	Form	990
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

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

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.
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Inter	mal Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the lates	t information.		Inspection							
Α	For the	e 2021 calen	dar year, or tax year beginning , 2021, and endi	ng		, 20							
в	Check if	f applicable:	C Name of organization Community Tech Network		D Empl	oyer identification number							
	Address	s change	Doing business as 26-2119465										
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telep	hone number							
	Initial re	turn	1390 Market St Ste 200			(628)200-3118							
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code										
	Amende	ed return		G Gross	s receipts \$ 1,190,928								
	Applicat	tion pending	F Name and address of principal officer: Kami Griffiths	H(a) Is this a	group return f	or subordinates? 🗌 Yes 🗴 No							
			1390 Market St Ste 200, San Francisco, CA, 94102	H(b) Are all	subordinat	tes included? Ses Ses Included?							
<u> </u>	Tax-exe	empt status:	✗ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	lf "No,'	attach a li	ist. See instructions.							
J			mmunitytechnetwork.org	H(c) Group	exemption	number 🕨							
К	Form of	organization: 🗴	Corporation Trust Association Other L Year of form	nation: 2008	M State	of legal domicile:							
Ρ	art I	Summa											
	1	Briefly des	cribe the organization's mission or most significant activities:										
Activities & Governance		Transformi	ng lives through digital equity.										
nar													
ver	2		box \blacktriangleright if the organization discontinued its operations or disposed		1	f its net assets.							
ő	3		voting members of the governing body (Part VI, line 1a)		3	7							
ې مې	4		independent voting members of the governing body (Part VI, line 1k	,	4	7							
itie	5		per of individuals employed in calendar year 2021 (Part V, line 2a)		5	15							
ċţi	6		per of volunteers (estimate if necessary)		6	89							
Ă	7a		ated business revenue from Part VIII, column (C), line 12		7a	0							
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b	0							
		• • • • •		Prior Ye	-	Current Year							
ne	8		ons and grants (Part VIII, line 1h)		685,662	1,000,551							
Revenue	9	•	ervice revenue (Part VIII, line 2g)		153,357	190,372							
Re	10		t income (Part VIII, column (A), lines 3, 4, and 7d)		0.400	0							
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,100	5							
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		841,119	1,190,928							
	13		I similar amounts paid (Part IX, column (A), lines 1–3)			0							
	14		509,534	623,555									
ses	15	Salaries, ot	9,005	023,333									
en	16a	Profession	9,005	0									
Expenses	b 17	Total fundr Other expe	253,534	483,995									
_	17	Total expe	772,073	1,107,550									
	10	•	69,046	83,378									
- 2		inevenue le	ess expenses. Subtract line 18 from line 12	Beginning of Cu	,	End of Year							
Net Assets or Fund Balances	20	Total accord	s (Part X, line 16)		298,789	429,459							
Asse Bala	20		ties (Part X, line 26)		42,042	89,335							
Vet /	21				256,747	340,124							
~ iii			or fund balances. Subtract line 21 from line 20		200,141	540,124							

Signature Block Part II

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

530
2
0
🗌 No
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For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: Our mission is to transform lives through teaching digital literacy and equity. The ability to use digital tools to find, analyz communicate information is a critical skill for the survival and quality of life of people everywhere. 2 Did the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-EZ? 3 Did the organization cease conducting, or make significant changes in how it conducts, any prograservices? 4 Merces? 4 Describe these changes on Schedule 0. 4 Check (Code:	Page 2
Our mission is to transform lives through teaching digital literacy and equity. The ability to use digital tools to find, analyz communicate information is a critical skill for the survival and quality of life of people everywhere. 2 Did the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-E2? 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 4 If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program servic expenses. Section 501(c)(d) and 501(c)(d) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported. 4 (Code:	x
4c (Code:) (Expenses \$	
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any progr services? If "Yes," describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported. 4a (Code:	yze, create, and
 3 Did the organization cease conducting, or make significant changes in how it conducts, any progreservices?	
4 Describe the organization's program service accomplishments for each of its three largest program serviex expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported. 4a (Code:	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported. 4a (Code:	
Digital Skills Training: Raising the level of digital literacy, CTN works with community partners to provide free access to and skilled instructors. However, with the rise in ownership of tables and smart phones, among seniors in particular, mar help people optimize the use of their own device. 4b (Code:) (Expenses \$	
Digital Skills Training: Raising the level of digital literacy, CTN works with community partners to provide free access to and skilled instructors. However, with the rise in ownership of tables and smart phones, among seniors in particular, mar help people optimize the use of their own device. 4b (Code:) (Expenses \$207.871 including grants of \$) (Revenue \$)
Tech Training Solutions: Our digital inclusion experience means we are uniquely positioned to help engage with the comfurther our digital inclusion mission. We are hired by local government agencies, nonprofits, and for profit companies to help engage with the comfunction their digital inclusion programs. 4c (Code:) (Expenses \$202,472 including grants of \$) (Revenue \$)	any training sessions now
further our digital inclusion mission. We are hired by local government agencies, nonprofits, and for profit companies to handle their digital inclusion programs. 4c (Code:) (Expenses \$202,472 including grants of \$) (Revenue \$))
Connect At Home: CTN works in partnership to help low income families and older adults get connected to internet at ho) home.

4d	Other program serv	ices (Describe on Schedule O.)				
	(Expenses \$	0 including grants of \$		0) (Revenue \$	0)	
4e	Total program servi	ce expenses 🕨	919,152			

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Part	V 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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
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		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments using at \$100,000 an many 2 (f (1)/cs " asymptotic Schedule 5. Darts Land II/			
45	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×

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Part	IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	32 33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	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			
			Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1134Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable10Did the organization comply with backup withholding rules for reportable payments to vendors and10	-		
•	reportable gaming (gambling) winnings to prize winners?	1c	×	

22 Enter the number of employees reported on Form W-3. Transmittal of Mage and Tax. 21 15 33 Statements, field of the calendary are anding with or within the year covered by the return. 15 4 At a tast one is reported on line 2a, did the organization file all required to <i>e</i> -file. See instructions. 36 5 Mote: If the sum of lines ta and 2a is greater than 250, you may be required to <i>e</i> -file. See instructions. 36 6 If Yeas." has it filed a Form 390-T for this year? If 'No' to file 30, porvide an explanation on Schodule O, organization have an one splanation on Schodule O, organization allow the organization allow the organization have annuts for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 36 4 May the organization allow the very solicitation an express statement that such contributions of the organization have eno tax deductible as charitaties contributions or grifts were not tax deductible as charitaties contributions or grifts were not tax deductible as charitaties contributions or grifts were not tax deductible as charitaties contributions or grifts were not tax deductible? 56 7 Organization selet any contributions that were not stax deductible as charitaties contributions or grifts were not tax deductible? 56 8 If Yeas," idid the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 56 9 Dot the organization selet, expone, or otherwise dispose or sar	Form 99	0 (2021)		I	Page 5
Statements, filed for the calendar year end my organization file all required decide employment tax returns? 20 X Note: If the sum of lines 1, and 2a is greater than 250, you may be required to e-file. See instructions. 30 Did the organization have unrelated builsess gross income of 31,000 or more analynative orduning the year? 30 Did the organization have unrelated builsess gross income of 31,000 or more signature or other authorhy over, a financial account in a foreign country for this year? If 'No' to line 30, provide an explanation on Schedule O, over, a financial account in a foreign country be see instructions for line requirements of FinANR. See instructions for filing requirements for finACEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). Did any taxable party notify the organization file Form 8886-17? Did any taxable party notify the organization file form 8886-17? Did any taxable party notify the organization file Form 8886-17? Did any taxable party notify the organization file Form 8886-17? Did the organization noticule with very solicitation and express statement that such contributions or grifts were not tax deductible? If 'Yeas'' did the organization inclue with very solicitation and express statement that such contributions or grifts were not tax deductible? Did the organization receive a payment in access of 375 made party as a contribution and partly for goods and services statement that such contributions or grifts were not tax deductible? Did the organization neceve a payment, in access	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b If at least one is reported on line 2a, did the organization file all required foderal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b Did the organization arguing the calendar year, did the organization have an interest in, or a signature or other atholity over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a b Did any taxable party to a prohibited tax shelt runsaction at any time during the tax year? 5b c Did any taxable party no prohibited tax shelt are normally greater than \$100,000, and did the organization near the vers on tax deductible a charitable contributions? 5c c Did any taxable party no prohibited tax shelt are normally greater than \$100,000, and did the organization neares a party on prohibited tax shelt? 5c c Did the organization neares a party on prohibited tax shelt are normally greater than \$100,000, and did the organization neares a party on prohibited tax shelt? 7c d If "Yes," did the organization neares a party on prohibited tax shelt? 7d 7a x c Did the organization neares a party on prohibited tax shelt	2a				
3a Did the organization have unrelated businese gross income of \$1.000 or more during the year? 3a b If "Yes," has it filed a form 990-17 or this files 3b, provide an explanation on Schedule 0. 4a 4a Arany time during the calendar year, did the organization have an interest in, or a signature or other athendity over, a financial account in a forigin country base as bank account, securities account, or other financial account? 4a b If "Yes," enter the name of the foreign country base as bank account, securities account, or other financial account in a forgen zonto particulation state to reganization for any to a prohibited tax shelt transaction at any time during the tax year? 5a b Did any taxable party no try hibit at we not tax deductible as chalter transaction at any time during the tax year? 5b c Does the organization nearly to a prohibited tax shelt are normally greater than \$100,000, and the organization include with ever y solicitation an express statement that such contributions and financial account in a foreign a party is a prohibited tax shelt as the organization solicitary contribution state in excess of \$75 made party as a contribution and partly for goods and services provided? 7a X 7 Organization nearly exceptible payor? 7d 7a X 7 Tyes," did the organization nearly the dori of the value of the goods or services provided? 7a X 7 Did the organization nearly exceres baccount in a forem 829.2 7	b		2b	×	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation or Schedule 0 3b 4a At any time during the calendar year, dot the organization have an interest in, or a signature or other authority over, af inancial account is oreing a countly, sub as a bank accound, scureting ascound, as other inaccound, or other internacial Accounts (FBAR). 5b See instructions for filing requirements to FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Did any txable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5d Does not tax deductible as charitabeaux graat that such contributions? 5a 6d Go 6a 7 Organization stolute with every solicitation an express statement that such contributions or glits were not tax deductible? 5a 7 Organization stolute ave annual gross of the value of the goods or services provided? 7a x 7 Organization stolute ave avery and in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b x 7 Did the organization notify the dorn or the value of the goods or services provide? 7a x 7 Did the organization notify the dorn or the value of the goods or services provide? 7b x 7 <td< td=""><td></td><td>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</td><td></td><td></td><td></td></td<>		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
4a At any time during the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial account in foreign country (such as bank account, securities account, or other financial account)? b If "Yas," enter the name of the foreign country by See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). b Dd any taxable party notify the organization file form 8886-17. c If "Yes," to line 6a or 5b, did the organization file form 8886-17. G Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit, any contributions that were not tax deductibles a chartable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? c Dog the organization cale we payment in excess of 357 made party as a contribution and party for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c d If 'Yes, "indicat the number of Forms 8282 filed during the year 7d c If the organization receive a payment in excess of 357 made party. 9a mage and the organization file form 80282? d If 'Yes, "indicat the number of Forms 8282 filed during the year 7d d If 'Yes, "indicat the number of Forms 8282 filed during the year? 7d g If the organization receive a paymeri servic	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
a financial account in a foreign country for the formacial account or other financial accounts? 4a b If "Yas," enter the name of the foreign country be instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Did any taxble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 6b "Yes" to line 6a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction? 6b 6a 6a 6a 7 Organization share annual gross receipts that are normally greater than \$100,000, and did the organization neceive a payment in excess of \$75 made partly as a contribution and party for goods and services provided to the payor? 6b 7 Organization neceive a payment in excess of \$75 made partly as a contribution and party for goods and services provided to the payor? 7d 7a x 7 If "Yes," indicate the number of Forms 8282 field during the year 7d 7d 7d 7d 7 If the organization neceive a payment in excess of thangble personal benefit contract? 7d	b		3b		
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bark and Financial Accounts (FEAF). See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bark and Financial Accounts (FEAF). See instructions for difference and the organization file form 8886-7? See instructions for any to a prohibited tax shelter transaction and the any time during the tax year? So Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible as charitable contributions and party to goods and services provided to the payor? Ge Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$76 made party as a contribution and party to goods and services provided to the payor? Ta Ta b If "Yes," idid the organization notify the donor of the value of the goods or services provided to the payor? Ta Ta c If "Yes," indicate the number of Forms 8282 filed during the year Id Ta Ta c If the organization receive a payment in excess during the yramiums on a personal benefit contract? Ta Ta f If organization receive a contribution of qualified intellectual property, diff the organization free more and solutial property. diff the organization free more and solutial property. diff the organization free more and the prom 1089-67 Ta f If the organization celeve a printing do	4a		4a		×
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 16 If "Yes," complete Form 4720, Schedule O. 16 16 If "Yes," complete Form 4720, Schedule O. 16 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17					
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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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	а		13a		
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 c Enter the amount of reserves on hand	b				
 14a Did the organization receive any payments for indoor tanning services during the tax year?	~				
 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 			142		×
 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 					
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 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 		excess parachute payment(s) during the year?	15		×
If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?					
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	16	-	16		×
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	17				
If "Yes," complete Form 6069.			17		
		If "Yes," complete Form 6069.			

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	struc	tions.
Secti	on 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 1a 7 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 2	Enter the number of voting members included on line 1a, above, who are independent . 1b 7 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		×
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		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 7a		× × × ×
b 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
а	the year by the following: The governing body?	8a	x	
b 9	Each committee with authority to act on behalf of the governing body?	8b 9	×	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	I
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b		×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> .	12b 12c	×	
13	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the organization have a written document retention and destruction policy?	14	×	
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		×
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		×
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?			
Secti	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ► CA			

- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website Another's website X Upon request Other (explain on Schedule O)
- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20State the name, address, and telephone number of the person who possesses the organization's books and records ►
Dale Thompson1390 Market St Ste 200, San Francisco, CA, 94102(628)200-3118

Page 6

Form 990 (2021

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

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 organization compensated any current officer, director, or trustee.

				((C)					
(A)	(B)		Position (D)		(D)	(E)	(F)			
Name and title	Average					e than c is both		Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Kami Griffiths	40									
Executive Director		×			×			67,908	0	12,870
(2) Margaret Schoelwer	2									
Board Chair		×		×				0	0	0
(3) Robert Friedman	2									
Vice Chair		×		×				0	0	0
(4) Lauren DeBarr	2									
Treasurer		×		×				0	0	0
(5) Laura Castellanos	2									
Secretary		×		×				0	0	0
(6) Charles Aston	2									
Director		×						0	0	0
(7) Eric Beattie	2									
Director		×						0	0	0
(8) Melanie Terrell	2									
Director		×						0	0	0
(9)		-								
(10)		-								
(11)		-								
(12)		-								
(13)			$\left \right $							
(14)										
<u></u>		1								

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d⊦	lighest Compe	nsated	Emplo	yees (contin	ued)
					•	C)								
	(A)	(B)	(do n	ot cł		ition	e than c	ne	(D) (E)			(F)		
	Name and title	Average	box,	unles	ss pe	erson	is both	an	Reportable			1	ited am	ount
		hours per week		1		-	or/trust	<u> </u>	compensation from the	compen from re		-	f other pensatio	on
		(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	organization (W-2/	organizatio	ns (W-2/	fr	om the	
		hours for related	/idu	tutic	ĕř	em	lest	ner	1099-MISC/ 1099-NEC)	1099-N 1099-N		organ related	ization a	
		organizations	ior al tr	onal		oloy	eom				,			
		below dotted line)	Jste	trus) ë	pen							
		,	Φ	tee			Highest compensated employee							
(15)							<u>u</u>							
<u></u>			1											
(16)														
<u> </u>														
(17)			-											
(18)														
<u></u>														
(19)]											
(00)														
(20)			-											
(21)														
(22)			-											
(23)														
(23)			-											
(24)														
(25)			-											
1b	Subtotal								67,908		0		1'	2,870
c	Total from continuation sheets to Part			·	•				07,500		0		14	2,070
d	Total (add lines 1b and 1c)								67,908		0		1:	2,870
2	Total number of individuals (including bu	t not limited	d to th	iose	e list	ted	above	e) w	ho received mor	e than \$1	00,000	of		<u> </u>
	reportable compensation from the organ	ization 🕨												
-		<i></i>							<i>.</i>				Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> a								loyee, or highes	-				~
4	For any individual listed on line 1a, is the											3		×
	organization and related organizations													
	individual											4		×
5	Did any person listed on line 1a receive of								0	tion or ind	dividual			
	for services rendered to the organization	? If "Yes," c	compl	ete	Scł	nedu	ile J f	or s	such person .			5		×
Secti 1	on B. Independent Contractors Complete this table for your five high	leet comp	oncot	<u></u>	ind	2001	ndent		ntractore that	acaivad	mora	than ¢	100.00	$\overline{0}$ of
I	compensation from the organization. Rep													
	(A)							,,,	(B)			(C)		,
	۲۹) Name and business add	lress							Description of serv	/ices		Compens	ation	

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ►	those listed above) who	

Form 9		•					Page 9
Part	: VIII	Statement of Revenue					
		Check if Schedule O contains a response	se or note to an	y line in this Pa	art VIII		<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
່ ຈໍ່	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
ັ ^ມ ຍິ	с	Fundraising events					
fts, r A	d	Related organizations 1d					
in Gi	е	Government grants (contributions) 1e	634,943				
Sin's	f	All other contributions, gifts, grants,					
utio ler		and similar amounts not included above 1f	365,608				
Oth	g	Noncash contributions included in					
ont nd		lines 1a–1f 1g					
<u>a</u> C	h	Total. Add lines 1a-1f		1,000,551			
		_	Business Code				
Program Service Revenue	2a	Service Fees Revenue		190,372	190,372	0	0
ne V	b						
n S en	С						
Jram Ser Revenue	d						
60 1	e						
ā	f	All other program service revenue	>	400.070			
	9 3	Total. Add lines 2a–2f		190,372			
	3	other similar amounts)					
	4	Income from investment of tax-exempt bor	H				
	4 5	•	· ·				
	5	Royalties	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)		0			
	7a	Gross amount from (i) Securities	(ii) Other				
	14	sales of assets					
		other than inventory 7a					
Ð	b	Less: cost or other basis					
nue		and sales expenses . 7b					
eve	с	Gain or (loss) 7c 0	0				
r R	d	Net gain or (loss)	🕨	0			
Other Reve	8a	Gross income from fundraising					
Ò		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising ever	nts 🕨	0			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	s 🕨	0			
	TUa	Gross sales of inventory, less returns and allowances 10a					
	h	100					
		Less: cost of goods sold 10b Net income or (loss) from sales of inventor	rv 🕨	0			
			Business Code	0			
snc	11a	Miscellaneous Income	Dusiness Coue	5	0	0	5
scellaneo Revenue	b			5	0	0	5
ver	D C						
Miscellaneous Revenue	d	All other revenue					
Σ	e	Total. Add lines 11a–11d	🕨	5			
	12			1,190,928		0	5
				1,100,020	100,012	0	– – – – – – – – – –

Part IX Statement of Functional Expenses

fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

0

0

0

50

0

0

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0

0

0

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Check if Schedule O contains a response or note to any line in this Part IX . . Do not include amounts reported on lines 6b. 7b. (A) Total expenses (C) (D) (B) Program service expenses Fundraising expenses Management and 8b. 9b. and 10b of Part VIII. general expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 505,644 423,823 51,074 30,747 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 70.391 62,338 6,217 1.836 10 Payroll taxes 47,520 41,762 3,732 2,026 11 Fees for services (nonemployees): Management а . Legal b С Accounting 56,468 47,934 8,534 d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column a (A), amount, list line 11g expenses on Schedule O.) 222.562 77.923 860 301.345 12 Advertising and promotion 5.352 4.492 860 13 20,247 19,912 335 Office expenses 73,623 73,358 215 14 Information technology 15 Royalties Occupancy 387 16 10.786 9.661 738 448 448 0 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 827 772 55 Conferences, conventions, and meetings . 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 0 23 3,722 1.828 1,894 Insurance 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.) Program Supplies and Materials 7.925 7.903 22 а ----2,221 111 Dues and Subscriptions 2,110 b Commisions and Fees 452 81 14 357 С Licences and Permits d 131 126 5 All other expenses 448 402 42 е 25 Total functional expenses. Add lines 1 through 24e 1,107,550 919,152 152,131 36,267 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and

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

Form 990 (2021)

	n 990 (20	•			Page 11
P	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	+ V		
		Check it Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		 (B) End of year
	1	Cash-non-interest-bearing	152,740	1	81,603
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	20,000	3	
	4	Accounts receivable, net	76,487	4	287,581
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	49,562	9	18,335
-	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	0
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	41,940
	16	Total assets. Add lines 1 through 15 (must equal line 33)	298,789	16	429,459
	17	Accounts payable and accrued expenses	42,042	17	89,335
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
Li	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	42,042	26	89,335
Fund Balances		Organizations that follow FASB ASC 958, check here ► 🗶 and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	159,571	27	237,567
I B	28	Net assets with donor restrictions	97,176	28	102,557
		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	256,747	32	340,124
ž	33	Total liabilities and net assets/fund balances	298,789	33	429,459

Form **990** (2021)

					ige 1 2
Part					_
	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		1,19	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,10	-
3	Revenue less expenses. Subtract line 2 from line 1	3			3,378
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		25	6,74
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8			-^
9 10	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			~ ~ ~	~ ~
	32, column (B))	10		34	0,124
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex	nlain a			
	Schedule O.	cpiairi o			
•					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were cor reviewed on a separate basis, consolidated basis, or both:	npilea c	or		
	•				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	 tad am	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ted on	a		
	•				
_	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 over the audit, review, or compilation of its financial statements and selection of an independent accounter				
			2c	×	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	xpiain o	n		
•					
за	As a result of a federal award, was the organization required to undergo an audit or audits as set fo				
	Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	wants .	3b		

Form **990** (2021)

SCHEDULE	Α
(Form 990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990 for instructions and the latest information.



OMB No 1545-0047

Name of the organization Community Tech Network

Employer identification number

26-2119465

The organization is not a private foundation because it is: (For lines 1 through 12, 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 organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 🕱 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **d** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

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- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the clisted in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
 Total					0	0

Part	Support Schedule for Organiza (Complete only if you checked th						•
	Part III. If the organization fails to						
Secti	ion A. Public Support	o quality and					
	idar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and	(.,	(,, , _ , _ , _ , _ , _ , _ , _ , _	(0) = 0 + 0	(1)	(0) = 0 = 1	() • • • •
	membership fees received. (Do not						
	include any "unusual grants.")	338,301	485,844	587,341	685,662	1,000,551	3,097,699
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
4		338,301	485,844	587,341	685,662	1,000,551	2 007 600
4	Total. Add lines 1 through 3	338,301	460,644	567,341	000,002	1,000,551	3,097,699
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)						512,731
6	Public support. Subtract line 5 from line 4						2,584,968
Secti	on B. Total Support						
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	338,301	485,844	587,341	685,662	1,000,551	3,097,699
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						0
9	Net income from unrelated business						0
3	activities, whether or not the business						
	is regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	7,203	1,110	1,627	2,100	5	12,045
11	Total support. Add lines 7 through 10						3,109,744
12	Gross receipts from related activities, etc					12	190,372
13	First 5 years. If the Form 990 is for the	•			-		
0	organization, check this box and stop he						· · ►
	on C. Computation of Public Suppor	•		11 a a luman (f))		14	83.12 %
14 15	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch					15	85.9 %
16a	33 ¹ / ₃ % support test-2021. If the organi						
	box and stop here. The organization qua						
b	331/3% support test-2020. If the organi	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	
	this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on		🕨 🗌
17a	10%-facts-and-circumstances test-20	021. If the orga	anization did n	ot check a box	k on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization m					-	•
	Part VI how the organization meets the	facts-and-circ		-	-	as a publicly	supported
	organization						· · Þ 🗌
b	10%-facts-and-circumstances test-2	-					
	15 is 10% or more, and if the organizatio in Part VI how the organization meets the					-	•
	organization				-		
18	Private foundation. If the organization					check this bo	x and see
	instructions						▶ □

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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.)

Secti	on A. Public Support			<i>, picace ce</i>		,	
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						0
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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)						0
	on B. Total Support	() 0017	(1) 0010	() 0010	(1) 0000	() 0001	(0 T))
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						0
h	Unrelated business taxable income (less						0
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
с	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the	organization's	s first, second	, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he	re					🕨 🗌
Secti	on C. Computation of Public Suppor	rt Percentage	e				
15	Public support percentage for 2021 (line a					15	0 %
16	Public support percentage from 2020 Scl					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2021 (•		•	())	17	0 %
18	Investment income percentage from 2020					18	0 %
19a	$33^{1}/_{3}$ % support tests - 2021. If the organ						· —
	17 is not more than $33^{1}/_{3}\%$, check this box		-	-		-	
b	331 /3% support tests – 2020. If the organiz						
00	line 18 is not more than 33 ¹ / ₃ %, check this		-	-			
20	Private foundation. If the organization di	ia not check a	box on line 14,	19a, or 19b, c	neck this box		
						Schedule A	(Form 990) 2021

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.)

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

Section 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 year (see instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.

supported organizations played in this regard.

- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the 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.*

Yes No

Yes No

1

2

1

3

2a

2b

3a

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 complete 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	0	0
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	0	0
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	0	0
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6	Multiply line 5 by 0.035.	6	0	0
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	0	0
	ion C–Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2	Enter 0.85 of line 1.	2		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4	Enter greater of line 2 or line 3.	4		0
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		0
7	Check here if the current year is the organization's first as a non-function	ally i	ntegrated Type III supporti	

(see instructions).

Schedule A (Form 990) 2021

Part	I A (Form 990) 2021 Type III Non-Functionally Integrated 509(a) (3	3) Supporting Organi	zations (continued	<u>d)</u>	Page 7
	ion D-Distributions	, oupporting organi			Current Year
1	Amounts paid to supported organizations to accomplish		1	0	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	2	0		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga		3	0
4	Amounts paid to acquire exempt-use assets			4	0
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5	0
6	Other distributions (describe in Part VI). See instructions.		,	6	0
7	Total annual distributions. Add lines 1 through 6.			7	0
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	-	8	0
9	Distributable amount for 2021 from Section C, line 6			9	0
10	Line 8 amount divided by line 9 amount		•	10	0
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			0	
3	Excess distributions carryover, if any, to 2021				
а	From 2016 0				
b	From 2017 0				
с	From 2018 0				
d	From 2019 0				
е	From 2020				
f	Total of lines 3a through 3e	0			
g	Applied to underdistributions of prior years			0	
h	Applied to 2021 distributable amount				0
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0			
4	Distributions for 2021 from Section D, line 7: \$ 0				
а	Applied to underdistributions of prior years			0	
b	Applied to 2021 distributable amount				0
C	Remainder. Subtract lines 4a and 4b from line 4.	0			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI.</i> See instructions.			0	
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				0
7	Excess distributions carryover to 2022. Add lines 3j and 4c.	0			
8	Breakdown of line 7:				
 a	Excess from 2017 0				
 b	Excess from 2018 0				
 C	Excess from 2019 0				
	Excess from 2020 0				
e	Excess from 2021 0				

Schedule A (Form 990) 2021

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

Miscellaneous Income: 2017: \$7,203. 2018: \$1,110. 2019: \$1,627. 2020: \$2,100. 2021: \$5.

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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



Employer identification number

26-2119465

Name of the organization Community Tech Network

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	✗ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Schedule B	(Form 990) (2021)		Page
	rganization		Employer identification number
Communi	ty Tech Network		26-2119465
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space	e is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SEE Part I Contributors Statement	 \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(0)	(d)

		Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Community Tech Network

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
		 \$	

Page 3

Employer identification number

26-2119465

Name of or			Page 4 Employer identification number
Part III	(10) that total more than \$1,000 for th	he year from any one con ns completing Part III, ente year. (Enter this informatio	26-2119465 cations described in section 501(c)(7), (8), or tributor. Complete columns (a) through (e) and er the total of <i>exclusively</i> religious, charitable, etc., n once. See instructions.) ► \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(d) Description of how gift is held	
-	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

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.

tion. Open to Public Inspection Employer identification number

OMB No. 1545-0047

2021

Name of the o	organization
Community	Tech Networl

Department of the Treasury

Internal Revenue Service

CI.	iuei	iunc	auv	 nun	inde	

Earth Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year . (e) Denor strived funds (e) Funds and other accounts 3 Aggregate value of contributions to (during year) (e) Denor strived funds (e) Funds and other accounts 4 Aggregate value of organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?	Comm	unity Tech Network			26-2119465
In Total number at end of year. (a) Denor advised funds (b) Punds and other accounts 2 Aggregate value of contributions to (during year). (c) Aggregate value of or contributions to (during year). (c) Aggregate value of or contributions to (during year). 3 Aggregate value of or contributions to (during year). (c) Aggregate value of or control or genomication inform all donors and donor advisors in writing that the assets held in donor advisors or or any other purpose conferring impermissible private benefit? (c) No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chainable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (c) No 7 Purpose(s) of conservation asamemts held by the organization (hock all that apply). (c) Preservation of a control or advisor, or for any other purpose 10 Purpose(s) of conservation asamemts held a qualified conservation contribution in the form of a conservation easements. (c) Advisor done availe asaments. 2 Complete lines 2a through 2d if the organization held a qualified conservation conservation asamemts. (c) advised ther 722/06, and not on a historicative lines of the Tax year 3 Number of conservation easements modified, transfered, released, extinguished, or terminated by the organization during the tax year ison or advised (c) advisation as adviser, or form any deter purpose (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Par	t I Organizations Maintaining Donor Advi	ised Funds or Other Similar Funds	s or Acc	ounts.
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Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value at end of year			(a) Donor advised funds	(b) F	Funds and other accounts
 Aggregate value of grants from (during year)	1	Total number at end of year			
A Aggregate value at end of year	2	Aggregate value of contributions to (during year) .			
 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's activitive legal control?	3	Aggregate value of grants from (during year)			
funds are the organization's property, subject to the organization inform all grantes, donors, and donor advisor, or for any other purpose conferring impermissible private benefit? Ves No 6 Did the organization inform all grantes, donors, and donor advisor, or for any other purpose conferring impermissible private benefit? Ves No 7 Purpose(s) of conservation easements. Complete if the organization in answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a conservation easement on the last day of the taxy year. 8 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the taxy year. 2d 1 Number of conservation easements on a certified historic structure included in (a) 2c 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2 Number of states where property subject to conservation easements is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is located > 6 Staff and volunteer hou	4	Aggregate value at end of year			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Protection of natural habitat Preservation of a for public use (for example, recreation or education) Preservation of a cartified historic structure Protection of open space Preservation of a conservation easements Preservation of a conservation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements 2a 3 Total acreage restricted by conservation easements 2a 4 Number of conservation easements included in (c) acquired fater 7/25/06, and not on a historic structure listed in the National Register 2a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b 4 Number of states where property subject to conservation easement is located b 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year b 5 Boose 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)(i)(2) Periodic monitoring inspecting, handling of violations, and enforcing conservation easements the dost the soria		conferring impermissible private benefit?			· · · DYes 🗌 No
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 b Total acreage restricted by conservation easements		easement on the last day of the tax year.			Held at the End of the Tax Year
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 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► Competence of the 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)? and section 170(h)(4)(3	Number of conservation easements modified, trans	sferred, released, extinguished, or termi	inated by	the organization during the
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?		tax year ►			
 violations, and enforcement of the conservation easements it holds?					
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 ▶ \$	6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservati	on easements during the year
 ▶ \$		▶			
 8 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)?	7		g, handling of violations, and enforcing co	onservatio	n easements during the year
 and section 170(h)(4)(B)(ii)?	_	*			
 9 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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 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 VIIII, line 1 	8				
 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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 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 X (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 	•				
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 provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	D				
 (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		(i) Accete included in Form 990, Part VIII, line 1		• • •	► ⊅
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a Revenue included on Form 990, Part VIII, line 1	2	-		33513 IUI	inianciai gain, provide lhe
a nevenue included on Form 990, Part VIII, IIIe I	_		-		•
		Assets included in Form 990, Part VIII, III		· · ·	► ⊅ ▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedul	e D (Form 990) 2021									Page 2
Part	III Organizations Maintaining	Colle	ections of	Art, His	torical 1	Freasures,	, or O	her Similar A	ssets (cc	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and ot	her reco	rds, chec	k any of the	e follov	ving that make	significant	use of its
а	Public exhibition			d	🗌 Loan	or exchang	e progi	ram		
b	Scholarly research			е	Other					
с	Preservation for future generations	6								
4	Provide a description of the organiza XIII.	tion's	collections a	and expl	ain how t	hey further	the org	ganization's exe	mpt purpo	ose in Part
5	During the year, did the organization assets to be sold to raise funds rather									es 🗌 No
Part	IV Escrow and Custodial Arra	anger	nents.							
	Complete if the organizatior 990, Part X, line 21.	n ansv	vered "Yes	" on For	m 990, F	Part IV, line	e 9, or	reported an a	mount or	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?								not	es 🗌 No
b	If "Yes," explain the arrangement in P	art XII	and comple	ete the fo	ollowina ta	able:				
-									Amount	
с	Beginning balance						10			
d	Additions during the year						10			
e	Distributions during the year						16			
f	Ending balance						11			0
2a	Did the organization include an amou									-
	If "Yes," explain the arrangement in P								-	
Par			. Oneck her		<u>Apialiatio</u>		provid			
T al	Complete if the organization	anev	warad "Vas	" on For	m 000 I	Dart IV line	10			
	Complete il the organization		Current year			(c) Two year		(d) Three years bad		years back
4	Designing of year balance	(a) (Surrent year	(D) P1	or year	(C) Two year	SDACK	(u) Three years bad	JK (e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance		0		0		0		0	0
2	Provide the estimated percentage of t	the cu	rrent year er	d baland	e (line 1g	, column (a)) held	as:		
а	Board designated or quasi-endowme	nt 🕨	-	%						
b	Permanent endowment	%								
с	Term endowment ► %									
	The percentages on lines 2a, 2b, and	2c sh	ould equal 1	00%.						
3a	Are there endowment funds not in th		•		zation that	at are held a	and ad	ministered for t	he	
	organization by:	•		•					,	Yes No
	(i) Unrelated organizations								3a(i)	
b	If "Yes" on line 3a(ii), are the related o								3b	
4	Describe in Part XIII the intended uses	-								
Part			-							
	Complete if the organization			" on For	m 990 F	Part IV line	• 11a	See Form 990	Part X	line 10
	Description of property		(a) Cost or ot (investm	ther basis	(b) Cost o	or other basis ther)	(c)	Accumulated epreciation	(d) Boo	
1a	Land				,					0
b	Buildings	· ł								0
	-	· F								0
c d	Leasehold improvements	·								0
d	Equipment	·								0
e Total	Other		aud Earm 0	00 Dort	V oolum	(P) line 10				-
Total.	Aud intes la unough le. (Column (a) h	nuste	yuai F01111 9	ou, mail	<i>λ</i> , column	і (<i>ם)</i> , ії іе 10	<i></i>	🚩		0

Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives . . (2) Closely held equity interests 0 (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 0 ► Part VIII Investments – Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) 0 . Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Computers on Hand 41,940 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► 41,940 . . . Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2021				Page 4
Par	XI Reconciliation of Revenue per Audited Financial Stateme	ents V	Vith Revenue per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, I	Part I\	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	· · .		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	0
Part				er Ret	turn.
	Complete if the organization answered "Yes" on Form 990, I	Part I	/, line 12a.		
1				1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	· · .		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	0
Part					
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	vide any additional in	itorma	tion.

Schedule D (Form 990) 2021					
Part XIII	Supplemental Information (continued)				

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2021
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection
Name of the organization Community Tech Network	Empl	oyer identification number 26-2119465
Part VI, Line 11b	A draft of the 990 is provided electronically to all board members before filing, and it is saved in a shared or	nline folder.
Part VI, Line 12c	Board members must sign a statement annually which affirms they have received, read, and understand th agreed to comply with the policy.	e conflict of interest policy, and have
Part VI, Line 15a	The Executive Committee reviews the compensation of other executive directors of organizations with simil	lar size of budget and staff.
Part VI, Line 19	Governing documents, conflict of interest policy, and financial statements are available to anyone upon req	uest.
Part IX, Line 11g	Technology: \$52,962. Marketing: \$47,083. Trainers: \$105,968. Translators: \$3,870. Other Consulting: \$78,	199. Professional Fees: \$13.263.

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
Community Tech Network	26-2119465

Community Tech Network Statement - Line 24 E - All other expenses

Description	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	
Other Expenses	355	0	351	4
Meals and Entertainment	49	0	49	0
Quickbooks Payment Fees	44	42	2	0

Part I Contributors Statement

No.	Name	Street	City, State and Zipcode	Total contributions	Person Contribution
1	St David's Foundation	1303 San Antonio St Ste 500	Austin TX 78701	150,000	YES
2	Twitter Inc	1355 Market St Ste 900	San Francisco CA 94103	50,000	YES
3	Consumer Technology Association	1919 S Eads St	Arlington VA 22202	25,000	YES
4	Tides Foundation	PO Box 29903	San Francisco CA 94129	50,000	YES
5	KLA Foundation	One Technology Dr	Milpitas CA 95035	25,000	YES
6	Small Business Administration	409 3rd St SW	Washington DC 20416	117,967	YES
7	City and County of San Francisco	One South Van Ness Avenue	San Francisco CA 94103	409,653	YES
8	City of Austin	301 W 2nd St	Austin TX 78701	24,864	YES
9	CAPCOG	6800 Burleson Rd 165 Bldg 310	Austin TX 78744	75,000	YES