | 0.           | 2,962.                  | 45                         | .000109589            | 15.     |
|                          |              |                         |                            |                       |         |
|                          |              |                         |                            |                       |         |
|                          |              |                         |                            |                       |         |
|                          |              |                         |                            |                       |         |
|                          |              |                         |                            |                       |         |
|                          |              |                         |                            |                       |         |
|                          |              |                         |                            |                       |         |
|                          |              |                         |                            |                       |         |
|                          |              |                         |                            |                       |         |
|                          |              |                         |                            |                       |         |
|                          |              |                         |                            |                       |         |
|                          |              |                         |                            |                       |         |
|                          |              |                         |                            |                       |         |
|                          |              |                         |                            |                       |         |
|                          |              |                         |                            |                       |         |
|                          |              |                         |                            |                       |         |
| Penalty Due (Sum of Colo | umn F).      |                         |                            | •                     | 71.     |

<sup>\*</sup> Date of estimated tax payment, withholding credit date or installment due date.

112511 04-01-21

| DIVIDEND   128,250.   0.   128,250.   128,250.   136,729.   36,7 | FORM 990-PF          | DIVIDEND | S AND INTER | EST FROM SECUR | ITIES S     | ГАТЕМЕНТ 1     |
|--|----------------------|----------|-------------|----------------|-------------|----------------|
| TO PART I, LINE 4  | SOURCE               |          | GAINS       | REVENUE        | NET INVEST- |                |
| CA   CB   CC   CD   CHARITABLE   | -                    |          |             |                |             |                |
| CA   | TO PART I, LINE 4 =  | 164,979  |             | 0. 164,979.    | 164,979.    |                |
| EXPENSES   NET INVEST   ADJUSTED   CHARITABLE  | FORM 990-PF          |          | ACCOUNTI    | NG FEES        | S           | PATEMENT 2     |
| TO FORM 990-PF, PG 1, LN 16B 13,362. 6,681. 6,681  FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3    CA   | DESCRIPTION          |          | EXPENSES    | NET INVEST-    | ADJUSTED    | CHARITABLE     |
| FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3  (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABLI FORM 990-PF, PG 1, LN 16C 23,487. 20,095. 3,392  FORM 990-PF OTHER EXPENSES STATEMENT 4  (A) (B) (C) (D) ADJUSTED CHARITABLI PURPOSES  0 (C) (D) (D) (C) (D) (D) (C) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D  | ACCOUNTING FEES      |          | 13,362.     | 6,681.         |             | 6,681.         |
| Ca   | TO FORM 990-PF, PG 1 | , LN 16B | 13,362.     | 6,681.         |             | 6,681.         |
| EXPENSES   NET INVEST-   ADJUSTED   CHARITABLE   | FORM 990-PF          | 0        | THER PROFES | SIONAL FEES    | S           | FATEMENT 3     |
| CONSULTING FEES         3,392.         0.         3,392           TO FORM 990-PF, PG 1, LN 16C         23,487.         20,095.         3,392           FORM 990-PF         OTHER EXPENSES         STATEMENT 4           (A) (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D   | DESCRIPTION          |          | EXPENSES    | NET INVEST-    | ADJUSTED    | CHARITABLE     |
| FORM 990-PF  OTHER EXPENSES  STATEMENT 4  (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME PURPOSES  OFFICE EXPENSES 2,692. 675. 1NSURANCE 2,017 991. 0. 991   |                      | T FEES   | •           | =              |             | 0.<br>3,392.   |
| (A)         (B)         (C)         (D)           EXPENSES         NET INVEST- ADJUSTED CHARITABLE         CHARITABLE           PER BOOKS         MENT INCOME NET INCOME         PURPOSES           OFFICE EXPENSES         2,692.         675.         2,017           INSURANCE         991.         0.         991  | TO FORM 990-PF, PG 1 | , LN 16C | 23,487.     | 20,095.        |             | 3,392.         |
| DESCRIPTION  PER BOOKS  MENT INCOME  NET INCOME  PURPOSES  OFFICE EXPENSES  2,692.  675.  2,017  INSURANCE  991.  0.  991  | FORM 990-PF          |          | OTHER E     | XPENSES        | S           | PATEMENT 4     |
| INSURANCE 991. 0. 991  | DESCRIPTION          |          | EXPENSES    | NET INVEST-    | ADJUSTED    | CHARITABLE     |
| TO FORM 990-PF, PG 1, LN 23 3,683. 675. 3,008  |                      | ,        |             |                |             | 2,017.<br>991. |
|  | TO FORM 990-PF, PG 1 | , LN 23  | 3,683.      | 675.           |             | 3,008.         |

| FORM 990-PF C                     | ORPORATE BONDS |            | STATEMENT 5          |
|-----------------------------------|----------------|------------|----------------------|
| DESCRIPTION                       |                | BOOK VALUE | FAIR MARKET<br>VALUE |
| BLACKROCK INC                     |                | 32,766.    | 32,766.              |
| METLIFE INC                       |                | 27,447     |                      |
| TOYOTA MOTOR CREDIT CORP          |                | 28,117     |                      |
| INTEL CORP                        |                | 28,114     |                      |
| CATERPILLAR INC                   |                | 27,294     |                      |
| BANK OF AMERICA CORP              |                | 27,875     | -                    |
| GENERAL DYNAMICS CORP             |                | 34,894     |                      |
| UNITED PARCEL SERVICE INC         |                | 33,466     |                      |
| HONEYWELL INTERNATIONAL INC       |                | 25,111.    |                      |
| HOME DEPOT INC/THE                |                | 27,768     |                      |
| FLORIDA POWER & LIGHT CO          |                | 28,556     |                      |
| CHUBB INA HOLDINGS INC            |                | 24,671     | -                    |
| WALT DISNEY CO/THE                |                | 24,216     |                      |
| AMERICAN HONDA FINANCE CORP       |                | 29,984     | -                    |
| AFLAC INC                         |                |            |                      |
|                                   |                | 29,471.    |                      |
| ECOLAB INC                        |                | 29,417.    |                      |
| SIMON PROPERTY GROUP LP           |                | 28,904.    |                      |
| COMCAST CORP                      |                | 27,947.    |                      |
| INTERNATIONAL BUSINESS MACHINES C | ORP            | 25,783.    |                      |
| PROCTER & GAMBLE CO/THE           |                | 33,188.    |                      |
| CHEVRON USA INC                   |                | 26,018.    |                      |
| ENTERGY LOUISIANA LLC             |                | 28,444.    |                      |
| WASTE MANAGEMENT INC              |                | 24,576.    |                      |
| REALTY INCOME CORP                |                | 25,073.    |                      |
| CLOROX CO/THE                     |                | 24,671.    |                      |
| UNITEDHEALTH GROUP INC            |                | 24,539.    |                      |
| SANOFI                            |                | 33,724.    |                      |
| BP CAPITAL MARKETS PLC            |                | 24,232.    |                      |
| CHARLES SCHWAB CORP/THE           |                | 24,703.    |                      |
| JOHN DEERE CAPITAL CORP           |                | 24,250.    | 24,250.              |
| PFIZER INC                        |                | 25,332.    |                      |
| KIMBERLY-CLARK CORP               |                | 24,883.    | 24,883.              |
| CAMDEN PROPERTY TRUST             |                | 25,547     | 25,547.              |
| TOTALENERGIES CAPITAL INTERNATION | AL SA          | 25,154.    | 25,154.              |
| GOLDMAN SACHS GROUP INC/THE       |                | 34,603.    | 34,603.              |
| DTE ELECTRIC CO                   |                | 25,091.    | 25,091.              |
| CONSOLIDATED EDISON CO OF NEW YOR | K INC          | 24,758     | 24,758.              |
| EQUINOR ASA                       |                | 25,809     | 25,809.              |
| APPLIED MATERIALS INC             |                | 24,491     |                      |
| AVALONBAY COMMUNITIES INC         |                | 25,651     |                      |
| APPLE INC                         |                | 26,391.    | -                    |
| CITIGROUP INC FXD TO 032030 VAR T | HRAFTR         | 34,295     |                      |
| AMAZON.COM INC                    |                | 26,375     |                      |
| JPMORGAN CHASE & CO FXD           |                | 25,911.    |                      |
| TJX COS INC/THE                   |                | 25,933     |                      |
| TOTAL TO FORM 990-PF, PART II, LI | NE 10C         | 1,235,443. | 1,235,443.           |
|                                   |                |            |                      |

| FORM 990-PF OTHER                   | INVESTMENTS         |            | STATEMENT 6          |
|-------------------------------------|---------------------|------------|----------------------|
| DESCRIPTION                         | VALUATION<br>METHOD | BOOK VALUE | FAIR MARKET<br>VALUE |
| ALGER SMALL CAP GROWTH Z2 (AISZX)   | FMV                 | 36,657.    | 36,657.              |
| AMERICAN EUROPACIFIC GRW F2 (AEPFX) | FMV                 | 80,418.    | 80,418.              |
| AMERICAN FUNDAMENTAL INV F2 (FINFX) | FMV                 | 105,103.   | 105,103.             |
| AMERICAN GW FD OF AMERICA F2        | FMV                 | ,          |                      |
| (GFFFX)                             |                     | 101,169.   | 101,169.             |
| DAVIS NEW YORK VENTURE Y (DNVYX)    | FMV                 | 103,844.   | 103,844.             |
| DELAWARE INV SM CAP VAL INST        | FMV                 | •          | ·                    |
| (DEVIX)                             |                     | 75,245.    | 75,245.              |
| GOLDMAN SACHS GRW OPPORT I (GGOIX)  | FMV                 | 126,700.   | 126,700.             |
| GOLDMAN SACHS STRATEGIC GW INS      | FMV                 |            |                      |
| (GSTIX)                             |                     | 104,892.   | 104,892.             |
| JPMORGAN MID CAP VALUE I (JMVSX)    | FMV                 | 63,516.    | 63,516.              |
| MFS VALUE I (MEIIX)                 | FMV                 | 104,313.   | 104,313.             |
| NATIONWIDE GENEVA SMCP GW F (NWKDX) | FMV                 | 34,378.    | 34,378.              |
| NEUBERGER BERMAN GENESIS INST       | FMV                 |            |                      |
| (NBGIX)                             |                     | 37,284.    | 37,284.              |
| NUANCE MID CAP VALUE INSTNL (NMVLX) | FMV                 | 55,670.    | 55,670.              |
| T ROWE PRICE BLUE CHIP GR (TRBCX)   | FMV                 | 109,156.   | 109,156.             |
| T ROWE PRICE QM US SM CP GR EQ      | FMV                 |            |                      |
| (PRDSX)                             |                     | 37,084.    | 37,084.              |
| THORNBURG INTL VALUE I (TGVIX)      | FMV                 | 77,232.    | 77,232.              |
| TOTAL TO FORM 990-PF, PART II, LINE | 13                  | 1,252,661. | 1,252,661.           |

| FORM 990-PF P  | OF OFFICERS, DIR<br>FOUNDATION MANAG |                   | STAT                            | EMENT 7 |
|--|--------------------------------------|-------------------|---------------------------------|---------|
| NAME AND ADDRESS   | TITLE AND<br>AVRG HRS/WK             | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN<br>CONTRIB |         |
| FRANK HACKETT<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703      | EXECUTIVE CONSU                      | LTANT<br>0.       | 0.                              | 0.      |
| TRICIA HEON<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703        | VICE PRESIDENT<br>5.00               | 0.                | 0.                              | 0.      |
| JULIE PICARD<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703       | PRESIDENT<br>1.00                    | 0.                | 0.                              | 0.      |
| STEVE MCCONNAUGHEY<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703 | SECRETARY/TREAS<br>5.00              | URER 0.           | 0.                              | 0.      |
| LAURA TAYLOR<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703       | TRUSTEE<br>1.00                      | 0.                | 0.                              | 0.      |
| CHAD BAILEY<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703        | TRUSTEE<br>1.00                      | 0.                | 0.                              | 0.      |
| MIKE BROWNING<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703      | TRUSTEE<br>1.00                      | 0.                | 0.                              | 0.      |
| WARREN CLAUSS<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703      | TRUSTEE<br>1.00                      | 0.                | 0.                              | 0.      |
| JERRY HINTON<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703       | TRUSTEE<br>1.00                      | 0.                | 0.                              | 0.      |
| ELLIE JOHNSON<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703      | TRUSTEE<br>1.00                      | 0.                | 0.                              | 0.      |

| NAAA WARREN YOUNG, SR. SCHOLASTIC                           | FOUNDA                       |          | 05-06 | 504611 |
|---|------------------------------|----------|-------|--------|
| LAURIE OAKMAN<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703 | COMMUNICATIONS MANAG<br>5.00 | ER<br>0. | 0.    | 0.     |
| BETH WEBER<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703    | PROJECT MANAGER 5.00         | 0.       | 0.    | 0.     |
| TOTALS INCLUDED ON 990-PF, PAGE 6,                          | PART VII                     | 0.       | 0.    | 0.     |

**Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations** 

OMB No. 1545-0047

05-0604611

(Worksheet)

Department of the Treasury Internal Revenue Service

(and on Investment Income for Private Foundations) FORM 990-PF

► Go to www.irs.gov/Form990W for instructions and the latest information.

► Keep for your records. Do not send to the Internal Revenue Service.

2022

|    | Unrelated business toyable income synasted in the toy y  |        |      |     |     |     |          |
|----|--|--------|------|-----|-----|-----|----------|
| '  | Unrelated business taxable income expected in the tax ye   | tаі    |      |     |     | 1   |          |
| 2  | Tax on the amount on line 1. See instructions for tax or   | omputa | tion |     |     | 2   |          |
| 3  | Alternative minimum tax for trusts. See instructions   |        |      |     |     | 3   |          |
| 4  | Total. Add lines 2 and 3   |        |      |     |     | 4   |          |
|    |  |        |      |     |     | 5   |          |
| อ  | Estimated tax credits. See instructions  |        |      |     |     | 5   |          |
| 6  | Subtract line 5 from line 4  |        |      |     |     | 6   |          |
| 7  | Other taxes. See instructions  |        |      |     |     | 7   |          |
| 8  | Total. Add lines 6 and 7   |        |      |     |     | 8   |          |
|    | Credit for federal tax paid on fuels. See instructions   |        |      |     |     | 9   |          |
| b  | Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the cestimated tax payments. Private foundations, see instructions. Enter the tax shown on the 2021 return. See instructions zero or the tax year was for less than 12 months, skip the and enter the amount from line 10a on line 10c 2022 Estimated Tax. Enter the smaller of line 10a or line |        |      |     |     |     |          |
|    | from line 10a on line 10c  |        |      |     |     | 10c | 3,000.   |
|    |  |        | (a)  | (b) | (c) |     | (d)      |
| 11 | Installment due dates. See instructions  | 11     |      |     |     |     | 12/15/22 |
| 12 | Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal   |        |      |     |     |     |          |
|    | installment method, or is a "large organization."  | 12     |      |     |     |     | 3,000.   |
| 13 | 2021 Overpayment. See instructions   | 13     |      |     |     |     |          |
| 14 | Payment due (Subtract line 13 from line 12)  | 14     |      |     |     |     | 3,000.   |

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

Form **8868** 

(Rev. January 2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

File a separate application for each return. Department of the Treasury ► Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) NAAA WARREN YOUNG, SR. SCHOLASTIC print 05-0604611 FOUNDATION, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 5320 SPECTRUM DRIVE, D return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. FREDERICK, MD 21703 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) TRICIA HEON • The books are in the care of ▶ 5320 SPECTRUM DRIVE, SUITE D - FREDERICK, MD 21703 Telephone No. ► 301-696-0400 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form **990-PF** 

### Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.



Department of the Treasury Internal Revenue Service For calendar year 2021 or tax year beginning and ending Name of foundation A Employer identification number NAAA WARREN YOUNG, SR. SCHOLASTIC FOUNDATION, INC. 05-0604611 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number 5320 SPECTRUM DRIVE 301-696-0400 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 21703 FREDERICK, MD G Check all that apply: Initial return X Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation **H** Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Cash X Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ...▶ 2,949,662. (Part I, column (d), must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (c) Adjusted net (d) Disbursements for charitable purposes (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income (cash basis only) 18,500. Contributions, gifts, grants, etc., received ...... N/Aif the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 164,979. 164,979. STATEMENT 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 75,590. 6a Net gain or (loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a ..... 603,296. 75,590. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications .... Gross sales less returns 10a and allowances b Less: Cost of goods sold c Gross profit or (loss) 11 Other income  $259,0\overline{69}$ 240,569. Total. Add lines 1 through 11 12 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages ..... 15 Pension plans, employee benefits 16a Legal fees Administrative Expenses b Accounting fees STMT 2  $13,3\overline{62}$ 6,681. 6,681 c Other professional fees STMT 3 23,487. 20,095. 3.392 17 Interest 18 Taxes Depreciation and depletion 19 Occupancy 20 21 Travel, conferences, and meetings ..... Operating and 22 Printing and publications ...... 23 Other expenses STMT 4 3,683. 675. 3,008. 24 Total operating and administrative 27,451. 40,532. 13,081. expenses. Add lines 13 through 23 59,000. 59,000. 25 Contributions, gifts, grants paid ..... 26 Total expenses and disbursements. 99,532. 72,081. Add lines 24 and 25 27,451. 27 Subtract line 26 from line 12: 159,537. **a** Excess of revenue over expenses and disbursements 213,118. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2021)

Form 990-PF (2021) FOUNDATION, INC. 05-0604611 Page 2

|                     | 90-PF (2021) FOUNDATION, INC.   | Doginning of year                       |                          | 604611 Pag                       |
|---------------------|---|---|--------------------------|----------------------------------|
| art                 | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. | Beginning of year (a) Book Value        | End of y  (b) Book Value | ear<br>(c) Fair Market Value     |
| 4                   | Cash - non-interest-bearing   | 51,669.                                 | 115,231.                 |                                  |
|                     |   | 296,595.                                | 335,731.                 |                                  |
|                     | Savings and temporary cash investments  Accounts receivable ► 500.  | 200,000                                 | 333,731.                 | 333,731                          |
| 3                   |   |   | 500.                     | 500                              |
|                     | Less: allowance for doubtful accounts   |   | 300.                     | 300                              |
| 4                   | Pledges receivable  |   |                          |                                  |
| _                   | Less; allowance for doubtful accounts   |   |                          |                                  |
| 5                   | Grants receivable   |   |                          |                                  |
| 6                   | Receivables due from officers, directors, trustees, and other   |   |                          |                                  |
| _                   | disqualified persons  |   |                          |                                  |
| 7                   | Other notes and loans receivable  |   |                          |                                  |
|                     | Less: allowance for doubtful accounts   |   |                          |                                  |
|                     | Inventories for sale or use   | 0.01                                    | 001                      | 0.01                             |
|                     | Prepaid expenses and deferred charges   | 991.                                    | 991.                     | 991                              |
|                     | Investments - U.S. and state government obligations   |   |                          |                                  |
| b                   | Investments - corporate stock   |   |                          |                                  |
| C                   | Investments - corporate bonds STMT 5  | 1,258,266.                              | 1,235,443.               | 1,235,443                        |
| 11                  | Investments - land, buildings, and equipment: basis   |   |                          |                                  |
|                     | Less: accumulated depreciation  |   |                          |                                  |
| 12                  | Investments - mortgage loans  |   |                          |                                  |
| 13                  | Investments - other STMT 6  | 1,235,725.                              | 1,252,661.               | 1,252,661                        |
| 14                  | Land, buildings, and equipment: basis   2,399.  |   |                          |                                  |
|                     | Less: accumulated depreciation 2,399.   |   |                          |                                  |
| 15                  |   | 9,577.                                  | 9,105.                   | 9,105                            |
| 16                  | Total assets (to be completed by all filers - see the   |   |                          |                                  |
|                     | instructions. Also, see page 1, item I)   | 2,852,823.                              | 2,949,662.               | 2,949,662                        |
| 17                  |   |   | , ,                      | ,                                |
| 18                  | Grants payable  |   |                          |                                  |
| 19                  | Deferred revenue  |   |                          |                                  |
| 20                  | Loans from officers, directors, trustees, and other disqualified persons  |   |                          |                                  |
| 21                  | Mortgages and other notes payable   |   |                          |                                  |
|                     | Other liabilities (describe   |   |                          |                                  |
|                     | ,   |   |                          |                                  |
| 23                  | Total liabilities (add lines 17 through 22)   | 0.                                      | 0.                       |                                  |
|                     | Foundations that follow FASB ASC 958, check here  | • | •                        |                                  |
|                     | and complete lines 24, 25, 29, and 30.  |   |                          |                                  |
| 24                  | Net assets without donor restrictions   | 2,777,823.                              | 2,884,162.               |                                  |
| 25                  | Net assets without donor restrictions   | 75,000.                                 | 65,500.                  |                                  |
| 20                  | Foundations that do not follow FASB ASC 958, check here   | 73,000.                                 | 03,300.                  |                                  |
|                     | and complete lines 26 through 30.   |   |                          |                                  |
| 96                  |   |   |                          |                                  |
| 26                  | Capital stock, trust principal, or current funds  |   |                          |                                  |
| 27                  | Paid-in or capital surplus, or land, bldg., and equipment fund  |   |                          |                                  |
| 28                  | Retained earnings, accumulated income, endowment, or other funds  | 2 852 822                               | 2 040 662                |                                  |
| 29                  | Total net assets or fund balances   | 2,852,823.                              | 2,949,662.               |                                  |
| 30                  | Total liabilities and net assets/fund balances  | 2,852,823.                              | 2,949,662.               |                                  |
| art                 |   | •                                       | 2,343,0024               |                                  |
| ar t                | Analysis of Orlanges in Net Assets of Fund Bare   |   |                          |                                  |
|                     | I net assets or fund balances at beginning of year - Part II, column (a), line 29                               |   |                          | 0 0 0 0 0 0 0                    |
| mus                 | st agree with end-of-year figure reported on prior year's return)   |   |                          | 2,852,823                        |
|                     | r amount from Part I, line 27a  |   |                          | 159,537                          |
| nte                 |   |   | 3                        | C                                |
| nte                 | er increases not included in line 2 (itemize)   |   |                          |                                  |
| Ente<br>Othe<br>Add | r increases not included in line 2 (itemize) lines 1, 2, and 3  |   |                          |                                  |
| Ente<br>Othe<br>Add | er increases not included in line 2 (itemize)   |   |                          | 3,012,360<br>62,698<br>2,949,662 |

123511 12-10-21

|   | NDATION, INC.   |   |                             |             |  |                     | U                                 | <u> </u>                        | 40TT                      | Page 3       |
|---|---|---|-----------------------------|-------------|--|---------------------|-----------------------------------|---------------------------------|---------------------------|--------------|
| Part IV Capital Gains a   | ind Losses for Tax on In  | vestment l                                  | ncome                       |             |  |                     |                                   |                                 |                           |              |
| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) |   |   |                             |             | (b) How acquired<br>P - Purchase<br>D - Donation |                     | (c) Date acquired (mo., day, yr.) |                                 | <b>(d)</b> Dat<br>(mo., d |              |
| 1a PUBLICLY TRADED SECURITIES   |   |   |                             |             |  | P                   |                                   |                                 |                           |              |
| b   |   |   |                             |             |  |                     |                                   |                                 |                           |              |
| C   |   |   |                             |             |  |                     |                                   |                                 |                           |              |
| d   |   |   |                             |             |  |                     |                                   |                                 |                           |              |
|   |   |   |                             | -           |  |                     |                                   |                                 |                           |              |
| <u>e</u>  | (4) Depresiation allowed  | (a) Coot                                    | or other h                  | hasia       | 1  |                     | <b>(b)</b> 0                      | oin or (loss)                   |                           |              |
| (e) Gross sales price   | (f) Depreciation allowed (or allowable)   |   | or other b<br>pense of s    |             |  |                     |                                   | lain or (loss)<br>s (f) minus ( |                           |              |
| a 603,296.  | (or anowasio)   | pido on                                     |                             | ,706        | +  |                     | ((0) piu                          | (1) 1111140 (                   | <del></del>               | <u> </u>     |
|   |   |   | 341                         | , / 0 0     | •  |                     |                                   |                                 | 75                        | <u>,590.</u> |
| b   |   |   |                             |             | +  |                     |                                   |                                 |                           |              |
| С   |   |   |                             |             |  |                     |                                   |                                 |                           |              |
| d   |   |   |                             |             | 4  |                     |                                   |                                 |                           |              |
| <u>e</u>  |   |   |                             |             |  |                     |                                   |                                 |                           |              |
| Complete only for assets showing  | g gain in column (h) and owned by   | the foundation o                            | n 12/31/6                   | <u> </u>    | _  |                     |                                   | Col. (h) gain                   |                           |              |
| (i) FMV as of 12/31/69  | (j) Adjusted basis<br>as of 12/31/69  | 1 ( )                                       | ess of col<br>ol. (j), if a | ( )         |  | COL                 |                                   | not less thar<br>(from col. (   |                           |              |
| a   |   |   |                             |             |  |                     |                                   |                                 | 75                        | ,590.        |
| b   |   |   |                             |             |  |                     |                                   |                                 |                           |              |
| C   |   |   |                             |             |  |                     |                                   |                                 |                           |              |
| d   |   |   |                             |             | +  |                     |                                   |                                 |                           |              |
|   |   |   |                             |             | +  |                     |                                   |                                 |                           |              |
| <u>e</u>  |   |   |                             |             | $\overline{}$                                    |                     |                                   |                                 |                           |              |
| 2 Capital gain net income or (net cap   | $ \begin{cases} & \text{If gain, also ente} \\ & \text{If (loss), enter -C} \end{cases} $ | r in Part I, line 7<br>)- in Part I, line 7 |                             |             | } 2  |                     |                                   |                                 | 75                        | <u>,590.</u> |
| 3 Net short-term capital gain or (loss  | •   |   |                             |             |  |                     |                                   |                                 |                           |              |
|   | column (c). See instructions. If (los   | ` '   |                             |             | <i>J</i>   |                     |                                   |                                 |                           |              |
| Part I, line 8  | , ,   | ,   |                             |             | <u>ا</u> 3                                       |                     |                                   | N/A                             |                           |              |
| Part V Excise Tax Base  | ed on Investment Incom  | ne (Section                                 | 4940(a                      | a), 4940    | 0(b), oı   | <sup>-</sup> 4948 - | see in                            | structio                        | าร)                       |              |
| 1a Exempt operating foundations d   | escribed in section 4940(d)(2), che   | ck here 🕨                                   | and e                       | nter "N/A'  | on line 1  |                     | ) [                               |                                 |                           |              |
| Date of ruling or determination I   | etter: (at  | tach copy of lett                           | er if nece                  | essary - s  | ee instru  | ctions)             | 1                                 |                                 | 2                         | ,962.        |
| <b>b</b> All other domestic foundations e   | enter 1.39% (0.0139) of line 27b. Ex  |   |                             |             |  | ,                   | r -                               |                                 |                           |              |
|   | 2, col. (b)   |   |                             |             |  |                     |                                   |                                 |                           |              |
| 2 Tax under section 511 (domestic   |   |   |                             |             |  |                     | ´ 2                               |                                 |                           | 0.           |
|   |   |   |                             |             |  |                     | 3                                 |                                 | 2                         | ,962.        |
|   | ic section 4947(a)(1) trusts and tax  |   |                             |             |  |                     |                                   |                                 |                           | 0.           |
| 5 Tax based on investment incom   |   |   |                             | 1010, 01110 | 0)   |                     | 5                                 |                                 | 2                         | ,962.        |
| 6 Credits/Payments:   | To. Subtract mile 1 month mile 5. m 20  | 010 01 1000, 011101                         | •                           |             |  |                     | <u> </u>                          |                                 |                           | ,,,,,,       |
| •   | nd 2020 overpayment credited to 20  | 101   | 6a                          |             |  | 0                   |                                   |                                 |                           |              |
|   |   |   |                             |             |  | 0                   |                                   |                                 |                           |              |
|   | ax withheld at source   |   | 6b                          |             |  | 0                   |                                   |                                 |                           |              |
|   | ension of time to file (Form 8868)  |   | 6c                          |             |  | 0                   |                                   |                                 |                           |              |
|   | withheld  |   | 6d                          |             |  |                     | _                                 |                                 |                           | ^            |
|   | I lines 6a through 6d   |   |                             |             |  |                     |                                   |                                 |                           | 0.           |
|   | ment of estimated tax. Check here   |   | 220 is atta                 | ached       |  |                     |                                   |                                 |                           | 71.          |
|   | nd 8 is more than 7, enter <b>amount</b>  |   |                             |             |  |                     | 9                                 |                                 | 3                         | ,033.        |
|   | than the total of lines 5 and 8, enter  |   | erpaid                      |             |  |                     | 10                                |                                 |                           |              |
| 11 Enter the amount of line 10 to be  | e: Credited to 2022 estimated tax   | <u> </u>                                    |                             |             | F  | lefunded 🕨          | 11                                |                                 |                           |              |

Form **990-PF** (2021)

Form 990-PF (2021) FOUNDATION, INC. 05-0604611 Page 4 Part VI-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Х any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. Х c Did the foundation file Form 1120-POL for this year? 1c **d** Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 • (2) On foundation managers. ► \$ (1) On the foundation. ► \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? Х 2 If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? X 4a b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law Х remain in the governing instrument? Х 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV 7 8a Enter the states to which the foundation reports or with which it is registered. See instructions. b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) Х of each state as required by General Instruction G? If "No," attach explanation 8b Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII 9 10 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions Х 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disgualified person had advisory privileges?

Website address ► WWW.NAAAWYSF.COM

14 The books are in care of ► TRICIA HEON Telephone no. ►

13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?

Telephone no.  $\triangleright 301-696-0400$ ZIP+4  $\triangleright 21703$ 

Located at ► 5320 SPECTRUM DRIVE, SUITE D, FREDERICK, MD

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here

and enter the amount of tax-exempt interest received or accrued during the year

At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

Form **990-PF** (2021)

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123531 12-10-21

If "Yes." attach statement. See instructions

Form 990-PF (2021)

FOUNDATION,

05-0604611 INC.

| Pa | rt VI-B   Statements Regarding Activities for Which Form 4720 May Be Required  |       |     |   |
|----|--|-------|-----|---|
|    | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  |       | Yes | No  |
| 1a | During the year, did the foundation (either directly or indirectly):   |       |     |   |
|    | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?   | 1a(1) |     | X   |
|    | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  |       |     |   |
|    | a disqualified person?   | 1a(2) |     | X   |
|    | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   | 1a(3) | X   |   |
|    | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   |       | X   |   |
|    | (5) Transfer any income or assets to a disqualified person (or make any of either available  |       |     |   |
|    | for the benefit or use of a disqualified person)?  |       |     |   |
|    | (6) Agree to pay money or property to a government official? (Exception. Check "No"  | 1a(5) |     | X   |
|    | if the foundation agreed to make a grant to or to employ the official for a period after   |       |     |   |
|    | termination of government service, if terminating within 90 days.)   | 1a(6) |     | X   |
| b  | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations                       |       |     |   |
|    | section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  | . 1b  |     | X   |
| C  | Organizations relying on a current notice regarding disaster assistance, check here  |       |     |   |
|    | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected              |       |     |   |
|    | before the first day of the tax year beginning in 2021?  | . 1d  |     | X   |
| 2  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation             |       |     |   |
|    | defined in section 4942(j)(3) or 4942(j)(5)):  |       |     |   |
| а  | At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines   |       |     |   |
|    | 6d and 6e) for tax year(s) beginning before 2021?  | 2a    |     | X   |
|    | If "Yes," list the years <b>&gt;</b>   |       |     |   |
| b  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect |       |     |   |
|    | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach         |       |     |   |
|    | statement - see instructions.) N/A   | 2b    |     | $ldsymbol{ld}}}}}}}}}$ |
| C  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.                      |       |     |   |
|    | <b>&gt;</b>  |       |     |   |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time                                    |       |     |   |
|    | during the year?   | 3a    |     | X   |
| b  | If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after       |       |     |   |
|    | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose         |       |     |   |
|    | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,            |       |     |   |
|    | Schedule C, to determine if the foundation had excess business holdings in 2021.) $N/A$  | . 3b  |     | <u> </u>  |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                              | 4a    |     | X   |
| b  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that       |       |     |   |
|    | had not been removed from jeopardy before the first day of the tax year beginning in 2021?   | 4b    |     | X   |

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| Form 990-PF (2021) FOUNDATION, INC.  |  |                                   | <u>05-0604</u>  | <u>611</u> |                              | Page 6          |  |  |
|--|--|-----------------------------------|---|------------|------------------------------|-----------------|--|--|
| Part VI-B Statements Regarding Activities for Which F  | orm 4720 May Be R  | equired (continu                  | ued)  |            |                              |                 |  |  |
| <b>5a</b> During the year, did the foundation pay or incur any amount to:  |  |                                   |   |            | Yes                          | No              |  |  |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section  | 1 4945(e)) <b>?</b>  |                                   |   | 5a(1)      |                              | Х               |  |  |
| (2) Influence the outcome of any specific public election (see section 4955); o  |  |                                   |   |            |                              |                 |  |  |
| any voter registration drive?  |  | • •                               |   | 5a(2)      |                              | Х               |  |  |
| (3) Provide a grant to an individual for travel, study, or other similar purposes  | ?  |                                   |   | 5a(3)      | Х                            |                 |  |  |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio  |  |                                   |   | ` '        |                              |                 |  |  |
| 4945(d)(4)(A)? See instructions  |  |                                   |   | 5a(4)      |                              | Х               |  |  |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for  |  |                                   |   |            |                              |                 |  |  |
| the prevention of cruelty to children or animals?  |  |                                   |   |            |                              |                 |  |  |
| <b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify un  |  |                                   |   | 5a(5)      |                              | X               |  |  |
| section 53.4945 or in a current notice regarding disaster assistance? See instru   |  | -                                 |   | 5b         |                              | х               |  |  |
| c Organizations relying on a current notice regarding disaster assistance, check l   |  |                                   |   |            |                              |                 |  |  |
| <b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption f   |  |                                   |   |            |                              |                 |  |  |
| expenditure responsibility for the grant?  |  |                                   | N/A   | 5d         |                              |                 |  |  |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d).   |  |                                   |   | - Ou       |                              |                 |  |  |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to  | nav nremiume on  |                                   |   |            |                              |                 |  |  |
|  |  |                                   |   | 6a         |                              | х               |  |  |
| <ul><li>a personal benefit contract?</li><li>b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li></ul>        | arcanal hanafit contract?  |                                   |   | 6b         |                              | X               |  |  |
|  | ersonal benefit contract?  |                                   |   | OD         |                              |                 |  |  |
| If "Yes" to 6b, file Form 8870.  | halter transaction 0   |                                   |   | 70         |                              | х               |  |  |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s   |  |                                   |   | 7a         |                              |                 |  |  |
| <b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribute.   |  |                                   | IN /. FA  | 7b         |                              |                 |  |  |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$  |  |                                   |   |            |                              | v               |  |  |
| excess parachute payment(s) during the year?  Part VII Information About Officers, Directors, Truste   | oo Foundation Mar  | aaara Liabbi                      |   | 8          |                              | X               |  |  |
| Part VII Information About Officers, Directors, Trustors Paid Employees, and Contractors   | es, roundation Mai   | nagers, nignly                    |   |            |                              |                 |  |  |
|  | -air assumencetion   |                                   |   |            |                              |                 |  |  |
| 1 Liet all officers directors trustoes and foundation managers and the   |  |                                   |   |            |                              |                 |  |  |
| 1 List all officers, directors, trustees, and foundation managers and t  |  | (c) Compensation                  | (d) Contributions t   | n T        | (a) Eyn                      | nanca           |  |  |
|  | (b) Title, and average hours per week devoted  | (c) Compensation<br>(If not paid, | (d) Contributions t<br>employee benefit pla<br>and deferred                 | o<br>ns a  | (e) Exp                      | , other         |  |  |
| 1 List all officers, directors, trustees, and foundation managers and the (a) Name and address   | (b) Title, and average   |                                   | (d) Contributions t<br>employee benefit pla<br>and deferred<br>compensation | ons a      | (e) Exp<br>ccount,<br>allowa | , other         |  |  |
|  | (b) Title, and average hours per week devoted  | (If not paid,                     | (d) Contributions t<br>employee benefit pla<br>and deferred<br>compensation | ons a      | ccount,                      | , other         |  |  |
| (a) Name and address   | (b) Title, and average hours per week devoted  | (If not paid,<br>enter -0-)       | compensation  |            | ccount,                      | , other<br>nces |  |  |
|  | (b) Title, and average hours per week devoted  | (If not paid,                     | (d) Contributions t<br>employee benefit pla<br>and deferred<br>compensation |            | ccount,                      | , other         |  |  |
| (a) Name and address   | (b) Title, and average hours per week devoted  | (If not paid,<br>enter -0-)       | compensation  |            | ccount,                      | , other<br>nces |  |  |
| (a) Name and address   | (b) Title, and average hours per week devoted  | (If not paid,<br>enter -0-)       | compensation  |            | ccount,                      | , other<br>nces |  |  |
| (a) Name and address   | (b) Title, and average hours per week devoted  | (If not paid,<br>enter -0-)       | compensation  |            | ccount,                      | , other<br>nces |  |  |
| (a) Name and address   | (b) Title, and average hours per week devoted  | (If not paid,<br>enter -0-)       | compensation  |            | ccount,                      | , other<br>nces |  |  |
| (a) Name and address   | (b) Title, and average hours per week devoted  | (If not paid,<br>enter -0-)       | compensation  |            | ccount,                      | , other<br>nces |  |  |
| (a) Name and address   | (b) Title, and average hours per week devoted  | (If not paid,<br>enter -0-)       | compensation  |            | ccount,                      | , other<br>nces |  |  |
| (a) Name and address   | (b) Title, and average hours per week devoted  | (If not paid,<br>enter -0-)       | compensation  |            | ccount,                      | , other<br>nces |  |  |
| (a) Name and address   | (b) Title, and average hours per week devoted  | (If not paid,<br>enter -0-)       | compensation  |            | ccount,                      | , other<br>nces |  |  |
| (a) Name and address   | (b) Title, and average hours per week devoted  | (If not paid,<br>enter -0-)       | compensation  |            | ccount,                      | , other<br>nces |  |  |
| (a) Name and address   | (b) Title, and average hours per week devoted to position  | (If not paid, enter -0-)          | O   | •          | ccount,                      | , other<br>nces |  |  |
| (a) Name and address  SEE STATEMENT 7  2 Compensation of five highest-paid employees (other than those inc   | (b) Title, and average hours per week devoted to position  uded on line 1). If none,   | (If not paid, enter -0-)  0 .     | Compensation  O  (d) Contributions t employee benefit pla                   | •          | ccount,<br>allowa            | oense           |  |  |
| (a) Name and address  SEE STATEMENT 7  | (b) Title, and average hours per week devoted to position  | (If not paid, enter -0-)          | O Contributions t   | •          | écount,<br>allowa            | oense, other    |  |  |
| (a) Name and address  SEE STATEMENT 7  2 Compensation of five highest-paid employees (other than those inc   | (b) Title, and average hours per week devoted to position  luded on line 1). If none,  (b) Title, and average hours per week | (If not paid, enter -0-)  0 .     | (d) Contributions t employee benefit and deferred                           | •          | (e) Exp                      | oense, other    |  |  |
| (a) Name and address  SEE STATEMENT 7  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position  luded on line 1). If none,  (b) Title, and average hours per week | (If not paid, enter -0-)  0 .     | (d) Contributions t employee benefit and deferred                           | •          | (e) Exp                      | oense, other    |  |  |
| (a) Name and address  SEE STATEMENT 7  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position  luded on line 1). If none,  (b) Title, and average hours per week | (If not paid, enter -0-)  0 .     | (d) Contributions t employee benefit and deferred                           | •          | (e) Exp                      | oense, other    |  |  |
| (a) Name and address  SEE STATEMENT 7  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position  luded on line 1). If none,  (b) Title, and average hours per week | (If not paid, enter -0-)  0 .     | (d) Contributions t employee benefit and deferred                           | •          | (e) Exp                      | oense, other    |  |  |
| (a) Name and address  SEE STATEMENT 7  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position  luded on line 1). If none,  (b) Title, and average hours per week | (If not paid, enter -0-)  0 .     | (d) Contributions t employee benefit and deferred                           | •          | (e) Exp                      | oense, other    |  |  |
| (a) Name and address  SEE STATEMENT 7  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position  luded on line 1). If none,  (b) Title, and average hours per week | (If not paid, enter -0-)  0 .     | (d) Contributions t employee benefit and deferred                           | •          | (e) Exp                      | oense, other    |  |  |
| (a) Name and address  SEE STATEMENT 7  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position  luded on line 1). If none,  (b) Title, and average hours per week | (If not paid, enter -0-)  0 .     | (d) Contributions t employee benefit and deferred                           | •          | (e) Exp                      | oense, other    |  |  |
| (a) Name and address  SEE STATEMENT 7  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position  luded on line 1). If none,  (b) Title, and average hours per week | (If not paid, enter -0-)  0 .     | (d) Contributions t employee benefit and deferred                           | •          | (e) Exp                      | oense, other    |  |  |
| (a) Name and address  SEE STATEMENT 7  2 Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position  luded on line 1). If none,  (b) Title, and average hours per week | (If not paid, enter -0-)  0 .     | (d) Contributions t employee benefit and deferred                           | •          | (e) Exp                      | 0 •             |  |  |

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Total number of other employees paid over \$50,000

| orm 990-PF (2021) F'OUNDA'I'LON, LNC.  |                         | 0604611 Page 7   |
|--|-------------------------|------------------|
| Part VII Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)   | dation Managers, Highly |                  |
| 3 Five highest-paid independent contractors for professional services. If none, er   | nter "NONE."            |                  |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service     | (c) Compensation |
| NONE   |                         |                  |
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| otal number of others receiving over \$50,000 for professional services  Part VIII-A   Summary of Direct Charitable Activities   |                         | <b>&gt;</b>   0  |
|  |                         |                  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant si number of organizations and other beneficiaries served, conferences convened, research papers p |                         | Expenses         |
| 27 / 2   | noudcou, ctc.           |                  |
| N/A  |                         |                  |
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| Part VIII-B   Summary of Program-Related Investments   |                         |                  |
| Describe the two largest program-related investments made by the foundation during the tax year  | on lines 1 and 2.       | Amount           |
| N/A  |                         |                  |
|  |                         |                  |
| <del>,</del>   |                         |                  |
|  |                         |                  |
|  |                         |                  |
| All other program-related investments. See instructions.   |                         |                  |
| All other program-related investments. See instructions.   |                         |                  |
|  |                         |                  |
|  |                         |                  |
|  |                         |                  |
|  |                         |                  |
|  |                         |                  |
| Fotal. Add lines 1 through 3   | <b>&gt;</b>             | 0.               |

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# NAAA WARREN YOUNG, SR. SCHOLASTIC FOUNDATION, INC.

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| Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations                            | ndations, s | see instructions.)     |
|---|-------------|------------------------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:                       |             |                        |
| a Average monthly fair market value of securities   | 1a          | 2,495,178.             |
| <b>b</b> Average of monthly cash balances   | 1b          | 2,495,178.<br>418,389. |
| c Fair market value of all other assets (see instructions)  | 1c          | 0.                     |
| d Total (add lines 1a, b, and c)  | 1d          | 2,913,567.             |
| e Reduction claimed for blockage or other factors reported on lines 1a and  |             |                        |
| 1c (attach detailed explanation) 1e 0 •   |             |                        |
| 2 Acquisition indebtedness applicable to line 1 assets  | 2           | 0.                     |
| 3 Subtract line 2 from line 1d  | 3           | 2,913,567.             |
| 4 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)                   | 4           | 43,704.                |
| Net value of noncharitable-use assets. Subtract line 4 from line 3  | 5           | 2,869,863.             |
| 6 Minimum investment return. Enter 5% (0.05) of line 5  | 6           | 143,493.               |
| Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are                     | nd certain  |                        |
| foreign organizations, check here 🕨 🔙 and do not complete this part.)   |             |                        |
| 1 Minimum investment return from Part IX, line 6  | 1           | 143,493.               |
| 2aTax on investment income for 2021 from Part V, line 52a2,962.bIncome tax for 2021. (This does not include the tax from Part V.)2b |             |                        |
| b Income tax for 2021. (This does not include the tax from Part V.)   |             |                        |
| c Add lines 2a and 2b   | 2c          | 2,962.                 |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1   | 3           | 140,531.               |
| 4 Recoveries of amounts treated as qualifying distributions   | 4           | 0.                     |
| 5 Add lines 3 and 4   | 5           | 140,531.               |
| 6 Deduction from distributable amount (see instructions)  | 6           | 0.                     |
| 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1                                 | 7           | 140,531.               |
| Part XI Qualifying Distributions (see instructions)   |             |                        |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  |             |                        |
| a Expenses, contributions, gifts, etc total from Part I, column (d), line 26  | 1a          | 72,081.                |
| b Program-related investments - total from Part VIII-B  | 1b          | 0.                     |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                         | 2           |                        |
| 3 Amounts set aside for specific charitable projects that satisfy the:  |             |                        |
| a Suitability test (prior IRS approval required)  | 3a          |                        |
| <b>b</b> Cash distribution test (attach the required schedule)  | 3b          |                        |
| 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4   | 4           | 72,081.                |

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Part XII Undistributed Income (see instructions)

|  |                      | (a)                        | ( )         |                     |
|--|----------------------|----------------------------|-------------|---------------------|
|  | <b>(a)</b><br>Corpus | (b)<br>Years prior to 2020 | (c)<br>2020 | ( <b>d)</b><br>2021 |
| 1 Distributable amount for 2021 from Part X,   | •                    |                            |             |                     |
| line 7   |                      |                            |             | 140,531.            |
| 2 Undistributed income, if any, as of the end of 2021:   |                      |                            |             |                     |
| <b>a</b> Enter amount for 2020 only  |                      |                            | 0.          |                     |
| <b>b</b> Total for prior years:  |                      |                            |             |                     |
| 3 Excess distributions carryover, if any, to 2021:   |                      | 0.                         |             |                     |
| _  |                      |                            |             |                     |
| <b>a</b> From 2016 <b>b</b> From 2017  |                      |                            |             |                     |
|  |                      |                            |             |                     |
| <b>c</b> From 2018 <b>d</b> From 2019  |                      |                            |             |                     |
| F 0000   |                      |                            |             |                     |
| f Total of lines 3a through e  | 0.                   |                            |             |                     |
| 4 Qualifying distributions for 2021 from   | <u> </u>             |                            |             |                     |
| Part XI, line 4: ►\$ 72,081.   |                      |                            |             |                     |
| a Applied to 2020, but not more than line 2a   |                      |                            | 0.          |                     |
| <b>b</b> Applied to undistributed income of prior  |                      |                            | 0.          |                     |
| years (Election required - see instructions)   |                      | 0.                         |             |                     |
| c Treated as distributions out of corpus   |                      | 0.                         |             |                     |
| (Flootion manifold and instructions)   | 0.                   |                            |             |                     |
| d Applied to 2021 distributable amount   | <u> </u>             |                            |             | 72,081.             |
| e Remaining amount distributed out of corpus   | 0.                   |                            |             | 72,001              |
| 5 Excess distributions carryover applied to 2021   | •                    |                            |             |                     |
| (If an amount appears in column (d), the same amount must be shown in column (a).)   | 0.                   |                            |             | 0.                  |
| 6 Enter the net total of each column as indicated below:   |                      |                            |             |                     |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5   | 0.                   |                            |             |                     |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b  |                      | 0.                         |             |                     |
| c Enter the amount of prior years'   |                      |                            |             |                     |
| undistributed income for which a notice of<br>deficiency has been issued, or on which<br>the section 4942(a) tax has been previously |                      | 0.                         |             |                     |
| assessed   |                      | 0.                         |             |                     |
| d Subtract line 6c from line 6b. Taxable   |                      | 0.                         |             |                     |
| amount - see instructions  |                      | 0.                         |             |                     |
| e Undistributed income for 2020. Subtract line   |                      |                            | 0.          |                     |
| 4a from line 2a. Taxable amount - see instr f Undistributed income for 2021. Subtract  |                      |                            | 0.          |                     |
| lines 4d and 5 from line 1. This amount must   |                      |                            |             |                     |
| be distributed in 2022   |                      |                            |             | 68,450.             |
| 7 Amounts treated as distributions out of  |                      |                            |             | 00, 130.            |
| corpus to satisfy requirements imposed by  |                      |                            |             |                     |
| section 170(b)(1)(F) or 4942(g)(3) (Election   |                      |                            |             |                     |
| may be required - see instructions)  | 0.                   |                            |             |                     |
| 8 Excess distributions carryover from 2016   |                      |                            |             |                     |
| not applied on line 5 or line 7  | 0.                   |                            |             |                     |
| 9 Excess distributions carryover to 2022.  |                      |                            |             |                     |
| Subtract lines 7 and 8 from line 6a  | 0.                   |                            |             |                     |
| 10 Analysis of line 9:   |                      |                            |             |                     |
| a Excess from 2017   |                      |                            |             |                     |
| <b>b</b> Excess from 2018  |                      |                            |             |                     |
| c Excess from 2019   |                      |                            |             |                     |
| d Excess from 2020   |                      |                            |             |                     |
| e Excess from 2021   |                      |                            |             |                     |

Form 990-PF (2021) FOUNDATION, INC. 05-0604611 Page 10 Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling **b** Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (c) 2019 (a) 2021 (b) 2020 (d) 2018 (e) Total income from Part I or the minimum investment return from Part IX for each year listed **b** 85% (0.85) of line 2a c Qualifying distributions from Part XI, line 4, for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c ...... Complete 3a, b, or c for the alternative test relied upon; a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization ..... Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) **Information Regarding Foundation Managers:** a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here  $\triangleright X$  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: **b** The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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NAAA WARREN YOUNG, SR. SCHOLASTIC FOUNDATION, INC. 05-0604611 Form 990-PF (2021) Page 11 Supplementary Information (continued) Part XIV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year ELMA BJELEVAC SCHOLARSHIP 5320 SPECTRUM DRIVE FREDERICK, MD 21703 5,000. MARSHALL TOMCHIK SCHOLARSHIP 5320 SPECTRUM DRIVE FREDERICK, MD 21703 5,000. MAX WILLIS SCHOLARSHIP 5320 SPECTRUM DRIVE FREDERICK, MD 21703 5,000. TAYLOR OLEJNICZAK SCHOLARSHIP 5320 SPECTRUM DRIVE FREDERICK, MD 21703 5,000.

Total SEE CONTINUATION SHEET(S) 

b Approved for future payment

5,000.

5,000.

5,000.

NONE

MARV GRACE BOOKMVER 5320 SPECTRUM DRIVE

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Total

SCHOLARSHIP

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| Part XV-A | Analysis of Income-Producing Activities |
|-----------|---|

| Enter gross amounts unless otherwise indicated.                 | Unrelated business income |                      |                       | ded by section 512, 513, or 514 | (e)               |  |
|---|---------------------------|----------------------|-----------------------|---------------------------------|-------------------|--|
| •   | ( <b>a</b> )<br>Business  | <b>(b)</b><br>Amount | (c)<br>Exclu-<br>sion | (d)                             | Related or exempt |  |
| 1 Program service revenue:                                      | code                      | Alliouiit            | code                  | Amount                          | function income   |  |
| a   |                           |                      |                       |                                 |                   |  |
| b   |                           |                      |                       |                                 |                   |  |
| c   |                           |                      |                       |                                 |                   |  |
| d   |                           |                      |                       |                                 |                   |  |
| e   |                           |                      |                       |                                 |                   |  |
| †   |                           |                      |                       |                                 |                   |  |
| g Fees and contracts from government agencies                   |                           |                      |                       |                                 |                   |  |
| 2 Membership dues and assessments                               |                           |                      |                       |                                 |                   |  |
| 3 Interest on savings and temporary cash investments            |                           |                      |                       |                                 |                   |  |
| 4 Dividends and interest from securities                        |                           |                      | 14                    | 164,979.                        |                   |  |
| 5 Net rental income or (loss) from real estate:                 |                           |                      |                       |                                 |                   |  |
| a Debt-financed property  |                           |                      |                       |                                 |                   |  |
| <b>b</b> Not debt-financed property                             |                           |                      |                       |                                 |                   |  |
| 6 Net rental income or (loss) from personal                     |                           |                      |                       |                                 |                   |  |
| property  |                           |                      |                       |                                 |                   |  |
| 7 Other investment income                                       |                           |                      |                       |                                 |                   |  |
| 8 Gain or (loss) from sales of assets other                     |                           |                      |                       |                                 |                   |  |
| than inventory  |                           |                      | 18                    | 75,590.                         |                   |  |
| <b>9</b> Net income or (loss) from special events               |                           |                      |                       |                                 |                   |  |
| <b>10</b> Gross profit or (loss) from sales of inventory        |                           |                      |                       |                                 |                   |  |
| 11 Other revenue:   |                           |                      |                       |                                 |                   |  |
| a   |                           |                      |                       |                                 |                   |  |
| b   |                           |                      |                       |                                 |                   |  |
| c   |                           |                      |                       |                                 |                   |  |
| d   |                           |                      |                       |                                 |                   |  |
| e   |                           |                      |                       |                                 |                   |  |
| 12 Subtotal. Add columns (b), (d), and (e)                      |                           | 0                    |                       | 240,569.                        | 0.                |  |
| <b>13 Total.</b> Add line 12, columns (b), (d), and (e)         |                           |                      |                       | 13                              | 240,569.          |  |
| (See worksheet in line 13 instructions to verify calculations.) |                           |                      |                       |                                 |                   |  |

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|----------|--|
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|-----------------|--|----------------------------|---------|
| Part XVI        | Information Regarding Transfers to and Transactions and Relation | onships With Noncharitable |         |

|     |                  | Exempt Organi                      | zations                  |                  |                   |                |                          | •                          |                                   |           |            |
|-----|------------------|------------------------------------|--------------------------|------------------|-------------------|----------------|--------------------------|----------------------------|-----------------------------------|-----------|------------|
| 1   | Did the or       | ganization directly or indire      | ectly engage in any      | of the followin  | ng with any oth   | ner organizati | on described in sect     | ion 501(c)                 |                                   | Yes       | No         |
|     |                  | n section 501(c)(3) organi         |                          |                  | -                 | -              |                          | ,                          |                                   |           |            |
| а   | •                | from the reporting foundat         | •                        | -                |                   |                |                          |                            |                                   |           |            |
|     | (1) Cash         |                                    |                          |                  | -                 |                |                          |                            | 1a(1)                             |           | Х          |
|     |                  | assets                             |                          |                  |                   |                |                          |                            |                                   |           | X          |
| b   | Other tran       |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     | (1) Sales        | of assets to a noncharitab         | ole exempt organizat     | ion              |                   |                |                          |                            | 1b(1)                             |           | Х          |
|     | (2) Purch        | nases of assets from a non         | icharitable exempt o     | rganization      |                   |                |                          |                            | 1b(2)                             |           | Х          |
|     |                  | ıl of facilities, equipment, c     |                          |                  |                   |                |                          |                            |                                   |           | X          |
|     |                  | bursement arrangements             |                          |                  |                   |                |                          |                            |                                   |           | X          |
|     | <b>(5)</b> Loans | s or loan guarantees               |                          |                  |                   |                |                          |                            | 1b(5)                             |           | X          |
|     |                  | rmance of services or mer          |                          |                  |                   |                |                          |                            | 141.40                            |           | X          |
| C   | Sharing of       | f facilities, equipment, mail      | ling lists, other asse   | ts, or paid em   | ployees           |                |                          |                            | 1c                                |           | Х          |
| d   | If the ansv      | ver to any of the above is "       | 'Yes," complete the t    | following sche   | dule. Column      | (b) should al  | ways show the fair       | market value of the g      | goods, other ass                  | ets,      |            |
|     |                  | s given by the reporting fo        |                          |                  | ed less than fa   | ir market valı | ue in any transactior    | or sharing arranger        | ment, show in                     |           |            |
|     |                  | ) the value of the goods, o        |                          |                  |                   |                | T                        |                            |                                   |           |            |
| a)∟ | ine no.          | (b) Amount involved                | (c) Name of              |                  | e exempt orga     | nization       | (d) Descriptio           | n of transfers, transactio | ns, and sharing arra              | angemen   | ts         |
|     |                  |                                    |                          | N/A              |                   |                |                          |                            |                                   |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
| 2 a | Is the four      | ndation directly or indirectl      | ly affiliated with or i  | related to one   | or more tax-e     | exempt organi  | izations described       |                            |                                   |           | —          |
|     |                  | 501(c) (other than section         |                          |                  |                   |                |                          |                            | Yes                               | X         | No         |
| b   |                  | omplete the following sche         |                          | ••               |                   |                |                          |                            |                                   |           | _          |
|     |                  | (a) Name of orga                   |                          |                  | (b) Type of       | organization   |                          | (c) Description of re      | elationship                       |           |            |
|     |                  | N/A                                |                          |                  |                   |                |                          |                            |                                   |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     | Under            | penalties of perjury, I declare th | nat I have examined this | return including | accompanying      | chedules and s | tatements, and to the he | set of my knowledge        |                                   |           |            |
| Si  |                  | lief bide tistened regt, and comp  |                          |                  |                   |                |                          |                            | May the IRS or<br>return with the | e prepare | er         |
| He  | ere              | Tricia Heon                        |                          |                  | <sub> </sub> 1/6/ | /2023          | CEO                      |                            | x Yes                             |           | str.<br>No |
|     |                  | Trick (1000                        |                          |                  | I<br>Date         |                | Title                    |                            | res                               |           | ] NO       |
|     | 2.9              | Print/Type preparer's nar          | me                       | Preparer's s     |                   |                | Date                     | Check if                   | PTIN                              |           |            |
|     |                  | MICHAELA J.                        |                          | ' ' ' ' '        |                   |                |                          | self- employed             |                                   |           |            |
| Pa  | iid              | CPA                                | ,                        | MICHAE           | LA J.             | CROMA          | 01/04/23                 |                            | P00895                            | 728       |            |
|     | eparer           | Firm's name ► CLI                  | FTONLARSO                |                  |                   |                |                          | Firm's EIN ► 4             |                                   |           |            |
| Us  | e Only           |                                    |                          |                  |                   |                |                          |                            |                                   |           |            |
|     |                  | Firm's address ▶ 901               |                          |                  |                   | E 200          |                          |                            |                                   |           |            |
|     |                  | ARI ARI                            | LINGTON,                 | VA 222           | 03                |                |                          | Phone no. 57               | 1-227-9                           |           |            |
|     |                  |                                    |                          |                  |                   |                |                          |                            | Earm 991                          | LUL       | (0004)     |

FOUNDATION, INC.

05-0604611

| Part XIV Supplementary Information 3 Grants and Contributions Paid During the |  |                                      |                                  |        |
|---|--|--------------------------------------|----------------------------------|--------|
| Recipient   | If recipient is an individual,   | Foundation                           | Durnoss of grant or              |        |
| Name and address (home or business)   | show any relationship to any foundation manager or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount |
|   | or substantial contributor   | Todipioni                            |                                  |        |
| UNIT WILLS  |  |                                      | CCUOLAR CUTR                     |        |
| HALLI WILLIS<br>5320 SPECTRUM DRIVE   |  |                                      | SCHOLARSHIP                      |        |
| FREDERICK, MD 21703   |  |                                      |                                  | 3,000  |
|   |  |                                      |                                  | ,,,,,, |
| HALEY MEYERING  |  |                                      | SCHOLARSHIP                      |        |
| 5320 SPECTRUM DRIVE   |  |                                      |                                  |        |
| FREDERICK, MD 21703   |  |                                      |                                  | 3,000  |
|   |  |                                      |                                  |        |
| EMMA HERNANDEZ  |  |                                      | SCHOLARSHIP                      |        |
| 5320 SPECTRUM DRIVE   |  |                                      |                                  |        |
| FREDERICK, MD 21703   |  |                                      |                                  | 5,000  |
|   |  |                                      |                                  |        |
| JACOB MOYER   |  |                                      | SCHOLARSHIP                      |        |
| 5320 SPECTRUM DRIVE   |  |                                      |                                  |        |
| FREDERICK, MD 21703   |  |                                      |                                  | 5,000  |
|   |  |                                      |                                  |        |
| TERESA LEVESQUE   |  |                                      | SCHOLARSHIP                      |        |
| 5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703                                    |  |                                      |                                  | 3,000  |
|   |  |                                      |                                  | ,,,,,, |
| KEITH DABROSKI  |  |                                      | SCHOLARSHIP                      |        |
| 5320 SPECTRUM DRIVE   |  |                                      | Delio II/IKBII I                 |        |
| FREDERICK, MD 21703   |  |                                      |                                  | 5,000  |
|   |  |                                      |                                  |        |
| JOHN KELLY  |  |                                      | DISASTER RELIEF                  |        |
| 200 N. MAIN STREET  |  |                                      |                                  |        |
| MANVILLE, NJ 08835  |  |                                      |                                  | 500    |
|   |  |                                      |                                  |        |
| SARA DUFFY  |  |                                      | DISASTER RELIEF                  |        |
| 200 N. MAIN STREET  |  |                                      |                                  |        |
| MANVILLE, NJ 08835  |  |                                      |                                  | 500    |
|   |  |                                      |                                  |        |
| FRANCY SUAREZ   |  |                                      | DISASTER RELIEF                  |        |
| 200 N. MAIN STREET  |  |                                      |                                  | 500    |
| MANVILLE, NJ 08835  |  |                                      |                                  | 500    |
| MOM DIEMPONICA  |  |                                      | DIGAGMED DELICE                  |        |
| TOM PIETROWICZ<br>200 N. MAIN STREET  |  |                                      | DISASTER RELIEF                  |        |
| MANVILLE, NJ 08835  |  |                                      |                                  | 500    |
| Total from continuation sheets  |  |                                      | •                                | 34,000 |

FOUNDATION, INC.

05-0604611

Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor ROBIN BRYGIER DISASTER RELIEF 200 N. MAIN STREET MANVILLE, NJ 08835 500. TERESA GIORDANO DISASTER RELIEF 200 N. MAIN STREET MANVILLE, NJ 08835 500. MICHAEL RODRIGUEZ DISASTER RELIEF 200 N. MAIN STREET MANVILLE, NJ 08835 500. JILL LANDRY DISASTER RELIEF 18310 WOODSCALE ROAD 500. HAMMOND, LA 70401 BARBARA SCHROEDER DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. TIM COOK DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. PEDRO CEDENO DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. MAURICE EFFLER DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. TROY BICKMAN DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. VATHY COLKMIRE DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. Total from continuation sheets

FOUNDATION, INC.

05-0604611

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor LORI HART DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. CALEB WHITTINGTON DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. TYLER DYSON DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. FLOYD BUMGARDEN DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. MIKE ARBOUR DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. RICKY SWANBERG DISASTER RELIEF 18310 WOODSCALE ROAD HAMMOND, LA 70401 500. Total from continuation sheets

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

NAAA WARREN YOUNG, SR. SCHOLASTIC FOUNDATION. INC.

**Employer identification number** 

05-0604611

| Organiza  | Organization type (check one):  |   |  |  |  |  |  |
|-----------|---|---|--|--|--|--|--|
| Filers of | :   | Section:  |  |  |  |  |  |
| Form 990  | or 990-EZ   | 501(c)( ) (enter number) organization   |  |  |  |  |  |
|           |   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |  |  |  |  |  |
|           |   | 527 political organization  |  |  |  |  |  |
| Form 990  | )-PF  | X 501(c)(3) exempt private foundation   |  |  |  |  |  |
|           |   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |  |  |  |  |  |
|           |   | 501(c)(3) taxable private foundation  |  |  |  |  |  |
| Note: Or  | neck if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>ote:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. <b>eneral Rule</b>   |   |  |  |  |  |  |
| X         |   | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  |  |  |  |  |  |
| Special   | Rules   |   |  |  |  |  |  |
|           | sections 509(a)(1) a contributor, during  | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; 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. |   |  |  |  |  |  |
|           | year, contributions is checked, enter h purpose. Don't con  | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year |  |  |  |  |  |
| answer "  | nution: 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 swer "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 at it doesn't meet the filing requirements of Schedule B (Form 990).   |   |  |  |  |  |  |

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

NAAA WARREN YOUNG, SR. SCHOLASTIC

FOUNDATION, INC.

Employer identification number

05-0604611

| ı artı     | (See Instructions). Ose duplicate copies of Part I if addition                       | lional space is needed.    |  |
|------------|--|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| 1          | NATIONAL AUTO AUCTION ASSOCIATION  5320 SPECTRUM DRIVE, SUITE D  FREDERICK, MD 21703 | \$17,500.                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
|            |  |                            | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
|            |  |                            | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
|            |  |                            | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
|            |  |                            | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
|            |  |                            | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2021)

Name of organization

NAAA WARREN YOUNG, SR. SCHOLASTIC

FOUNDATION, INC.

Employer identification number

05-0604611

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |   |                      |  |  |  |  |
|------------------------------|---|---|----------------------|--|--|--|--|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |   | \$  |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |   | \$  |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |   | \$  |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |   | \$  |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |   | <br>  \$                                  |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |   |   |                      |  |  |  |  |

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** NAAA WARREN YOUNG, SR. SCHOLASTIC 05-0604611 FOUNDATION, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **Underpayment of Estimated Tax by Corporations**

Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form2220 for instructions and the latest information.

2021

NAAA WARREN YOUNG, SR. SCHOLASTIC INC. FOUNDATION,

Employer identification number 05-0604611

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

| F        | Part I Required Annual Payment  |          |                             |                      |            |                  |          |          |
|----------|---|----------|-----------------------------|----------------------|------------|------------------|----------|----------|
|          | <b>-</b>  |          |                             |                      |            |                  |          | 2 062    |
| 1        | Total tax (see instructions)  |          |                             |                      |            |                  | 1        | 2,962.   |
| 2 :      | a Personal holding company tax (Schedule PH (Form 1120), line   | e 26)    | included on line 1          | 2a                   | 1          |                  |          |          |
|          | b Look-back interest included on line 1 under section 460(b)(2)   | ,        |                             |                      |            |                  | 1        |          |
|          | contracts or section $167(g)$ for depreciation under the income   |          |                             | 2b                   |            |                  |          |          |
|          | contracte of occurrence (g) for depresentation under the meaning  |          |                             |                      |            |                  |          |          |
| (        | Credit for federal tax paid on fuels (see instructions)   |          |                             | 2c                   |            |                  |          |          |
|          | d Total. Add lines 2a through 2c  |          |                             |                      |            |                  | 2d       |          |
| 3        | Subtract line 2d from line 1. If the result is less than \$500, do  | not (    | complete or file this form. | The corporation      |            |                  |          |          |
|          | does not owe the penalty  |          |                             |                      |            |                  |          | 2,962.   |
| 4        | Enter the tax shown on the corporation's 2020 income tax retu   | ırn. S   | Gee instructions. Caution   | : If the tax is zero | )          |                  |          |          |
|          | or the tax year was for less than 12 months, skip this line and   | entei    | the amount from line 3 of   | on line 5            |            |                  | 4        |          |
|          |   |          |                             |                      |            |                  |          |          |
| 5        | Required annual payment. Enter the smaller of line 3 or line  |          |                             |                      |            |                  |          |          |
| _        | enter the amount from line 3  |          |                             |                      |            |                  | 5        | 2,962.   |
| ı        | Part II Reasons for Filing - Check the boxes belo   | w tha    | at apply. If any boxes are  | checked, the corp    | oration    | must file Form 2 | 220      |          |
| _        | even if it does not owe a penalty. See instructions.  |          |                             |                      |            |                  |          |          |
| 6        | The corporation is using the adjusted seasonal installr   |          |                             |                      |            |                  |          |          |
| 7        | The corporation is using the annualized income install  |          |                             |                      | _          |                  |          |          |
| <u>*</u> | The corporation is a "large corporation" figuring its firs  Part III   Figuring the Underpayment              | st req   | uired installment based o   | n the prior year's   | tax.       |                  |          |          |
|          | Figuring the Onderpayment   |          | (-)                         | (1-)                 |            | (1)              |          | (4)      |
| •        | Installment due dates. Enter in solvense (a) there in (d) the   | $\vdash$ | (a)                         | (b)                  |            | (c)              |          | (d)      |
| 9        | Installment due dates. Enter in columns (a) through (d) the   |          |                             |                      |            |                  |          |          |
|          | 15th day of the 4th (Form 990-PF filers: Use 5th month),  | ا ٍ ا    | 05/15/21                    | 06/15/               | 721        | 09/15/           | / 2 1    | 12/15/21 |
| 40       | 6th, 9th, and 12th months of the corporation's tax year   | 9        | 05/15/21                    | 00/13/               | <u> </u>   | 09/13/           | <u> </u> | 12/13/21 |
| 10       | Required installments. If the box on line 6 and/or line 7   |          |                             |                      |            |                  |          |          |
|          | above is checked, enter the amounts from Sch A, line 38. If   |          |                             |                      |            |                  |          |          |
|          | the box on line 8 (but not 6 or 7) is checked, see instructions   |          |                             |                      |            |                  |          |          |
|          | for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column | 10       | 741.                        | -                    | 40.        | -                | 41.      | 740.     |
| 11       | Estimated tax paid or credited for each period. For   | 10       | 7 = 1 •                     |                      | <b>40.</b> | ,                | <u> </u> | 7 40 •   |
| ''       | column (a) only, enter the amount from line 11 on line 15.  |          |                             |                      |            |                  |          |          |
|          |   | 11       |                             |                      |            |                  |          |          |
|          | Complete lines 12 through 18 of one column  |          |                             |                      |            |                  |          |          |
|          | before going to the next column.  |          |                             |                      |            |                  |          |          |
| 12       | Enter amount, if any, from line 18 of the preceding column  | 12       |                             |                      |            |                  |          |          |
|          | Add lines 11 and 12   | 13       |                             |                      |            |                  |          |          |
| 14       | Add amounts on lines 16 and 17 of the preceding column  | 14       |                             | -                    | 41.        | 1.4              | 81.      | 2,222.   |
| 15       | Subtract line 14 from line 13. If zero or less, enter -0-   | 15       | 0.                          |                      | 0.         | _,_              | 0.       | 0.       |
|          | If the amount on line 15 is zero, subtract line 13 from line  |          |                             |                      |            |                  |          |          |
|          | 14. Otherwise, enter -0-  | 16       |                             | -                    | 41.        | 1,4              | 81.      |          |
| 17       |   |          |                             |                      |            | <b>,</b>         |          |          |
|          | subtract line 15 from line 10. Then go to line 12 of the next   |          |                             |                      |            |                  |          |          |
|          | column. Otherwise, go to line 18  | 17       | 741.                        | 7                    | 40.        | 7                | 41.      | 740.     |
| 18       |   |          |                             |                      |            |                  |          |          |
|          | from line 15. Then go to line 12 of the next column   | 18       |                             |                      |            |                  |          |          |

For Paperwork Reduction Act Notice, see separate instructions.

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Form 2220 (2021)

FORM 990-PF

NAAA WARREN YOUNG, SR. SCHOLASTIC

FOUNDATION, INC.

05-0604611

Page 2

| Part IV | Figuring | the | Penalty |
|---------|----------|-----|---------|
|         |          |     |         |

|   |  |         | (a)                      | (b)                      | (c)      | (d) |
|---|--|---------|--------------------------|--------------------------|----------|-----|
| 9 | Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.  (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month.  Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions | 19      |                          |                          |          |     |
| ) | Number of days from due date of installment on line 9 to the   |         |                          |                          |          |     |
|   | date shown on line 19  | 20      |                          |                          |          |     |
| 1 | Number of days on line 20 after 4/15/2021 and before 7/1/2021  | 21      |                          |                          |          |     |
| 2 | Underpayment on line 17 x Number of days on line 21 x 3% (0.03)  | 22      | \$                       | \$                       | \$       | \$  |
| 3 | Number of days on line 20 after 6/30/2021 and before 10/1/2021   | 23      |                          |                          |          |     |
| 4 | Underpayment on line 17 x Number of days on line 23 x 3% (0.03)  | 24      | \$                       | \$                       | \$       | \$  |
| 5 | Number of days on line 20 after 9/30/2021 and before 1/1/2022  | 25      |                          |                          |          |     |
| 6 | Underpayment on line 17 x Number of days on line 25 x 3% (0.03)  | 26      | \$                       | \$                       | \$       | \$  |
| 7 | Number of days on line 20 after 12/31/2021 and before 4/1/2022   | 27      | SEI                      | ATTACHED W               | ORKSHEET |     |
| 8 | Underpayment on line 17 x Number of days on line 27 x 3% (0.03)  | 28      | \$                       | \$                       | \$       | \$  |
| 9 | Number of days on line 20 after 3/31/2022 and before 7/1/2022  | 29      |                          |                          |          |     |
| 0 | Underpayment on line 17 x Number of days on line 29 x *%   | 30      | \$                       | \$                       | \$       | \$  |
| 1 | Number of days on line 20 after 6/30/2022 and before 10/1/2022   | 31      |                          |                          |          |     |
| 2 | Underpayment on line 17 x Number of days on line 31 x *% 365   | 32      | \$                       | \$                       | \$       | \$  |
| 3 | Number of days on line 20 after 9/30/2022 and before 1/1/2023  | 33      |                          |                          |          |     |
| 4 | Underpayment on line 17 x Number of days on line 33 x *% 365   | 34      | \$                       | \$                       | \$       | \$  |
| 5 | Number of days on line 20 after 12/31/2022 and before 3/16/2023  | 35      |                          |                          |          |     |
| 6 | Underpayment on line 17 x Number of days on line 35 x *% 365   | 36      | \$                       | \$                       | \$       | \$  |
| 7 | Add lines 22, 24, 26, 28, 30, 32, 34, and 36   | 37      | \$                       | \$                       | \$       | \$  |
| 3 | Penalty. Add columns (a) through (d) of line 37. Enter the to  | tal he  | ere and on Form 1120. li | ne 34: or the comparable |          |     |
| • |  | -41 110 |                          | i, or and domparable     |          | 1   |

<sup>\*</sup> Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2021)

# FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

| Name(s) NAAA WARREN YOUNG, SR. SCHOLASTIC FOUNDATION, INC.  Identifying Number 05-06046 |         |                 |                    |                       |         |  |  |  |  |
|---|---------|-----------------|--------------------|-----------------------|---------|--|--|--|--|
| (A)   | (B)     | (C)<br>Adjusted | (D)<br>Number Days | (E)                   | (F)     |  |  |  |  |
| *Date   | Amount  | Balance Due     | Balance Due        | Daily<br>Penalty Rate | Penalty |  |  |  |  |
|   |         | -0-             |                    |                       |         |  |  |  |  |
| 05/15/21  | 741.    | 741.            | 31                 | .000082192            | 2.      |  |  |  |  |
| 06/15/21  | 740.    | 1,481.          | 92                 | .000082192            | 11.     |  |  |  |  |
| 09/15/21  | 741.    | 2,222.          | 91                 | .000082192            | 17.     |  |  |  |  |
| 12/15/21  | 740.    | 2,962.          | 106                | .000082192            | 26.     |  |  |  |  |
| 03/31/22  | 0.      | 2,962.          | 45                 | .000109589            | 15.     |  |  |  |  |
|   |         |                 |                    |                       |         |  |  |  |  |
|   |         |                 |                    |                       |         |  |  |  |  |
|   |         |                 |                    |                       |         |  |  |  |  |
|   |         |                 |                    |                       |         |  |  |  |  |
|   |         |                 |                    |                       |         |  |  |  |  |
|   |         |                 |                    |                       |         |  |  |  |  |
|   |         |                 |                    |                       |         |  |  |  |  |
|   |         |                 |                    |                       |         |  |  |  |  |
|   |         |                 |                    |                       |         |  |  |  |  |
|   |         |                 |                    |                       |         |  |  |  |  |
|   |         |                 |                    |                       |         |  |  |  |  |
|   |         |                 |                    |                       |         |  |  |  |  |
|   |         |                 |                    |                       |         |  |  |  |  |
|   |         |                 |                    |                       |         |  |  |  |  |
|   |         |                 |                    |                       |         |  |  |  |  |
|   |         |                 |                    |                       |         |  |  |  |  |
| Penalty Due (Sum of Colo  | umn F). |                 |                    |                       | 71.     |  |  |  |  |

<sup>\*</sup> Date of estimated tax payment, withholding credit date or installment due date.

| SOURCE   | FORM 990-PF          | DIVIDEND | S AND INTER | EST FROM SECUR | ITIES S'    | PATEMENT 1                    |
|--|----------------------|----------|-------------|----------------|-------------|-------------------------------|
| TO PART I, LINE 4  | SOURCE               |          | GAINS       | REVENUE        | NET INVEST- | (C)<br>ADJUSTED<br>NET INCOME |
| CA   CB   CC   CD   CHARITABL  | -                    |          |             |                |             |                               |
| CA   | TO PART I, LINE 4 =  | 164,979  | ·           | 0. 164,979.    | 164,979.    |                               |
| EXPENSES   NET INVEST-   ADJUSTED   CHARITABL   PURPOSES   | FORM 990-PF          |          | ACCOUNTI    | NG FEES        | S           | FATEMENT 2                    |
| TO FORM 990-PF, PG 1, LN 16B 13,362. 6,681. 6,681  FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3   (A) (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D  | DESCRIPTION          |          | EXPENSES    | NET INVEST-    | ADJUSTED    | CHARITABLE                    |
| FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3  (A) (B) (C) (D) ADJUSTED CHARITABL PER BOOKS MENT INCOME NET INCOME PURPOSES  INVESTMENT MANAGEMENT FEES 20,095. 20,095. 0. 3,392  TO FORM 990-PF, PG 1, LN 16C 23,487. 20,095. 3,392  FORM 990-PF OTHER EXPENSES STATEMENT 4  (A) (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D   | ACCOUNTING FEES      |          | 13,362.     | 6,681.         |             | 6,681.                        |
| Ca   | TO FORM 990-PF, PG 1 | , LN 16B | 13,362.     | 6,681.         |             | 6,681.                        |
| EXPENSES   NET INVEST-   ADJUSTED   CHARITABL  | FORM 990-PF          | 0        | THER PROFES | SIONAL FEES    | S'          | TATEMENT 3                    |
| CONSULTING FEES         3,392.         0.         3,392           TO FORM 990-PF, PG 1, LN 16C         23,487.         20,095.         3,392           FORM 990-PF         OTHER EXPENSES         STATEMENT 4           (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITABL PER BOOKS MENT INCOME NET INCOME PURPOSES         CHARITABL PURPOSES           OFFICE EXPENSES INSURANCE         2,692.         675.         2,017           INSURANCE         991.         0.         991 | DESCRIPTION          |          | EXPENSES    | NET INVEST-    | ADJUSTED    | CHARITABLE                    |
| TORM 990-PF   OTHER EXPENSES   STATEMENT 4   |                      | T FEES   | •           | =              |             | 0.<br>3,392.                  |
| (A)         (B)         (C)         (D)           EXPENSES         NET INVEST-         ADJUSTED         CHARITABL           PER BOOKS         MENT INCOME         NET INCOME         PURPOSES           OFFICE EXPENSES         2,692.         675.         2,017           INSURANCE         991.         0.         991  | TO FORM 990-PF, PG 1 | , LN 16C | 23,487.     | 20,095.        |             | 3,392.                        |
| DESCRIPTION  PER BOOKS  MENT INCOME  NET INCOME  PURPOSES  2,692.  675.  2,017  INSURANCE  991.  0.  991   | FORM 990-PF          |          | OTHER E     | XPENSES        | S'          | FATEMENT 4                    |
| INSURANCE 991. 0. 991  | DESCRIPTION          |          | EXPENSES    | NET INVEST-    | ADJUSTED    | CHARITABLE                    |
| TO FORM 990-PF, PG 1, LN 23 3,683. 675. 3,008  |                      | •        |             |                |             | 2,017.<br>991.                |
|  | TO FORM 990-PF, PG 1 | , LN 23  | 3,683.      | 675.           |             | 3,008.                        |

| FORM 990-PF C                     | ORPORATE BONDS |            | STATEMENT 5          |
|-----------------------------------|----------------|------------|----------------------|
| DESCRIPTION                       |                | BOOK VALUE | FAIR MARKET<br>VALUE |
| BLACKROCK INC                     |                | 32,766.    | 32,766.              |
| METLIFE INC                       |                | 27,447     |                      |
| TOYOTA MOTOR CREDIT CORP          |                | 28,117     |                      |
| INTEL CORP                        |                | 28,114     |                      |
| CATERPILLAR INC                   |                | 27,294     |                      |
| BANK OF AMERICA CORP              |                | 27,875     | -                    |
| GENERAL DYNAMICS CORP             |                | 34,894     |                      |
| UNITED PARCEL SERVICE INC         |                | 33,466     |                      |
| HONEYWELL INTERNATIONAL INC       |                | 25,111.    |                      |
| HOME DEPOT INC/THE                |                | 27,768     |                      |
| FLORIDA POWER & LIGHT CO          |                | 28,556     |                      |
| CHUBB INA HOLDINGS INC            |                | 24,671     | -                    |
| WALT DISNEY CO/THE                |                | 24,216     |                      |
| AMERICAN HONDA FINANCE CORP       |                | 29,984     | -                    |
| AFLAC INC                         |                |            |                      |
|                                   |                | 29,471.    |                      |
| ECOLAB INC                        |                | 29,417.    |                      |
| SIMON PROPERTY GROUP LP           |                | 28,904.    |                      |
| COMCAST CORP                      |                | 27,947.    |                      |
| INTERNATIONAL BUSINESS MACHINES C | ORP            | 25,783     |                      |
| PROCTER & GAMBLE CO/THE           |                | 33,188.    |                      |
| CHEVRON USA INC                   |                | 26,018.    |                      |
| ENTERGY LOUISIANA LLC             |                | 28,444.    |                      |
| WASTE MANAGEMENT INC              |                | 24,576.    |                      |
| REALTY INCOME CORP                |                | 25,073     |                      |
| CLOROX CO/THE                     |                | 24,671.    |                      |
| UNITEDHEALTH GROUP INC            |                | 24,539     |                      |
| SANOFI                            |                | 33,724.    |                      |
| BP CAPITAL MARKETS PLC            |                | 24,232.    |                      |
| CHARLES SCHWAB CORP/THE           |                | 24,703.    |                      |
| JOHN DEERE CAPITAL CORP           |                | 24,250.    |                      |
| PFIZER INC                        |                | 25,332.    |                      |
| KIMBERLY-CLARK CORP               |                | 24,883.    |                      |
| CAMDEN PROPERTY TRUST             |                | 25,547.    |                      |
| TOTALENERGIES CAPITAL INTERNATION | AL SA          | 25,154.    |                      |
| GOLDMAN SACHS GROUP INC/THE       |                | 34,603.    | 34,603.              |
| DTE ELECTRIC CO                   |                | 25,091.    | 25,091.              |
| CONSOLIDATED EDISON CO OF NEW YOR | K INC          | 24,758     | 24,758.              |
| EQUINOR ASA                       |                | 25,809     | 25,809.              |
| APPLIED MATERIALS INC             |                | 24,491.    | 24,491.              |
| AVALONBAY COMMUNITIES INC         |                | 25,651     | 25,651.              |
| APPLE INC                         |                | 26,391.    | 26,391.              |
| CITIGROUP INC FXD TO 032030 VAR T | HRAFTR         | 34,295     |                      |
| AMAZON.COM INC                    |                | 26,375     |                      |
| JPMORGAN CHASE & CO FXD           |                | 25,911.    |                      |
| TJX COS INC/THE                   |                | 25,933     |                      |
| TOTAL TO FORM 990-PF, PART II, LI | NE 10C         | 1,235,443. | 1,235,443.           |
|                                   |                |            |                      |

| FORM 990-PF OTHER                     | INVESTMENTS         |            | STATEMENT 6          |
|---------------------------------------|---------------------|------------|----------------------|
| DESCRIPTION                           | VALUATION<br>METHOD | BOOK VALUE | FAIR MARKET<br>VALUE |
| ALGER SMALL CAP GROWTH Z2 (AISZX)     | FMV                 | 36,657.    | 36,657.              |
| AMERICAN EUROPACIFIC GRW F2 (AEPFX)   | FMV                 | 80,418.    | 80,418.              |
| AMERICAN FUNDAMENTAL INV F2 (FINFX)   | FMV                 | 105,103.   | 105,103.             |
| AMERICAN GW FD OF AMERICA F2          | FMV                 | •          | ,                    |
| (GFFFX)                               |                     | 101,169.   | 101,169.             |
| DAVIS NEW YORK VENTURE Y (DNVYX)      | FMV                 | 103,844.   | 103,844.             |
| DELAWARE INV SM CAP VAL INST          | FMV                 |            |                      |
| (DEVIX)                               |                     | 75,245.    | 75,245.              |
| GOLDMAN SACHS GRW OPPORT I (GGOIX)    | FMV                 | 126,700.   | 126,700.             |
| GOLDMAN SACHS STRATEGIC GW INS        | FMV                 |            |                      |
| (GSTIX)                               |                     | 104,892.   | 104,892.             |
| JPMORGAN MID CAP VALUE I (JMVSX)      | FMV                 | 63,516.    | 63,516.              |
| MFS VALUE I (MEIIX)                   | FMV                 | 104,313.   | 104,313.             |
| NATIONWIDE GENEVA SMCP GW F (NWKDX)   | FMV                 | 34,378.    | 34,378.              |
| NEUBERGER BERMAN GENESIS INST         | FMV                 |            |                      |
| (NBGIX)                               |                     | 37,284.    | 37,284.              |
| NUANCE MID CAP VALUE INSTNL (NMVLX)   | FMV                 | 55,670.    | 55,670.              |
| T ROWE PRICE BLUE CHIP GR (TRBCX)     | FMV                 | 109,156.   | 109,156.             |
| T ROWE PRICE QM US SM CP GR EQ        | FMV                 |            |                      |
| (PRDSX)                               |                     | 37,084.    | 37,084.              |
| THORNBURG INTL VALUE I (TGVIX)        | FMV                 | 77,232.    | 77,232.              |
| TOTAL TO FORM 990-PF, PART II, LINE 1 | .3                  | 1,252,661. | 1,252,661.           |

| FORM 990-PF PAI  | OF OFFICERS, DIR<br>FOUNDATION MANAG |         | STAT                            | EMENT 7            |
|--|--------------------------------------|---------|---------------------------------|--------------------|
| NAME AND ADDRESS   | TITLE AND<br>AVRG HRS/WK             |         | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE<br>ACCOUNT |
| FRANK HACKETT<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703      | EXECUTIVE CONSU                      | LTANT   | 0.                              | 0.                 |
| TRICIA HEON<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703        | VICE PRESIDENT<br>5.00               | 0.      | 0.                              | 0.                 |
| JULIE PICARD<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703       | PRESIDENT<br>1.00                    | 0.      | 0.                              | 0.                 |
| STEVE MCCONNAUGHEY<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703 | SECRETARY/TREAS                      | URER 0. | 0.                              | 0.                 |
| LAURA TAYLOR<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703       | TRUSTEE<br>1.00                      | 0.      | 0.                              | 0.                 |
| CHAD BAILEY<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703        | TRUSTEE<br>1.00                      | 0.      | 0.                              | 0.                 |
| MIKE BROWNING<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703      | TRUSTEE<br>1.00                      | 0.      | 0.                              | 0.                 |
| WARREN CLAUSS<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703      | TRUSTEE<br>1.00                      | 0.      | 0.                              | 0.                 |
| JERRY HINTON<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703       | TRUSTEE<br>1.00                      | 0.      | 0.                              | 0.                 |
| ELLIE JOHNSON<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703      | TRUSTEE<br>1.00                      | 0.      | 0.                              | 0.                 |

| NAAA WARREN YOUNG, SR. SCHOLASTIC                           | FOUNDA                 |            | 05 | -0604611 |
|---|------------------------|------------|----|----------|
| LAURIE OAKMAN<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703 | COMMUNICATIONS<br>5.00 | MANAGER 0. | 0. | 0.       |
| BETH WEBER<br>5320 SPECTRUM DRIVE<br>FREDERICK, MD 21703    | PROJECT MANAGER        | 0.         | 0. | 0.       |
| TOTALS INCLUDED ON 990-PF, PAGE 6,                          | PART VII               | 0.         | 0. | 0.       |

# **Certificate Of Completion**

Envelope Id: 1FD0944ABB0C45B89F9BCF5A78AB0D5A

Subject: Tax Return for Natl Auto Auction Asso Scholastic Foundation - A480580 - 2021

Client Name: Natl Auto Auction Asso Scholastic Foundation

Client Number: A480580

Source Envelope:

Document Pages: 65 Certificate Pages: 5

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

**Envelope Originator:** 

**CLA Operations** 

220 S 6th St Ste 300

Minneapolis, MN 55402-1418

Francine.Gonzalez@claconnect.com

IP Address: 4.15.243.26

# **Record Tracking**

Status: Original

1/4/2023 3:32:46 PM

Holder: CLA Operations

Francine.Gonzalez@claconnect.com

Location: DocuSign

# **Signer Events**

Tricia Heon

theon@naaa.com

National Auto Auction Association

Security Level: Email, Account Authentication

Signature

Signatures: 3

Initials: 1

DocuSigned by: Tricia Heon 2563CF1F41D849A..

Signature Adoption: Pre-selected Style

Using IP Address: 76.151.166.30

CEO

(None), Access Code

In Person Signer Events

ID: 7eb0a0ff-d6d8-48b7-987e-e3cb4212aac2

### **Timestamp**

Sent: 1/4/2023 3:46:10 PM Viewed: 1/6/2023 5:23:11 PM Signed: 1/6/2023 5:23:32 PM

# **Electronic Record and Signature Disclosure:**

Accepted: 1/6/2023 5:23:11 PM

### **Signature Timestamp**

**Editor Delivery Events Status Timestamp** 

**Agent Delivery Events Status Timestamp** 

**Intermediary Delivery Events Status Timestamp** 

**Certified Delivery Events Status Timestamp** 

**Carbon Copy Events Status** 

COPIED

Meghan Ewing

mewin@naaa.com

Security Level: Email, Account Authentication

(None)

Completed

**Electronic Record and Signature Disclosure:** 

Not Offered via DocuSign

**Timestamp** 

1/6/2023 5:23:32 PM

Sent: 1/4/2023 3:46:11 PM Viewed: 1/5/2023 1:25:35 PM

| Witness Events | Signature | Timestamp |
|----------------|-----------|-----------|
|----------------|-----------|-----------|

### Signature **Notary Events Timestamp**

| Envelope Summary Events | Status           | Timestamps          |
|-------------------------|------------------|---------------------|
| Envelope Sent           | Hashed/Encrypted | 1/4/2023 3:46:11 PM |
| Certified Delivered     | Security Checked | 1/6/2023 5:23:11 PM |
| Signing Complete        | Security Checked | 1/6/2023 5:23:32 PM |

Security Checked

Payment Events Status Timestamps

Electronic Record and Signature Disclosure

Electronic Record and Signature Disclosure created on: 2/12/2019 8:04:21 AM Parties agreed to: Tricia Heon

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

# How to contact CliftonLarsonAllen LLP:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: BusinessTechnology@CLAconnect.com

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