**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.



## **TAX RETURN FILING INSTRUCTIONS**

FORM 990

### FOR THE YEAR ENDING

JUNE 30, 2022

Prepared for	POCAHONTAS COMMUNICATIONS COOPERATIVE 9836 BROWNS CREEK RD. DUNMORE, WV 24934
Prepared by	GRAY, GRIFFITH & MAYS, A.C. 707 VIRGINIA STREET, EAST, SUITE 400 CHARLESTON, WV 25301-2711
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

#### THIS IS NOT A FILEABLE COPY \*\*\*\*\*

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

For calendar year 2021, or fiscal year beginning  $\ JUL\ 1$  , 2021, and ending  $\ JUN\ 30$ 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Form 8879-TF

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

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

POCAHONTAS COMMUNICATIONS COOPERATIVE SCOTT SMITH Name and title of officer or person subject to tax

31-0962048

EIN or SSN

MANAGING DIRECTOR

Type of Return and Return Information

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. For	m 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	ı, 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, 7	b, 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 r	ot 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 _	475,128.

iui i	io iii o ii i art i.									
1a	Form 990 check here ► X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	475,128					
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)	2b						
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b						
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b						
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b						
6a	Form 990-T check here	6b								
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	tal tax (Form 4720, Part III, line 1)						
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 2	2) <b>10</b> b	)					
Part	II Declaration and Signat	ure	Authorization of Officer or Person Subject to Tax							
Inder	penalties of perjury, I declare that $oxed{X}$	l aı	m an officer of the above entity or 🔲 I am a person subject to tax w	th respect	to (name					
f entit	y)		, (EIN) and that	I have exa	mined a copy of the					
omple nterme	ete. I further declare that the amount in ediate service provider, transmitter, or e	Pai elec	ules and statements, and, to the best of my knowledge and belief, the t I above is the amount shown on the copy of the electronic return. I c tronic return originator (ERO) to send the return to the IRS and to rece on of the transmission, <b>(b)</b> the reason for any delay in processing the re	onsent to a ive from the	allow my e IRS <b>(a)</b> an					

2 c ir e 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.

PIN: check one box only		
I authorize		to enter my PIN
	ERO firm name	Enter five numbers, b

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 my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*

#### **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

55117816622 Do not enter all zeros

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 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)

ERO's signature

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Type or print 31-0962048 POCAHONTAS COMMUNICATIONS COOPERATIVE File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date fo filing your 9836 BROWNS CREEK RD. return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. DUNMORE, WV 24934 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 80 Form 4720 (other than individual) Form 4720 (individual) 03 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) POCAHONTAS COMM COOP CORP The books are in the care of ▶ 9836 BROWNS CREEK RD - DUNMORE, WV 24934 Telephone No. ► 304-799-6004 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 」. 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. MAY 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** 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

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

Form 8868 (Rev. 1-2022)

instructions.

### EXTENDED TO MAY 15, 2023

Form **990** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

<u>A</u>	FOI LIN		ending 0	UN 30, 2022	
В	Check if applicabl	e: C Name of organization		D Employer identific	cation number
	Addre chang				4.0
L	Name chang	Doing business as		31-09620	48
L	Initial return		Room/suite	E Telephone number	
	Final return.	9836 BROWNS CREEK RD.		304-799-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	477,674.
	Amen- return	DONMORE, WV 24954		H(a) Is this a group re	
	Application			for subordinates	? Yes X No
	pendi	9836 BROWNS CREEK RD, DUMNORE, WV 2493	34	H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c)( ) ( insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions
		te: ► ALLEGHENYMOUNTAINRADIO.ORG		H(c) Group exemption	n number 🕨
K	Form of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: $1979$ N	🛚 State of legal domicile: 🕏 🕏
P	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: ORGAN	NIZED	TO OPERATE	
S S		NON-COMMERCIAL RADIO STATIONS IN POCAHONT	ras co	UNTY, WEST	VIRGINIA
ž	2	Check this box  if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	12
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	68
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		418,557.	461,031.
enc	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,303.	1,737.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,495.	12,360.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		425,355.	475,128.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		290,671.	329,504.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  Professional fundraising fees (Part IX, column (A), line 11e)	<u>.</u>	0.	0.
ă	b			100 000	1 1 2 2 2 2
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		132,338.	142,993.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		423,009.	472,497.
	19	Revenue less expenses. Subtract line 18 from line 12		2,346.	2,631.
Net Assets or	3		Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		1,150,430.	1,150,995.
TA A	21	Total liabilities (Part X, line 26)		626,278.	624,212.
챨	22	Net assets or fund balances. Subtract line 21 from line 20		524,152.	526,783.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is
true	e, correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of wh	icn preparer	nas any knowledge.	
		Signature of officer		 Date	
Sig		SCOTT SMITH, MANAGING DIRECTOR		Duto	
He	re	Type or print name and title			
			- 11	Date Check	PTIN
Pai	А	Print/Type preparer's name  C. KEVIN MANN  Preparer's signature	'	if	
				self-employe	55-0621482
	parer Only	Firm's name GRAY, GRIFFITH & MAYS, A.C. Firm's address 707 VIRGINIA STREET, EAST, SUITE 4	100	Firm's EIN 🛌	77 - 007T#07
US	Unity	CHARLESTON, WV 25301-2711	± U U	Dhono no / 3	04) 345-9400
N46	v tha !!	-		[Filotie IIO. \ 3	X Yes No
ivia	y u le II	RS discuss this return with the preparer shown above? See instructions			LAND TES LINO

4d Other program services (Describe on Schedule O.)

(Expenses \$\quad \text{including grants of \$}\quad \text{) (Revenue \$}\quad \text{)}

**4e** Total program service expenses ▶

236,255.

# Form 990 (2021) POCAHONTAS C Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
لہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Α.
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٠,,
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		22
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Page 4

Form 990 (2021) POCAHONTAS COMMUNI
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			X
24.0	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		╫
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	l		_ v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/ff			
•	"Yes, " complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_ v
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	Щ_

## POCAHONTAS COMMUNICATIONS COOPERATIVE Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No			
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		10						
	filed for the calendar year ending with or within the year covered by this return	2a	12	2b	Х				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
_	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.  Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	4-		x			
h	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	11)?	4a		22			
D	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	to (EBAD)						
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
-	any contributions that were not tax deductible as charitable contributions?			6a		х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut								
	were not tax deductible?		-	6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired						
	to file Form 8282?			7с		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e						
				8					
9	Sponsoring organizations maintaining donor advised funds.								
a				9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:	400							
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b							
11	Section 501(c)(12) organizations. Enter:	100							
'' a	Gross income from members or shareholders	11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
_	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		•	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					₩			
	excess parachute payment(s) during the year?			15		X			
10	If "Yes," see the instructions and file Form 4720, Schedule N.	<b>4</b> to -		40		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	me?	16					
17	If "Yes," complete Form 4720, Schedule O.	onv.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 49532.			17					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17					
	n 100, complete i onn coco.								

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•	•	•
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a	The state of the s	12a		Х
b		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WV			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	POCAHONTAS COMM COOP CORP - 304-799-6004			
	9836 BROWNS CREEK RD, DUNMORE, WV 24934			

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

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

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

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

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

Check this box if neither the organization nor any related (A) (B)					C)			(D)	(E)	(F)			
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated			
	hours per	box	box, unless p			(do not check more than one box, unless person is both an					compensation	compensation	amount of
	week	$\vdash$	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other			
	(list any	Individual trustee or director						the	organizations	compensation			
	hours for related	or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization			
	organizations	rustee	l trust		ee (ee	ubeu		1099-NEC)	1099-NEC)	and related			
	below	dualt	ıtiona	_	) oldu	st co i	- is	1000 1120)		organizations			
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3			
(1) SCOTT SMITH	40.00												
GENERAL MANAGER		1		X				47,791.	0.	0.			
(2) JAKE HYER	40.00							7					
BOOKKEEPER/BUSINESS ADMINI		1		Х				34,986.	0.	0.			
(3) LAURA FINCH	2.00												
PRESIDENT		X		X				0.	0.	0.			
(4) VIC HERBSTER	2.00												
VICE PRESIDENT		Х		X				0.	0.	0.			
(5) BETH ARMSTRONG	2.00												
TREASURER		Х		Х				0.	0.	0.			
(6) KEITH CARSON	2.00												
SECRETARY		X		Х				0.	0.	0.			
(7) CHERYL JONESE	2.00												
DIRECTOR		Х						0.	0.	0.			
(8) PETE PITARD	2.00							_	_	_			
DIRECTOR		Х						0.	0.	0.			
(9) RICHARD GOFORTH	2.00												
DIRECTOR		Х						0.	0.	0.			
(10) TAYLOR BAKER	2.00	ļ											
DIRECTOR		Х						0.	0.	0.			
(11) MELODY MOATS	2.00	١											
DIRECTOR		Х						0.	0.	0.			
		1											
		1											
		-											
		<u> </u>	<u> </u>	_		_	_						
		-											
	-	<u> </u>	_	_	_	<u> </u>	_						
		-											
		1	$\vdash$	_		_	_						
		-											
								1					

132007 12-09-21 Form **990** (2021)

								OOPERATIVE	31-0	962	048	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(do not check more than one							(E) Reportable compensatio			(F) timate nount			
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer by page 20 p. 10	Key employee	Highest compensated highest compensated employee	Ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	s SC/	comp fro orga and	other pensa om the anizat d relat inizatie	e ion ed
		-					K						
1b Subtotal							<b>\</b>	82,777.		0.			0.
c Total from continuation sheets to Part VI								82,777.		0.			0.
2 Total number of individuals (including but not compensation from the organization.)		_	_				ho re		),000 of reportab				0
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual	.,									3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	" coi	mple	ete S	Sche	edul	e J f	or such individual			4		х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-			-			5		Х
Complete this table for your five highest contractors      the organization. Report compensation for										npens	ation f	rom	
(A) Name and business	•		ONE		VICII	01 11		(B) Description of s			(Comper		n
							_						
2 Total number of independent contractors (i		ot lir	nite	d to		se li	sted	I above) who received n	nore than				
\$100,000 of compensation from the organi	∠ali∪ii <b>&gt;</b>												

Page 9

		Check if Schedule O contains a response	or note to any lin	o in this Part VIII			
		Check if Schedule O contains a response	or note to any iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
						business revenue	
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
	k	Membership dues1b					
s, (	(	Fundraising events1c					
ar la	(	d Related organizations 1d					
s, (		Government grants (contributions)	295,953.				
ioi	f	All other contributions, gifts, grants, and					
the lat		similar amounts not included above	165,078.				
<u> </u>		Noncash contributions included in lines 1a-1f	,				
걸입		Total. Add lines 1a-1f		461,031.			
<del>- 1</del>		1 Total Add lines to 11	Business Code				
.			Business oode				
ķ.	2 6						
Je n	k						
wen S	(						
Program Service Revenue	(	·					
Š.	•	All II					
_	T	All other program service revenue					
$\rightarrow$		Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter		1,737.	1 727		
		other similar amounts)		1,757.	1,737.		
	4	Income from investment of tax-exempt bond p	· •				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a						
	k	Less: rental expenses 6b					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
nu		and sales expenses <b>7b</b>					
) Ve	C	Gain or (loss)7c					
her Revenue	C	Net gain or (loss)	<b>&gt;</b>				
the	8 8	a Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	k	Less: direct expenses8b	2,546.				
	(	Net income or (loss) from fundraising events	, <b></b>	12,349.			12,349.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
	k	Less: direct expenses9b					
	c	Net income or (loss) from gaming activities	<b>&gt;</b>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold10k					
	(	Net income or (loss) from sales of inventory	<b></b>				
s			Business Code				
e go	11 a	MISCELLANEOUS INCOME	900099	11.	11.		
ane	k						
Miscellaneous Revenue	c						
Ais	(	All other revenue					
-		Total. Add lines 11a-11d		11.			
	12	Total revenue. See instructions		475.128.	1.748.	0.	12 349.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		охранов	gerroral expenses	скропосо
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	82,777.	41,389.	33,038.	8,350
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	214,194.	107,098.	85,488.	21,608
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		2 (0)		
9	Other employee benefits	7,374.	3,688.	2,949.	737
10	Payroll taxes	25,159.	12,580.	10,063.	2,516
11	Fees for services (nonemployees):				
a					
b	S	8,506.	4,253.	3,403.	850
С.	<u> </u>	0,300.	4,233.	3,403.	830
d	, o F				
e	ř –				
f g	Other. (If line 11g amount exceeds 10% of line 25,		7		
9	column (A), amount, list line 11g expenses on Sch 0.)	6,660.	3,330.	3,172.	158
12	Advertising and promotion	1,503.	752.	656.	95
13	Office expenses	3,300.	1,653.	1,323.	324
14	Information technology	4,408.	2,207.	1,763.	438
15	Royalties				
16	Occupancy	401.	201.	160.	40
17	Travel	1,933.	967.	786.	180
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	931.	466.	373.	92
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,778.	11,390.	11,388.	0.450
23	Insurance	21,735.	10,868.	8,694.	2,173
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	UTILITIES	16,818.	8,409.	6,944.	1,465
b	COMMUNICATIONS	15,297.	7,650.	6,483.	1,164
С	PROGRAM EXPENSE	12,303.	6,135.	4,828.	1,340
d	PRINTING AND PUBLICATIO	7,053.	3,527.	3,521.	5
е	· —	19,367.	9,692.	7,995.	1,680
25	Total functional expenses. Add lines 1 through 24e	472,497.	236,255.	193,027.	43,215
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2021) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	974,904.	1	989,110.		
	2	Savings and temporary cash investments	30,626.	2	30,666.		
	3	Pledges and grants receivable, net	9,170.	3	12,254.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqui					
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			695.	8	909.
Ř	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	948,418.			
	b	Less: accumulated depreciation	10b	861,782.	103,615.	10c	86,636.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			31,420.	14	31,420.
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed			1,150,430.	16	1,150,995.
	17	Accounts payable and accrued expenses			18,193.	17	21,097.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo	rmer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
ja de		controlled entity or family member of any of the	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24	). Complete Part X	600 005		603,115.
		of Schedule D			608,085.		624,212.
	26	Total liabilities. Add lines 17 through 25			626,278.	26	024,212.
Se		Organizations that follow FASB ASC 958, cl	neck her	e 🕨 🛕			
Š		and complete lines 27, 28, 32, and 33.			515,814.	07	518,445.
3ala	27				8,338.	27	8,338.
βE	28	Net assets with donor restrictions			0,330.	28	0,330.
Ē		Organizations that do not follow FASB ASC	958, CN	eck nere			
ō		and complete lines 29 through 33.	l-			00	
ets	29	Capital stock or trust principal, or current fund				29	
Ass	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			524,152.	31	526,783.
Z	32	Total liabilities and not assets/fund balances			1,150,430.	32	1,150,995.
	33	Total liabilities and net assets/fund balances			1,1JU,4JU•	33	1,130,333.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52	4,1	52.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	52	6,7	83 <b>.</b>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 31-0962048

Name of the organization

POCAHONTAS COMMUNICATIONS COOPERATIVE

Pa	irt i	Reason for Public (	Charity Status.	(All organizations must o	complete the	nis part.) S	See instructions.	
The	organ	nization is not a private found	lation because it is: (	For lines 1 through 12, o	check only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	ılly receives a substa	intial part of its support	from a gov	ernmenta	I unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	(ix) operate	ed in conju	unction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, cit	y, and state of the colleg	je or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	uired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b	, L		anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	aving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	;		egrated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		_ its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.	
c	ıL		y integrated. A supp	orting organization oper	ated in co	nnection \	with its supported organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		_ requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.	
e	. L	☐ Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.		
f		er the number of supported o	•					,
		vide the following information			(iv) to the ergo	nization listed	1	
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
	_							
Tota	al						1	I

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		·				
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	422,050.	418,595.	546,267.	418,557.	461,031.	2,266,500.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	400 050	440 505	546 065	44.0 555	464 004	
4	Total. Add lines 1 through 3	422,050.	418,595.	546,267.	418,557.	461,031.	2,266,500.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						2,266,500.
	ction B. Total Support	ı	<u> </u>		г		
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019 546, 267.	(d) 2020 418,557.	(e) 2021	(f) Total
	Amounts from line 4	422,050.	418,595.	546,267.	418,55/.	461,031.	2,266,500.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 601	2 776	1 701	1 202	1 727	0 200
	and income from similar sources	1,601.	2,776.	1,791.	1,303.	1,737.	9,208.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	16 105	11,721.	6 571	E 401	12,360.	E0 0E1
	assets (Explain in Part VI.)	16,105.	11,/21.	6,574.	5,491.	12,300.	52,251.
	Total support. Add lines 7 through 10		,				2,327,959.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	-	rst, second, third,	fourth, or fifth tax	year as a section t	6U1(c)(3)	<b>.</b> —
50	organization, check this box and stopection C. Computation of Publ		roontago				<u></u>
	-			oolumn (f\)		14	97.36 %
	Public support percentage for 2021 (					15	97.36 % 97.47 %
	Public support percentage from 2020 33 1/3% support test - 2021. If the						
100		•		•		•	X and
ŀ	stop here. The organization qualifies 33 1/3% support test - 2020. If the o						
17-	and stop here. The organization qual 10% -facts-and-circumstances tes						
1/2	and if the organization meets the fact						
	meets the facts-and-circumstances to					-	
<b>L</b>	10% -facts-and-circumstances tes	-		*	-	17a and line 15 is 1	
	more, and if the organization meets the	-					1070 01
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization		-	•			

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cellendar year (or fiscal year beginning in)   Giffa, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   Gross receipts from admissions, formed, or facilities furnished in any activity that is related to the organization is tax-exempt purpose   Gross receipts from admissions, formed, or facilities furnished in any activity that is related to the organization is tax-exempt purpose   Gross receipts from admission that are not an unrelated trade or business under section 513   4. Tax revenues levied for the organization is breaff and either paid to or expended on its behalf   5. The value of services or facilities furnished by a governmental unit to the organization without charge   6. Total. Add lines 1 through 5.   7. A mounts included on lines 1, 2, and 3 received from disquilitied persons   b Amounts included on lines 1, 2, and 3 received from disquilitied persons   b Amounts included on lines 1, 2, and 3 received from disquilitied persons   b Amounts included on lines 1, 2, and 3 received from disquilitied persons   b Amounts included on lines 1, 2, and 3 received from disquilitied persons   b Amounts included on lines 1, 2, and 3 received from disquilitied persons   b Amounts included on lines 1, 2, and 3 received from disquilitied persons   b Amounts from interest, or the second in lines 2 and 3 received from signal strough   ceased the greated of 5,500 or 1% of the year   are and from the second or th	Section A. Public Support	low, please com	piete i ait ii.)				
Giffs, grants, contributions, and membership feet received, (Do not include any "unusual grants.")  2. Cross receipts from admissions, grant grants and g		(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
membership fees received. (Do not include any "unusual grants.")  2 Cross receipts from admissions, formed, or facilities furnished in any activity that is related to the organization is tax-exempt purpose 3 Cross receipts from admissions, formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Cross receipts from admissions that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf continues and the paid to or expended on its behalf continues the paid to or expended on its behalf continues the paid to or expended on its behalf continues the paid to the organization without charge for the paid to the organization without charge of Total. Add lines 1 through 5  7 a Amounts included on times 1, 2, and 3 received from disqualified persons before the paid to			, ,	<b>,</b> ,	, ,		.,
include any 'unusual grants') 2 Gross receipts from admissions, merchandlies sold or services performed, or facilities furnished in any activity that is related to the organization's travewenty purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levised for the organization's travewenty neuroless and states paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's whole utdangle 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons 9 A mounts included on lines 1, 2, and 3 received from disqualified persons 9 A mounts included on lines 2 and 3 received from disqualified persons 9 A mounts included on lines 2 and 3 received from disqualified persons 9 A mounts formation in the 1st and your of the service of the	membership fees received. (Do not						
2. Gross receipts from admissions, menchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513.  4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  5. The value of services or facilities furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge for 5 and	in alterda anne III en contra III						
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose  3. Gross receipts from activities that are not an unrelated trade or business under section 513  4. Tax revenues levised for the organization's benefit and either paid to or expended on its behalf  5. The value of services or facilities furnished by a governmental unit to the organization without charge  6. Total. Add lines 1 through 5  6. To all. Add lines 1 through 5  7. A mounts included on lines 1, 2, and 3 received from disqualified persons  9. Amounts included on lines 1, 2, and 3 received from disqualified persons  9. And included on lines 1, 2, and 3 received from disqualified persons  9. And lines 1 through 5  9. Public support. Statistics is 1. Section 8. Total Support  Calledar year (or fiscal year beginning in)	, , , , , , , , , , , , , , , , , , ,						
any activity that is related to the organization's tax-exempt purpose of congraination's tax-exempt purpose of congraination is tax-exempt purpose of the organization's tax-exempt purpose of the organization's themselved for the organization's benefit and either paid to or expended on its behalf or or expended on its behalf or or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization's themselved by a governmental unit to the organization without charge of Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by a most included on lines 1, 2, and 3 received from disqualified persons by a most included on lines 1, 2, and 3 received from disqualified persons by a most included on lines 1, 2, and 3 received from disqualified persons by a most included on lines 1, 2, and 3 received from disqualified persons by a most included on lines 1, 2, and 3 received from disqualified persons by a most included on lines 1, 2, and 3 received from disqualified persons by a most of line 1 for the year of the persons of the section B. Total Support  8. Public support, general received on construction of the section of th	•						
origanization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues levied for the organ- ization's benefit and either paid to  or expended on its behalf 5 The value of services or facilities  furnished by a governmental unit to  the organization without charge  6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and  3 received from disqualified persons  b Amantia included on lines 1, 2, and  3 received from disqualified persons  b Amantia included on lines 1, 2, and  3 received from disqualified persons  b Amantia included on lines 1, 2, and  5 Amantia included on lines 1, 2, and  6 Add lines 7, and 7 for the  amount on ine 15 to the year  code the general of 5,000 or 14 for from  amount on ine 15 to the year  code the general of 5,000 or 14 for from  amount on ine 15 to the year  code the general of 5,000 or 14 for from  amount on ine 15 to the year  code the general of 5,000 or 14 for from  amount on ine 15 to the year  code the general of 5,000 or 14 for from  amount on ine 15 to the year  code the general of 5,000 or 14 for from  amount on ine 15 to the year  code the general of 5,000 or 14 for from  amount on ine 15 to the year  code the general of 5,000 or 14 for from  amount on ine 15 to the year  code the general or  code from similar sources  b Unrelated business taxable income  (lies section 5,000 supports) from businesses  acquired after June 30, 1975  code dines 10 and 10b.  11 Net income from unrelated business is  regularly carried on  code from the sale of capital  assets (Explain in Part VI).  12 Hirst 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,  check this box and stop here.  Section C. Computation of Public Support Percentage  Fulls unsyport percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19 and 19 and 19 and 19 and 19 and 19	*						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization to expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons business included on lines 1, 2, and 3 received from disqualified persons business included on lines 1, 2, and 3 received from disqualified persons business included on lines 1, 2, and 3 received from disqualified persons the secret the greater of 5,000 or 1% of the amounts in line 18 for the year of the secret the greater of 5,000 or 1% of the amounts on line 18 for the year of the secret the greater of 5,000 or 1% of the amounts on line 18 for the year of the secret the greater of 5,000 or 1% of the amounts of the 18 for the year of the secret the greater of 5,000 or 1% of the amounts of the 18 for the year of the secret the greater of 5,000 or 1% of the amounts of the 18 for the year of the 18 for the 18 for the year of the 18 for							
are not an unrelated trade or business inses under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7 Amounts included on lines 1, 2, and 3 received from disqualified persons  9 Amounts included on lines 1, 2, and 3 received from disqualified persons  9 Amounts included on lines 1, 2, and 3 received from disqualified persons  9 Amounts included on lines 1, 2, and 3 received from disqualified persons  9 Amounts included on lines 1, 2, and 4 received from disqualified persons  9 Amounts included on lines 1, 2, and 4 received from disqualified persons  9 Amounts from line 1, 2, and 7 b  9 Amounts from line 6  10 And lines 7a and 7b  9 Amounts from line 6  10 Included ones from lines, and line 10 lines, and lines 10 and 10 lines, and lines, and line 10 lines, which is a section of lines 10 and 10 lines, and line 10 lines, which is one of lines 10 and 10 lines, and lines, and lines, and line 10 lines, which is one of lines 10 lines, and lines, and line 10 lines, which is one of lines 10 lines, and line 10 lines, which is one of lines 10 lines, and line 10 lines, which is one of lines 10 lines, and line 10 lines, which is one of lines 10 lines, and line 10 lines, which is one of lines 10 lines, and line 10 lines, which is one of lines 10 lines, and line 10 lines, and line 10 lines, and lines 10 lines, and line 10 lines, and lines 10 lines 10 lines 10 lines, one of lines, and lines 10 lines 10 lines 10 lines, and lines 10 lines 10 lines 10 lines 10 lines, and lines 10 l	· · · · · · · · · · · · · · · · · · ·						
iness under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf is the paid to or expended on its behalf is the paid to or expended on its behalf is the paid to or expended on its behalf is the paid to or expended on its behalf is the paid to or expended on its behalf is the paid to or expended on its behalf is the paid to the organization without charge is the paid to the organization without charge is the paid to the organization without charge is the paid to the paid t	'						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1,2, and 3 received from disqualified persons be amount on line 1 for the year of the control of the							
ization's benefit and either paid to or expended on its behalf  5. The value of services or facilities furnished by a governmental unit to the organization without charge  6. Total. Add lines 1 through 5							
or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts include on lines 1, 2, and 3 received from disqualified persons that exceed the general of scotion 4 to 4 the amount on the 13 to 10 syale color 4 Add lines 7 and 7 b 8 Public support. (Splantinis from line 6 8 Public support (Fiscal year beginning in) 9 Amounts from line 6 9 Amounts from line 6 9 Amounts from line 6 9 Line and the services of scotion 8 to 10 syale color 8 to 10 syale color 9 Amounts from line 6 9 Line and 10 syale (less section 5 11 taxes) from businesses acquired after June 30, 1975 c Add lines 10 and 10 b 11 Nat Income from unrelated business acquired after June 30, 1975 c Add lines 10 and 10 b 11 Nat Income from unrelated business acquired after from unrelated business activities not include gain or loss from the sale of capital assets (Cs)plain in Part VI) 1 m 13 Total support, lead lines, 9 to, 11, and 12) 14 First 5 years, If the Form 90 so for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 16 Public support percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 15 16 Public support percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 18 19 and 31 1/3% support tests - 2020. If the organization did not check he box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, and line 16 is more than 33 1/3%, and line 16 is more than 33 1/3%, and	· ·						
5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of a control of the state of							
furnished by a governmental unit to the organization without charge							
the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included nines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 150 of the amount on line 13 for the year.  6 Add lines 7 and 7 b  7 Public support. (Substitution 7 for list)  8 Public support. (Substitution 7 for list)  9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securifies bans, rents, royalties, and involved from similar sources.  9 United business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975  6 Add lines 10 and 10 b.  11 Net income from unrelated business activities not included on line 10b, regularly carried on securifies loans, rents, royalties, and income from the sele of capital assets (Explain in Part VI.)  12 Other income. Do not include gain or loss from the sele of capital assets (Explain in Part VI.)  13 Total support, Add lines 9, 10, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  15 Public support percentage for 2021 (line 10, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  17 Instrumental income percentage for 2021 (line 10, column (f), divided by line 13, column (f))  18 Investment income percentage for 2021 (line 10, column (f), divided by line 13, column (f))  19 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization							
6 Total. Add lines 1 through 5 7a Amounts included on lines 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 15 for the year c Add lines 7a and 7b 8 Public support 1 signature 7; then line 1 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities locans, rents, royaltes, and income from interest, dividends, payments received on securities locans, rents, royaltes, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses activities not included on line 10b, whether or not the business is regularly carried on or located pain or loss from the sale of capital assets (Explain in Part VI). 13 Total support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 17 Interestment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 19 33 1/3% support tests - 2021. If the organization id in ot not heck the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 15 is more than 33 1/3%, and line 18 is nor them of the form of the column in the second of the column of the form of the column of the form of the organization in line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies a							
7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on line 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 15 of the amount on line 13 for the year of \$0.00 or 15 of the amount on line 13 for the year of \$0.00 or 15 of the amount on line 13 for the year of \$0.00 or 15 of the amount on line 13 for the year of \$0.00 or 15 of the amount on line 13 for the year of \$0.00 or 15 of the amount on line 13 for the year of \$0.00 or 15 of the amount on line 13 for the year of \$0.00 or 15 of the amount on line 13 for the year of \$0.00 or 15 of the amount on line 13 for the year of \$0.00 or 15 of the amount on line 13 for the year of \$0.00 or 15 of the amount on line 14 of the amount on line 13 for the year of \$0.00 or 15 of the amount on line 14 or 15 of the amount of line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization \$1.00 or 15 of 13 line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization \$1.00 or 15 of 13 line 19 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization \$1.00 or 15 of 15 o							
3 received from disqualified persons b Amounts included on lines 2 and 3 received two other than disqualified persons that exceed the greater of \$5,000 or 1% of the person that exceed the greater of \$5,000 or							
b Amounts included on lines 2 and 3 received from cher that adoqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year or Add lines 7 a and 7 b  8 Public support, Chiptagliar, 7 (som line 1)  8 Public support (price 1)  9 Amounts from line 6  10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b.  11 Net income from unrelated business acquired after June 30, 1975  c Add lines 10a and 10b.  12 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support, (Add lines 9, 10c, 11, and 12)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section D. Computation of Public Support Percentage  17 Investment income percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  19 as 31 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 b 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 b 33 1/3% support tests - 2020. If the organization did not check a box on line	, ,						
tron other than disqualified persons that exceed the getter of \$5,000 or 1% of the amount on line 13 for the year or Add lines 7 a and 7 b.  8 Public support. (Subgratilar 7 form line 8)  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loars, erals, royalties, and income from similar sources.  10 b Interlated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) and 12)  13 Total support. (Add lines 9, 10c, 11, and 12)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2020 Schedule A, Part III, line 15  16 Public support percentage from 2020 Schedule A, Part III, line 17  17 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  15 13 16 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  15 18 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	· _ · _ · _ · _ <del> </del>						
exceed the greater of \$5.000 or 1% of the amount on line 13 for the year  c Add lines 7a and 7b  8 Public support. Signification 7c formine 8)  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total  9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  13 Total support, aded lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2020 Schedule A, Part III, line 15  16 Public support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, shopport tests - 2020. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  15 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  15 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a pu							
c Add lines 7a and 7b 8 Public support. Subtract lite 7c from line 6.1 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securifies loans, rents, royalties, and income from similar sources b Umrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support, Add lines 9, 10, 11, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 17 Investment income percentage from 2020 Schedule A, Part III, line 15 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	exceed the greater of \$5,000 or 1% of the						
Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total  9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI.)  13 Total support, (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
Calendar year (or fiscal year beginning in) \( \				Y /			
Calendar year (or fiscal year beginning in)    Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI).  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2020 Schedule A, Part III, line 15  6 Public support percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 31 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	8 Public support. (Subtract line 7c from line 6.)						
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI,) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 15 Public support percentage from 2020 Schedule A, Part III, line 15 6 Public support percentage from 2020 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization  c line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization							•
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 10 rol to 10 rol to 10 regular assets (Explain in Part VI.)  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support, (add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  17 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization.	Calendar year (or fiscal year beginning in) ► 🔼	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b							
securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization  1	,						
and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on rolss from the sale of capital assets (Explain in Part VI.)  13 Total support, Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2020 Schedule A, Part III, line 15  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
(less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on regularly carried on roles from the sale of capital assets (Explain in Part VI.)  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization    Investment organization   Investment organization   Investment organization   Investment organization   Investment organization   Investment organization   Investment organization   Investment organization   Investment organization   Investment organization   Investment organization   Investment organization   Investment organization   Investment organization   Investment organization   Investment organization   Investment organization   Investment organization   Investment o	and income from similar sources						
acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on greylarly carried on greylarly carried on greylarly carried on sasets (Explain in Part VI.)  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1	<b>b</b> Unrelated business taxable income						
c Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1 b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1   Public support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1   Public support tests - 2020. If the organization here. The organization qualifies as a publicly supported organization	(less section 511 taxes) from businesses						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  17 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19 a 31/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 a 10 de 10	acquired after June 30, 1975						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 public support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 public support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	c Add lines 10a and 10b						
whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization    First 5 years   Capital asset   Capital as							
regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization  1 Investment income than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization  1 Investment income than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization  1 Investment income than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization  1 Investment income than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization  1 Investment income percentage from 2020 Schedule A, Part III, line 17  1 Investment income percentage from 2020 Schedule A, Part III, line 17  1 Investment income percentage from 2020 Schedule A, Part III, line 17  1 Investment income percentage from 2020 Schedule A, Part III, line 17  1 Investment income percentage from 2020 Schedule A, Part III, line 17  1 Investment income percentage from 2020 Schedule A, Part III, line 17  2 Investment income percentage from 2020 Schedule A, Part I							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  17 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Investment income percentage from 2020.							
assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  17 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Income Percentage  19 Investment income percentage from 2020 Schedule A, Part III, line 17  19 Investment income percentage from 2020 Schedule A, Part III, line 17  19 Investment income percentage from 2020 Schedule A, Part III, line 17  19 Investment income percentage from 2020 Schedule A, Part III, line 17  19 Investment income percentage from 2020 Schedule A, Part III, line 19  10 Investment income percentage from 2020 Schedule A, Part III, line 19  1							
Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  17 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Investment income percentage from 2020 Schedule A, Part III, line 17  11 Investment income percentage from 2020 Schedule A, Part III, line 17  12 Investment income percentage from 2020 Schedule A, Part III, line 17  13 Investment income percentage from 2020 Schedule A, Part III, line 17  14 Investment income percentage from 2020 Schedule A, Part III, line 19  15 Investment income percentage from 2020 Schedule A, Part III, line 19  16 Investment income perc							
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  17 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33 1/3%, check this box and stop here.							
check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  • Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  • Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 17  18 Investment income percentage from 2020 Schedule A, Part III, line 19  18 Investment income percentage from 2020 Schedule A, Part III, line 19  19 a 33 1/3% support tests - 2021. If the organization did not check a box on line 14, and line 15 is more than 33 1/3%, and line 17 investment income percentage from 2020 Schedule A, Part III, line 17  19 a 33 1/3% su	-	organization's f	irst second third	fourth or fifth tax	vear as a section	501(c)(3) organizat	ion
Section C. Computation of Public Support Percentage  15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  • Investment income percentage from 2020 Schedule A, Part III, line 17  18   Investment income percentage from 2020 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization   Investment income percentage from 2020 Schedule A, Part III, line 17  18   Investment income percentage from 2020 Schedule A, Part III, line 17  18   Investment income percentage from 2020 Schedule A, Part III, line 17  18   Investment income percentage from 2020 Schedule A, Part III, line 17  18   Investment income percentage from 2020 Schedule A, Part III, line 13, column (f))  19 a 31 1/3% support tests - 2021. If the organization did not check a box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization   Investment income percentage from 2020 from	ale a all Alesa le ave a call all accente accen	· ·	,				.ion,
15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  • [Investment income percentage from 2020 Schedule A, Part III, line 17  18  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  • [Investment income percentage from 2020 Schedule A, Part III, line 17  18  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  • [Investment income percentage from 2020 Schedule A, Part III, line 15  18  19a 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [Investment income percentage from 2020 Schedule A, Part III, line 17  19a 31 1/3 1/3 1/3 1/3 1/3 1/3							
16 Public support percentage from 2020 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<u> </u>			column (f))		15	(
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						10	
18 Investment income percentage from 2020 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	· · · · · · · · · · · · · · · · · · ·					17	(
19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							17 13 11UL
line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							PL
	• •	· ·			·	•	

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	Sa		
	<b></b> -		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ju		
	9b		
	9c		
	10a		
	10b		
lule	Δ (Forr	າ ໑໑ຓ	2021

Par	t IV	Supporting Organizations (continued)			
		- Comment of the comm		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
		ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion B	3. Type I Supporting Organizations			
				Yes	No
		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organi	ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported			
	U	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		In how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Seci	ion C	C. Type II Supporting Organizations			
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	1		
		pported organization(s).  D. All Type III Supporting Organizations	<u>'</u>		
		777 Typo III oupporting organizations		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signific	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	rted organizations played in this regard.	3		
Sect	ion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructions)</b> .	•		
а	Ш.	The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2		ties Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
		nese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement, r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position trial its supported organization(s) would have engaged in	2b		
		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>	ZU		
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

POCAHONTAS (	COMMUNICATIONS	COOPERATIVE
--------------	----------------	-------------

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	y Orga	anizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must of	comple	te Sections A through E.			
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3_	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6_	Multiply line 5 by 0.035.	6				
_7_	Recoveries of prior-year distributions	7				
_8_	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
_3_	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
_5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

## Schedule B

(Form 990)

Name of the organization

## **Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

POCAHONTAS COMMUNICATIONS COOPERATIVE

31-0962048

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .					
	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
· ·	n 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) contributor, during	n 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.					
contributor, during literary, or education	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 cor	n 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 here the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \( \) \( \					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

### POCAHONTAS COMMUNICATIONS COOPERATIVE

31-0962048

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CORPORATION FOR PUBLIC BROADCASTING 401 NINTH STREET WASHINGTON, DC 20004	\$ 295,953.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### POCAHONTAS COMMUNICATIONS COOPERATIVE

31-0962048

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

Name of organization Employer identification number

rt III	ONTAS COMMUNICATIONS CO		31-0962048 n 501(c)(7), (8), or (10) that total more than \$1,000 for the			
irt III	from any one contributor. Complete columns (	a) through (e) and the following line entry Fo	or organizations			
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or less f	or the year. (Enter this info. once.)			
	Use duplicate copies of Part III if additiona	al space is needed.				
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hold			
rt I	(b) Furpose of gift	(c) Use of gift	(d) Description of how gift is held			
_						
			-   -			
t	(e) Transfer of gift					
	(c) transfer of gift					
	Transferrate many address 1700 d					
ŀ	Transferee's name, address,	Relationship of transferor to transferee				
No. m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
rt I	(a) i ai poso oi giit	(0) 000 or girt	(u) Decemption of non-girthe non-			
			<u> </u>			
Ī		(e) Transfer of gift	•			
	(e) Transier of Airt					
	Transferee's name, address.	and ZIP + 4	Relationship of transferor to transferee			
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
No.	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
No.	Transferee's name, address,	and ZIP + 4  (c) Use of gift	Relationship of transferor to transferee  (d) Description of how gift is held			
No. om rt I						
No. om rt I						
No. om rt I						
No. om rt I						
No. om rt I						
No. om rt I						
No. om rt I		(c) Use of gift				
No. om rt I		(c) Use of gift  (e) Transfer of gift				
No. m rt I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held			
No. m rt I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held			
No. om rt I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held			
No. om rrt I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held			
<u></u>	(b) Purpose of gift  Transferee's name, address,	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held			
Vo.	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held			
Vo.	(b) Purpose of gift  Transferee's name, address,	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  Relationship of transferor to transferee			
No.	(b) Purpose of gift  Transferee's name, address,	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  Relationship of transferor to transferee			
No.	(b) Purpose of gift  Transferee's name, address,	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  Relationship of transferor to transferee			
No.	(b) Purpose of gift  Transferee's name, address,	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  Relationship of transferor to transferee			
No.	(b) Purpose of gift  Transferee's name, address,	(c) Use of gift  (e) Transfer of gift  and ZIP + 4  (c) Use of gift	(d) Description of how gift is held  Relationship of transferor to transferee			
No.	(b) Purpose of gift  Transferee's name, address,	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  Relationship of transferor to transferee			
Vo.	(b) Purpose of gift  Transferee's name, address,	(c) Use of gift  (e) Transfer of gift  and ZIP + 4  (c) Use of gift	(d) Description of how gift is held  Relationship of transferor to transferee			

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

POCAHONTAS COMMUNICATIONS COOPERATIVE

31-0962048 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

		. '	, , , , , , , , , , , , , , , , , , ,	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings		328,337.	269,394.	58,943.
c Leasehold improvements				
d Equipment		620,081.	592,388.	27,693.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equ		mn (B), line 10c.)	•	86,636.

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or en	d-of-vear market value
	(b) book value	(c) Method of Valuation. Cost of en	u-or-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)	0.15.)		
(3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<b></b>	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.	,	110 or 11f Soc Form 900 Part V Fra C	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.  Complete if the organization answered "Yes"	,	▶ 11e or 11f. See Form 990, Part X, line 2	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability	,		5. <b>(b)</b> Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes	,		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES	,	<b>►</b> 11e or 11f. See Form 990, Part X, line 2	(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes (2) REFUNDABLE ADVANCES (3)	,	11e or 11f. See Form 990, Part X, line 2	(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4)	,	11e or 11f. See Form 990, Part X, line 29	(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes (2) REFUNDABLE ADVANCES (3)	,	<b>►</b> 11e or 11f. See Form 990, Part X, line 2	(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4)	,		(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5)	,		(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5) (6)	,	11e or 11f. See Form 990, Part X, line 2	(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5) (6) (7)	,		
(3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes (2) REFUNDABLE ADVANCES (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line		(b) Book value

132054 10-28-21 Schedule D (Form 990) 2021

### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

POCAHONTAS COMMUNICATIONS COOPERATIVE

Employer identification number 31-0962048

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND HIGHLAND AND BATH COUNTIES, VIRGINIA.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS IS SUPPLIED WITH A COPY OF THE 990 FOR REVIEW BEFOR
BEING FILED.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST