Department of the Treasury Internal Revenue Service

т

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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



AF	or th	e 2022 calendar year, or tax year beginning and	ending		
B C a	heck if pplicab	le: C Name of organization		D Employer identifica	tion number
	Addre	ge PARTNERSHIP FOR PUBLIC SERVICE, INC.			
	Name Chang	ge Doing business as		06-1540513	
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		600	202-775-2759	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	23,774,283.
	Amen	WASHINGTON, DC 20005		H(a) Is this a group retu	Im
	Applie dition	F Name and address of principal officer: MAX SILER		for subordinates?	Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates inclu	Ided? Yes No
<u>I</u> T	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a lis	t. See instructions
	Vebsi			H(c) Group exemption	number
		f organization: X Corporation Trust Association Other	L Year	of formation: 1999 M	State of legal domicile: DC
Pa	rt I	Summary			
•	1	Briefly describe the organization's mission or most significant activities:	RTNERSHIP	FOR PUBLIC	
nce		SERVICE WORKS TO BUILD A BETTER GOVERNMENT AND A STRONGER DE	MOCRACY.		
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net asset	S.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			21
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			20
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			231
vitie	6	Total number of volunteers (estimate if necessary)			0
\cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
-	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		7,217,178.	10,176,152.
Revenue	9	Program service revenue (Part VIII, line 2g)		13,279,656.	12,955,180.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		379,474.	35,545.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		182,688.	24,838.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,058,996.	23,191,715.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14,746,666.	17,203,631.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe		Total fundraising expenses (Part IX, column (D), line 25) 1,395,			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,286,041.	7,783,347.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,032,707.	24,986,978.
	19	Revenue less expenses. Subtract line 18 from line 12		-1,973,711.	-1,795,263.
s or			Be	ginning of Current Year	End of Year
Assets (Balanc	20	Total assets (Part X, line 16)		30,508,299.	45,057,203.
t As	21	Total liabilities (Part X, line 26)		4,928,386.	23,972,605.
Fund		Net assets or fund balances. Subtract line 21 from line 20		25,579,913.	21,084,598.
Pa	irt II	Signature Block			

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

Sign	Signature of officer		Dat	e		
Here	TIM MCMANUS, CHIEF OPERATING OFFICER					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	ERIN CRANMER		07/10/23	B self-employed ₽0	1712644	
Preparer	Firm's name CALIBRE CPA GROUP, PLLC		Firr	m's EIN 47–09	00880	
Use Only	Firm's address 7501 WISCONSIN AVENUE, SU	ITE 1200 WEST				
	BETHESDA, MD 20814		Ph	one no.202-331-	9880	
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No
					- 000	

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2022) PARTNERSHIP FOR PUBLIC SERVICE, INC.	06-1540513	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE PARTNERSHIP'S MISSION IS BUILDING A BETTER GOVERNMENT AND A		
	STRONGER DEMOCRACY. WE ENVISION A DYNAMIC AND INNOVATIVE GOVERNMENT		
	THAT EFFECTIVELY SERVES OUR DIVERSE NATION.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Г	Yes X No
	If "Yes," describe these new services on Schedule O.	L	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Г	Yes X No
U	If "Yes," describe these changes on Schedule O.	····· ∟	
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by eyn	ansas
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, ,	
	revenue, if any, for each program service reported.	s, the total exper	1363, and
4a	(Code:) (Expenses \$7,915,177. including grants of \$) (Revenue	•• ¢	8 610 060 \
чa	LEADERSHIP DEVELOPEMENT:	ie) ()
	LEADERSHIP IS THE MOST IMPORTANT FACTOR INFLUENCING FEDERAL AGENCY		
	PERFORMANCE AND GOVERNMENT EFFECTIVENESS. BY DEVELOPING THE SKILLS AND		
	ABILITIES OF FEDERAL LEADERS AT ALL LEVELS AND PROVIDING FORUMS FOR		
	THEM TO DISCUSS SHARED CHALLENGES AND SOLUTIONS. THE PARTNERSHIP FOR		
	PUBLIC SERVICE HELPS LEADERS BECOME AGENTS OF CHANGE WITHIN THEIR OWN		
	AGENCIES AND ACROSS GOVERNMENT. OUR APPROACH TO DEVELOPING LEADERS IS		
	GROUNDED IN OUR PUBLIC SERVICE LEADERSHIP MODEL, WHICH OUTLINES CORE		
	VALUES FEDERAL LEADERS EMBODY - STEWARDSHIP OF PUBLIC TRUST AND		
	COMMITMENT TO THE PUBLIC GOOD - AND OUTLINES THE COMPETENCIES THEY NEED		
	AT EACH STAGE OF THEIR LEADERSHIP JOURNEY.		
4b	(Code:) (Expenses \$4,181,772. including grants of \$) (Revenue (Code:)) (Revenue	ie \$)
	COMMUNICATIONS:		
	OUR GOVERNMENT FACES ENORMOUS OPERATIONAL, PERFORMANCE AND TALENT		
	CHALLENGES THAT REQUIRE CRITICAL STAKEHOLDERS IN OUR SOCIETY TO PAY		
	ATTENTION TO THE HEALTH OF OUR GOVERNMENT, NOT JUST FOCUS ON THE POLICY		
	MATTERS THAT TYPICALLY DRAW THE MOST ATTENTION. WHILE WE ARE AN		
	INDISPENSABLE PARTNER TO MANY INSIDE THE FEDERAL GOVERNMENT, IT IS		
	CRITICAL TO BRING OUR BEST IDEAS TO A BROADER AUDIENCE TO GAIN		
	TRACTION, SUPPORT AND CREATE AN INTENTIONAL MOVEMENT OF ENGAGED		
	INDIVIDUALS AND ORGANIZATIONS. THE COMMUNICATION DEPARTMENT AT THE		
	PARTNERSHIP FOR PUBLIC SERVICE PLAYS A VITAL ROLE IN SUPPORTING AND		
	ACHIEVING THESE EFFORTS. THROUGH ITS COMPREHENSIVE COMMUNICATION		
	STRATEGY AND DIVERSE TEAM OF PROFESSIONALS, THE DEPARTMENT POSITIONS		1 500 500
4c		ie \$	1,502,788.)
	WORKFORCE AND ENGAGEMENT:		
	THE FEDERAL GOVERNMENT IS FAILING TO RECRUIT, HIRE AND RETAIN SKILLED		
	AND DIVERSE TALENT, AND FEDERAL EMPLOYEE ENGAGEMENT LAGS BEHIND THAT OF		
	THE PRIVATE SECTOR. BY SHARPENING OUR FOCUS ON HELPING FEDERAL AGENCIES		
	RECRUIT, HIRE AND RETAIN YOUNG TALENT, THE PARTNERSHIP FOR PUBLIC		
	SERVICE WORKS TO SUPPORT GOVERNMENT IN NOT ONLY REPLACING EMPLOYEES		
	NEARING THE END OF THEIR CAREERS BUT ALSO BRINGING NEW SKILLS AND		
	PERSPECTIVES THAT WILL HELP THE COUNTRY RISE TO THE SIGNIFICANT		
	CHALLENGES OF THE DAY AND PREPARE FOR WHAT LIES AHEAD. IN ADDITION,		
	TOP-PERFORMING ORGANIZATIONS HAVE HIGHLY ENGAGED EMPLOYEES WHO ARE		
	CONNECTED TO THEIR MISSIONS AND CUSTOMERS. THE PARTNERSHIP'S BEST		
	PLACES TO WORK IN THE FEDERAL GOVERNMENT RANKINGS, BASED ON AN ANNUAL		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 4,623,658. including grants of \$) (Revenue \$	238,685.)	
4e	Total program service expenses 21,863,714.		
			Form 990 (2022)
232002	2 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)		
	2		

Form 990 (2022) PARTNERSHIP FOR PUBLIC SERVICE, INC.
Part IV Checklist of Required Schedules

 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes, "complete Schedule Q, Part II. Is the organization a section 501(c)(4).501(c)(6), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 84:197 III 'Yes, "complete Schedule Q, Part II. Did the organization maintain and yoon advised rules or assistantia rules or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to the organization meants and efforts of rules a sector of the component. Instoric at measures, or other similar assets? II 'Yes, 'complete Schedule D, Part II. Did the organization report an amount in Part X, line 21, for secrow or custodail account itability, serve as a custodinal for amounts not listed in Part X, ince 17, ince secret or custodail account itability, serve as a custodinal for amounts not provide advice on the organization, directly or through a related organization, needed to Part II. Did the organization asseet to any or the following questions is 'Yes,' then complete Schedule D, Part IV. Did the organization report an amount for line, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V, as applicable. Did the organization report an amount for line is there social is social assets reported in Part X, line 17. If 'Yes,' complete Schedule D, Part V, in Part X, ine 12, that is 5% or more of its total assets reported in Part X, line 17. If 'Yes,' complete Schedule D, Part X, ine 14. If the organization seport an amount for investments - orber securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 17. If 'Yes,' complete Schedule D, Part X, ine 14. If the organization social orbit orbit meassets for the tax year?				Yes	No
1 1	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on butter of in opposition to candidates for public official if if '''es', complete Schedule C, Part I 3 4 3 Beetion SO(16)3 organizations. Did the organization engage in lobbying activities, or have a section SO(16) election in effect during the tax year /' if ''es', complete Schedule C, Part II 4 X 4 Section SO(16)(4), SO(16)(5), SO(16), SO(If "Yes," complete Schedule A	1	Х	
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for during the tax year? If Yes, 'complete Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If Yes, 'complete Schedule C, Part II 5 Bit the organization a social to 501(c)(3) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98107 If Yes, 'complete Schedule C, Part II 6 Did the organization markina any donor advised finds or any dimining easements to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, 'complete Schedule D, Part II 7 Did the organization markina any donor advised of ant, historical treasures, or other similar assets? If Yes, 'complete Schedule D, Part II. 8 Did the organization markina and collections of works of ant, historical treasures, or other similar assets? If Yes, 'complete Schedule D, Part II. 9 Did the organization report an amount for Part X, Ine 11, or escrow or custodial account liability, serve as a custodian tor amounts and the Part X, Ine 12, here tays, 'complete Schedule D, Part II. 9 Did the organization report an amount for land, buildings, and equipment in Part X, Ine 10? If Yes, 'complete Schedule D, Part VII. 10 Did the organization report an amount for three assets in Part X, Ine 10? If Yes, 'complete Schedule D, Part VII. 11 Did the organization report an amount for investments - other securities in Part X, Ine 13, that is 5% or more of its total assets reported in Part X, Ine 10? If Yes, 'complete Schedule D, Part VII. 110 Did the organization report an amount for three assets in Part X, Ine 13, that is 5% or more of its total assets reported in Part X, Ine 10? If Yes, 'complete Schedule D, Par	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes, "complete Schedule Q, Part II. Is the organization a section 501(c)(4).501(c)(6), 501(c)(6) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 88-197 III 'Yes, "complete Schedule Q, Part II. Did the organization mether hold a conservation consensert, including essements to to preserve open space, the environment, historic land areas, or historic structures? III 'Yes, 'complete Schedule D, Part II. Did the organization report an amount in Part X, line 21, for secrow coustodal account itability, serve as a custodiant for amounts on listeri Part X, to provide certific counseling, debt management, certific repart, or debt negolitation services? II 'Yes,' complete Schedule D, Part II. Did the organization report an amount in Part X, line 21, for secrow coustodal account itability, serve as a custodiant for amounts on listeri Part X, to provide certific counseling, debt management, certific repart, or debt negolitation services? II 'Yes,' complete Schedule D, Part II. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V. Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part X. Did the organization report an amount for investments - organical schedule D, Part X. Did the organization report an amount for investments - organical schedule D, Part X. Did the organization report an amount for investments - organical schedule D, Part X. Did the organization schedule SC / Part M. Did the organization schedule SC / Part M. Did the organization scont or tore transsets for the say section.	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If Yes,* complete Schedule Q, Part II 4 x 5 Is the organization a section 501(c)(d), 501(c)(d), 601(c)(d), 601(3		X
5 Is the organization a section S01(S(H), S01(S(S) or S01(S(B) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 88-197 // 'Vss,' complete Schedule C, Part II 5 6 Did the organization maintain any doora 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to Schedule D, Part II 6 7 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide credit consensing, date management, credit repair, or dobt negoliation services? 9 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide credit consensing, date management, credit repair, or dobt negoliation services? 9 9 Did the organization report an amount for linvestments - other socurities in Part X, line 10? If Yes, 'complete Schedule D, Part VI 10 X 11 the organization report an amount for linvestments - program leaked in Part X, line 10? If Yes, 'complete Schedule D, Part XI 114 X 12 Did the organization report an amount for linvestm	4				
similar amounts as defined in Rev. Proc. 98-197 If 'Yes,' complete Schedule C, Part II 5 6 Did the organization maintain any door 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 for which donors have the right to the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial nor amounts not listed in Part X, or provide credit counseling, debit management, credit repair, or debt negoliation services? If 'Yes,' complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in donorrestricted andowments or in quasi notworks? If 'Yes,' complete Schedule D, Part VI 10 11 If the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 10 12 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part X 11 13 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? If 'Yes,' complete Schedule D, Part X 11 14 Did the organization neoptra amount for investments - oth			4	X	
6 Did the organization maintain any door advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 0 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 0 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts on listed in Part X, or provide redict counseling, debt management, credit repair, or debt negotation services? 7 9 Did the organization maintain collections of works of art, historical treasures, or other assisting of the magnitudin services? 8 1 9 Did the organization, direction of works of art, historical treasures, or other application services? 8 1 9 Did the organization, direction services? 10 X 10 X 11 If the organization direction services? 10 X 10 X 12 Did the organization direction amount for investments - other securities in Part X, line 10; H 'Yes,' complete Schedule D, Part VI. 10 X 10 X 13 If the organization report an amount for investments - program related in Part X, line 13; H is 5% or more of its total assets reported in Part X. line 16? H 'Yes,' complete Sc	5		F		x
provide advice on the distribution or investment of anounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 1 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 2 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, imory of the conganization, directly or through a related organization, hold assets in donor-restricted endowments 0 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 0 X 11 If the organization report an amount for law buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? I	6		5		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 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? 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? 9 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10?, II' Yas," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, Ithat is 5% or more of its total assets reported in Part X, line 16? II' Yas," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - program related in Part X, line 13, Ithat is 5% or more of its total assets reported in Part X, line 16? II' Yas," complete Schedule D, Part VI 11d X 13 Did the organization report an amount for other assets in Part X, line 25? II' Yes," complete Schedule D, Part X 11d X 14 Did the organization report an amount for other assets in Part X, line 5? II' Yes," complete S	0		6		x
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part V 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 9 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian or amounts not listed in Part X, ior provide ceredit counseling, debt management, credit repair, or debt negotiation services? 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	7				
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III B I B 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? 9 I 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? IF "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 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? If "Yes," complete Schedule D, Part VII 11a X c Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11d X c Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X c Did the organization orgona numot for other assets in Part X, line 27. If "Yes,"	•		7		x
Schedule D, Part III 8 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, oredit repair, or debt negotiation services? 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments III "Yes," complete Schedule D, Part V 10 10 Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V, line 10? III "Yes," complete Schedule D, Part V 10 2 Did the organization report an amount for investments - other securities in Part X, line 10? IIII **S, "complete Schedule D, Part V 11a 8 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	8				
9 Did the organization report an amount in Part X, ine 21, for secrow or custodial account liability, serve as custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // *Yes, "complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? // *Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // *Yes," complete Schedule D, Part VI 11a X 14 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? // *Yes," complete Schedule D, Part VI 11d X 14 Did the organization report an amount for other assets in Part X, line 15? If *Yes," complete Schedule D, Part X 11d X 14 Did the organization report an amount for other assets in Part X, line 15? If *Yes," complete Schedule D, Part X 11d X 15 Did the organization islability for uncertain tax y			8		х
# "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments's or in quasi endowments? If "Yes," complete Schedule D, Part V 10 x 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a x 12 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? If "Yes," complete Schedule D, Part VII 11a x 13 Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a x 14 Did the organization report an amount for investments - other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 11a x 15 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 11d x 16 Did the organization separate or consolidated financial statements for the tax year? 11d x 17 Did the organization asket of Wo' to line 124, then completing Schedule D, Part X 11f x	9				
In Pase, Complete Schedule D, Part V 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments 10 If the organization report an anount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If 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? If "Yes," complete Schedule D, Part VI 11 If the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 If the organization report an amount for other assets in Part X, line 15? If "tat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 110 If Did the organization report an amount for other assets in Part X, line 15? If "tat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 111 If Did the organization separate, independent audited financial statements for the tax year? 111 X If Yes, "and if the organization answerd "No" to line 12a, then completing Schedule D, Part X AII 112 X If Did the organization maint an office, employees, or agenes outside of the United States?		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
or in quasi endowments? // *Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII		If "Yes," complete Schedule D, Part IV	9		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, X, or X, as applicable. In the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI In 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? If "Yes," complete Schedule D, Part VII In 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? If "Yes," complete Schedule D, Part VIII In the organization report an amount for other assets in Part X, line 15, If Yes," complete Schedule D, Part VIII In the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X Intel X If Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X Intel X Intel X If Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X Intel X Intel X If Did the organization separate, independent audited financial statements for the tax year? Intel X Intel X Intel X If Did the organization a school described in School I/0(b)(I)(A)(b)? If "Yes," complete Schedule D, Part X and XII is optional Intel X Intel X If Did the organization neopert on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service acti	10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
as applicable. a) bid the organization report an amount for land, buildings, and equipment in Part X, line 10? // *Yes," complete Schedule D, Part VII 11a X 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? // *Yes," complete Schedule D, Part VII 11b 11c 11c c) Did the organization report an amount for investments - orporar related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // *Yes," complete Schedule D, Part VII 11c		or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
Part VI 11a X 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? If "Yes," complete Schedule D, Part VII 11b 11c c 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? If "Yes," complete Schedule D, Part VII 11c 11c 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? If "Yes," complete Schedule D, Part X 11c	11				
 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? /f "Yes," complete Schedule D, Part VII c 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? /f "Yes," complete Schedule D, Part VII d Did the organization report an amount for other labilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII e Did the organization report an amount for other labilities in Part X, line 25? /f "Yes," complete Schedule D, Part X e Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization organization included in consolidated, independent audited financial statements for the tax year? (ff "Yes," complete Schedule D, Part X and XII b Was the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional 114 Did the organization ansolidated, independent audited financial statements for the tax year? if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional 114 Did the organization and school described in section 170(b)(1)(A)(0)) If "Yes," complete Schedule D, Part X and XII is optional 114 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 report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign angaization report more than \$15,000 of grants or other assistance to or for foreign inviduals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report more t	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c 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? If "Yes," complete Schedule D, Part VIII 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? If "Yes," complete Schedule D, Part IX 11c e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d f Did the organization's separate or consolidated financial statements for the tax year include a foothote that addresses the organization obtain separate, independent audited financial statements for the tax year? 11t X 12a Did the organization assered "No" to line 12a, then completing Schedule D, Part X and XII 12a X b Was the organization naturation an office, employees, or agents outside of the United States? 13a 14a 14a b Did the organization naturation an office, employees, or agents outside of the United States? 14a 14a <th></th> <th>Part VI</th> <th>11a</th> <th>Х</th> <th></th>		Part VI	11a	Х	
 bit be 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? If "Yes," complete Schedule D, Part VIII 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? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 11d X 12a Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11t X 11d X <li< th=""><th>b</th><th>Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total</th><th></th><th></th><th></th></li<>	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? /f "Yes," complete Schedule D, Part VIII 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 11d X e Did the organization report an amount for other iabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X 11d X f Did the organization's iseparate 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)? /f "Yes," complete Schedule D, Part X 11e X 12a Did the organization bain separate, independent audited financial statements for the tax year? /f "Yes," complete Schedule D, Part X and XII 11d X b Was the organization included in consolidated, independent audited financial statements for the tax year? /f "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional 12a 13 13 Is the organization naintain an office, employees, or agents outside of the United States? 14a 14a 14a b 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for agnization report and stal (M I undraising event gross income and contributions on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for agnization report more than \$15,000 of expenses for profession		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization batin separate, independent audited financial statements for the tax year? 11f X 12a Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 12a X b Was the organization maintain an office, employees, or agents outside of the United States? 14a 12a 13 14 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts I and IV 14b 15 15 Did the organization report an Sto,000 dergenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule F, Parts I and IV 16 16 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV<	С				
Part X, line 16? /f "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? 11f X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? 11f X 13 Is the organization maintain an office, employees, or agents outside of the United States? 12a 12a 14a Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of garsts or other assistance to or for organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "yes," complete Schedule F, Parts II and IV 16 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "yes," complete Schedule G, Part II <th></th> <th></th> <th>11c</th> <th></th> <th>X</th>			11c		X
 bit the organization report a mamount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X bit the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X complete Schedule D, Part X di the organization included in consolidated, independent audited financial statements for the tax year? // "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X I and XII is optional is the organization as chool described in section 170(b)(1)(A)(ii)? // "Yes," complete Schedule E bid the organization as chool described in section 170(b)(1)(A)(ii)? // "Yes," complete Schedule E bid the organization naintain an office, employees, or agents outside of the United States? bid 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 report on Part IX, column (A), line 3, more than \$5,000 of gagets grants or other assistance to or for any foreign investment, and program service aschedule F, Parts I and IV bid the organization report on Part IX, column (A), line 3, more than \$5,000 of gagets grants or other assistance to or for foreign individuals? // "Yes," complete Schedule F, Parts II and IV column (A), lines 6 and 11? // "Yes," complete Schedule F, Part II bid the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? // "Yes," complete Schedule G, Part I bid the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? // "Yes," complete Schedule G, Part II bid the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // f"Yes," complete Schedule G, Part II	d			v	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a 14a 14 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 report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 14b 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 16 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 16 16 16 16 16 16 16 16 16					
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12a X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13a 14a 14b 14b 14b 14a 14b			11e	А	
12a Did the organization obtain separate, independent audited financial statements for the tax yea? If "Yes," complete 12a X b Was the organization included in consolidated, independent audited financial statements for the tax yea? 12b 12b b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 12b 12b 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a 14a <th></th> <th>• • •</th> <th>115</th> <th>x</th> <th></th>		• • •	115	x	
Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b 12b if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 13 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 13 13 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 14a	122				
b Was the organization included in consolidated, independent audited financial statements for the tax year? 12 if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 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 nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions 16 17 Did the organization report a total of more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organiz	120		12a	х	
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 valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garegate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 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, Part II. See instructions 17 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II 18 20a Did the organization operate one or more hospital facilities?	b				
 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3 fund fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 ot gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II 18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20a 20a 20b 20b 			12b		x
 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 15 15 16 16 16 17 18 18 18<	13				Х
 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>. 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i>. 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 any foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>. 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>. 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>. 20a 20a 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
or more? If "Yes," complete Schedule F, Parts I and IV 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? If "Yes," complete Schedule F, Parts II and IV 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? If "Yes," complete Schedule F, Parts III and IV 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? If "Yes," complete Schedule G, Part I. See instructions 17 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization operate one or more thospital facilities? If "Yes," complete Schedule H 20a 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20b	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
 11 bid 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>omplete Schedule G, Part II</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
foreign organization? If "Yes," complete Schedule F, Parts II and IV 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? If "Yes," complete Schedule F, Parts III and IV 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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II 18 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20a			14b		X
 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 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</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	15				
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20b			15		X
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 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</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 19 Did the organization report more than \$15,000 of grants or other assistance to any domestic organization or 	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 18 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 17	47		16		X
 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	17		17		x
1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 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 1	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 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 19			18		x
complete Schedule G, Part III 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 0	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 20a			19		x
bIf "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?20b21Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a				x
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		х

232003 12-13-22

09140712 712177 71457

3 2022.04000 partnership for public se 71457__1

06-1540513 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	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>	28a		x
h	"Yes," complete Schedule L, Part IV	20a 28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V	
4	Enter the number reported in box 3 of Form 1096. Enter -0 , if not applicable $1a$ 249		Yes	No
-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a249Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C		1c	х	
23200/	(gambling) winnings to prize winners?			l (2022)
202002	4	. 0111		(_3_2)

09140712 712177 71457

^{2022.04000} PARTNERSHIP FOR PUBLIC SE 71457_1

Form	990 (2022) PARTNERSHIP FOR PUBLIC SERVICE, INC.		06-154051	3	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	231			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?	Ū		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons oi	aifts			
	were not tax deductible?		5	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices r	provided to the payor?	7a		х
				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
-	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	•		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?	,		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		х
	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 investmen	t incor	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	6			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)
	5					

09140712 712177 71457

⁵ 2022.04000 PARTNERSHIP FOR PUBLIC SE 71457_1

Form	990 (2022) PARTNERSHIP FOR PUBLIC SERVICE, INC.			06-15405		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rougł	1 7b belo	w, and for a	"No" r	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstructio	ns.			
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>				X
Sect	ion 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		21	-		
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		20	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any othe	r			
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervi	sion			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X
6	Did the organization have members or stockholders?				6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?				7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?				8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rev						
			,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such cha		s, affiliate	s,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	re filing tł	ne form?	11a		х
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	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es." a	lescribe				
	on Schedule O how this was done	,			12c	х	
13	Did the organization have a written whistleblower policy?				13	х	
14	Did the organization have a written document retention and destruction policy?				14	х	
15	Did the process for determining compensation of the following persons include a review and approval	by in	depende	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-					
а	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization				15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	/ith a				
	taxable entity during the year?				16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	•	•				
	exempt status with respect to such arrangements?				16b		
Sect	ion C. Disclosure				1.0.0		
17	List the states with which a copy of this Form 990 is required to be filed CA, MD, NY, VA						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990)-T (sectio	n 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	u 000	1 (0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o oniy)	avana	010
	X Own website Another's website X Upon request Other (explain	on Si	chodulo (าเ			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con				d finan	cial	
	statements available to the public during the tax year.			- poncy, and			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records	s			
	JEFF KMEN - 202-775-9111			-			
	600 14TH STREET NW, SUITE 600, WASHINGTON, DC 20005						
32006	12-13-22				Form	990	(2022)
	6						()
107	12 712177 71457 2022.04000 PARTNERS	IIP	FOR	PUBLI	C SE	71	457

091

___1

Form 990 (2022)	PARTNERSHIP FOR PUBLIC SERVICE, INC.	06-1540513 Page 7
Part VII Compensi	sation of Officers, Directors, Trustees, Key Employees, Highe	est Compensated
Employe	es, and Independent Contractors	
Check if Sc	hedule O contains a response or note to any line in this Part VII	
Section A. Officers, E	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.

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, box 6 of 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.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	id a d	irecto	r/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		n ploye	t com	_	1099-INEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MAX STIER	40.00		_		-		-			
PRESIDENT & CEO		х		х				633,807.	0.	13,320.
(2) JAMES CHRISTIAN BLOCKWOOD	40.00									
EXECUTIVE VICE PRESIDENT					х			293,018.	0.	22,974.
(3) TINA SUNG	40.00									
VP FEDERAL EXECUTIVE NETWORKS						Х		254,699.	0.	17,283.
(4) TIM MCMANUS	40.00									
CHIEF OPERATING OFFICER					Х			220,685.	0.	23,683.
(5) CHRISTINE M CARROLL	40.00									
SVP – DEVELOPMENT					х			215,292.	0.	26,383.
(6) LOREN DEJONGE SCHULMAN	40.00									
VP - RESEARCH & EVALUATION						X		202,665.	0.	24,707.
(7) SAMANTHA L DONALDSON	40.00									
VP - COMMUNICATIONS						X		201,398.	0.	15,207.
(8) MICHELLE AMANTE	40.00									
VP - FED WORKFORCE AND BUS						X		187,800.	0.	23,819.
(9) ANDREW MARSHALL	40.00									
VP - PUBLIC SERVICE LEADERSHIP INSTI						X		184,931.	0.	24,886.
(11) TOM BERNSTEIN	1.00									
BOARD CHAIRMAN		Х		Х				0.	0.	0.
(12) KARAN BHATIA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) DOUGLAS R. CONANT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JOEL FLEISHMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) NORA GARDNER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) W.SCOTT GOULD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) DAVID KAPPOS	1.00									
BOARD MEMBER		х						0.	0.	0.
(18) LESTER LYLES	1.00									
BOARD MEMBER		Х						٥.	٥.	0.
232007 12-13-22										Form 990 (2022)

232007 12-13-22

Form 990 (2022)

09140712 712177 71457

2022.04000 PARTNERSHIP FOR PUBLIC SE 71457__1

7

Form 990 (2022) PARTNERSHIP F	OR PUBLIC	SER	VIC	Е,	INC	.			06-1540	513		Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)	Τ	((F)	
Name and title	Average	(10	not c	Pos				Reportable	Reportable			mate	d
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation		amo	unt d	of
	week	offi	cer an	ıd a di	irecto	or/trus	tee)	from	from related		ot	ther	
	(list any	ector						the	organizations		compe	ensat	tion
	hours for	or dir	e			ted		organization	(W-2/1099-MISC/	1		n the	
	related	stee (trustee			pensa		(W-2/1099-MISC/	1099-NEC)		orgar		
	organizations below	al tru	onal t		loyee	li com		1099-NEC)			and I		
	line)	ndividual trustee or director	In stit utional t	Officer	ƙey employee	Highest compensated employee	Former				organ	izatio	วทร
(19) SHARON MARCIL	1.00	-	=	of	Å	도교	22			+			
BOARD MEMBER	1.00	x						0.		0.			0.
(20) DINA POWELL MCCORMICK	1.00	л				-		·.		<u>'</u> +			<u> </u>
BOARD MEMBER	1.00	x						0.		0.			0.
(21) JENNIFER MILLSTONE	1.00												
BOARD MEMBER	1.00	x						0.		0.			0.
(22) INDRA NOOYI	1.00	A						••		<u>'</u> +			<u> </u>
BOARD MEMBER	1.00	x						0.		0.			0
(23) SEAN O'KEEFE	1 00	^				-		0.		<u>'</u> +			0.
BOARD MEMBER	1.00	x						0.		0.			0
(24) STEVE PRESTON	1 00	^				-		0.		<u>'</u> +			0.
(24) STEVE PRESTON BOARD MEMBER	1.00	x						0.		0.			0.
(25) KEVIN SHEEKEY	1.00	^				-		0.		<u>'</u> +			
BOARD MEMBER	1.00	x						0.		0.			0.
(26) DAN TANGHERLINI	1.00	~			<u> </u>	-		0.		<u>'</u> +			
BOARD MEMBER	1.00	x						0.		0.			Ο.
(27) TONI TOWNES-WHITLEY	1.00	~			<u> </u>	-		0.		<u>'</u> +			
BOARD MEMBER	1.00	x						0.		0.			Ο.
								2,394,295.		0.	1	92 4	262.
1b Subtotal	Cootion A		•••••				•	2,354,253.		0.	1	, 2	0.
c Total from continuation sheets to Part VI								2,394,295.		0.	1	0.2	262.
d Total (add lines 1b and 1c)								, ,		J.	1	92,2	202.
2 Total number of individuals (including but n	ot limited to th	iose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				41
compensation from the organization												′es	41
										Г		es	No
3 Did the organization list any former officer,			•	•			Ŭ	• • •					v
line 1a? If "Yes," complete Schedule J for su										- H	3	_	<u>X</u>
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150										· F	4	x	
5 Did any person listed on line 1a receive or a					-			-					_
rendered to the organization? If "Yes," com	plete Schedule	e J f	or sı	ich r	bers	on .				.	5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest con										sati	on from	ו	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	rith c	or wi	thin T		ear.				
(A)	addraaa							(B) Description of s	onvisoo	<u> </u>	(C)	otion	•
Name and business								Description of s	ervices		ompens	alioi	<u> </u>
FAIR POINT, LLC, 2000 AVE OF THE STAN	,											<u> </u>	
3RD FL N TOWER, LOS ANGELES, CA 9006							-	CONSULTING			4	33,	355.
COAKLEY & WILLIAMS CONSTRUCTION, LLC											<u>_</u>	D 1	401
WISCONSIN AVE STE 900, BETHESDA, MD 2	20814						_	CONSULTING			2	/1,4	421.
ACTIVATE RESULTS													
13509 WISTERIA WAY, FAIRFAX, VA 22033	5						_	CONSULTING			1	40,	738.
THE OGILVY GROUP LLC								CONCULTION			1	27 1	515
200 5TH AVE, NEW YORK, NY 10010							-	CONSULTING			1	57,5	545.
CHRISTINE WILLIAMS	101							CONSULTING			1	36 -	3⊿1
1585 KESWICK PLACE, ANNAPOLIS, MD 214		ot liv	nite -	1+~ 1	the				are then		1	50,	341.
2 Total number of independent contractors (ir	•	ut IIr	IIITEC	1 (0 1		se lis 8	rea	abovej who received mo					
\$100,000 of compensation from the organiz SEE PART VII, SECTION A CONTINU SECTION A CONTINUE		TIS.				-				-	-orm 9 9	90 /	2022)
		- 5								F	0111 0		.022)
232008 12-13-22													

09140712 712177 71457

8 2022.04000 partnership for public se 71457_1

Form 990 PARTNERSHIP F				<u> </u>					06-15405	513
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (. ,	
(A) Name and title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(28) JIM VANDEHEI	1.00									
BOARD MEMBER (29) GEORGE W. WELLDE, JR.	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(30) NEAL WOLIN	1.00									
BOARD MEMBER		х						0.	0.	0.
						1				
Total to Part VII, Section A, line 1c										

232201 04-01-22

				UBLIC SERV	ICE,	INC.		06-154051	3 Page 9
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a response	se or note to a	any line			(2)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ត ស	1	а	Federated campaigns 1a						
ran		b	Membership dues 1b						
N G		с	Fundraising events 1c						
ar /		d	Related organizations 11						
is, C		е	Government grants (contributions) 1e						
tion sr S		f	All other contributions, gifts, grants, and						
ibu			similar amounts not included above 1f	10,176,	152.				
ontr D		-	Noncash contributions included in lines 1a-1f			40 454 450			
<u>a Č</u>		h	Total. Add lines 1a-1f			10,176,152.			
	_			Business (900099	Code	10 226 605	10 206 605		
ice	2		FEE FOR SERVICE SPONSORSHIP REVENUE	900099		10,326,695.	10,326,695.		2,628,485.
erv ue		b				2,628,485.			2,020,405.
m S ven		c d		_					
gra Re		e e		_					
Other Revenue Contributions, Gifts, Gran Revenue and Other Similar Amoun			All other program service revenue	_					
		g	Total. Add lines 2a-2f			12,955,180.			
	3		Investment income (including dividends, into						
۵			other similar amounts)			35,545.			35,545.
	4		Income from investment of tax-exempt bond	d proceeds	ļ				
	5		Royalties	<u></u>					
			(i) Real	(ii) Perso	onal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
	_		Net rental income or (loss)	o (ii) Oth					
	7	а	Gross amount from sales of assets other than inventory 7a 582,56	.,,					
		L	assets other than inventory 7a 582,56 Less: cost or other basis	••					
e		D	and sales expenses 7b 582,56	8.					
nuə		c		0.					
Miscellaneous Other Revenue Contributions, Gifts, Gran Nevenue 0 11 0 5 0 6 2 7 9 6 2 7 9 7 9 6 2 7 9 7 9 6 2			Net gain or (loss)		_	0.			
			Gross income from fundraising events (not						
			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
Other Revenue			Net income or (loss) from fundraising events	<u> </u>					
	9	а	Gross income from gaming activities. See						
Other R				9a					
				9b					
			Net income or (loss) from gaming activities						
	10	а	Gross sales of inventory, less returns						
		h	F	10a 10b					
			Net income or (loss) from sales of inventory		_				
_	-	<u> </u>		Business					
snc	11	а			-				
nec		b							
ella		c							
lisc B		d	All other revenue			24,838.	24,838.		
2			Total. Add lines 11a-11d			24,838.			
	12		Total revenue. See instructions			23,191,715.	10,351,533.	0.	2,664,030.
23200	9 12-	13-	22						Form 990 (2022

PARTNERSHIP FOR PUBLIC SERVICE, INC.

D.a. m.	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,468,395.	564,876.	441,600.	461,91
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,419,764.	8,946,209.	2,188,888.	284,66
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	387,866.	305,973.	67,487.	14,40
9	Other employee benefits	2,930,831.	2,142,968.	647,484.	140,37
0	Payroll taxes	996,775.	710,487.	227,438.	58,85
	Fees for services (nonemployees):				
а	Management				
	Legal	17,321.		17,321.	
	Accounting	51,700.		51,700.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	2,813,473.	2,420,417.	299,954.	93,10
	Advertising and promotion	113,870.	105,571.	8,299.	
	Office expenses	270,918.	50,678.	219,936.	30
	Information technology	434,770.	58,091.	376,679.	
	Royalties				
	Occupancy	1,338,225.		1,338,225.	
	Travel	276,353.	221,534.	46,701.	8,11
	Payments of travel or entertainment expenses	,	,	,	
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	1,251,615.	1,181,645.	69,167.	80
	Laterrat .	, , ,	, , ,	, -	
	Payments to affiliates				
	Depreciation, depletion, and amortization	28,145.		28,145.	
	Insurance	63,251.		63,251.	
	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 0.)	256,575.	5,708.	250,726.	14
	ASSESSMENTS	180,390.	180,390.		
~	SUBSCRIPTIONS	83,363.	14,562.	67,605.	1,19
Ŭ	EQUIPMENT AND FURNITURE	66,134.	17,302.	66,134.	1,19
		537,244.	4,954,605.	-4,748,740.	331,37
	All other expenses	24,986,978.	21,863,714.	1,728,000.	1,395,26
	Total functional expenses. Add lines 1 through 24e	24,200,270.	21,003,/14.	1,720,000.	1,393,20
	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

232010 12-13-22

09140712 712177 71457

11 2022.04000 PARTNERSHIP FOR PUBLIC SE 71457__1

Form 990 (2022)

		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	205,185.
	2	Savings and temporary cash investments	8,666,404.	2	6,535,278.		
	3				550,000.	3	1,556,961.
	4	Accounts receivable, net			4,297,322.	4	5,325,876.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Description of the second se			296,030.	9	305,758.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,619,009.			
	b	Less: accumulated depreciation		28,145.	65,334.	10c	2,590,864.
	11	Investments - publicly traded securities			16,418,936.	11	15,705,303.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	214,273.	15	12,831,978.		
	16	Total assets. Add lines 1 through 15 (must eq			30,508,299.	16	45,057,203.
	17	Accounts payable and accrued expenses	449,474.	17	757,344.		
	18	Grants payable		18			
	19	Deferred revenue			4,478,912.	19	6,781,188.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
lide		controlled entity or family member of any of the	ese perso	ons		22	
Ĕ	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate		Г		24	
	25	Other liabilities (including federal income tax, p		Г			
		parties, and other liabilities not included on line	es 17-24).	Complete Part X			
		of Schedule D			Ο.	25	16,434,073.
	26	Total liabilities. Add lines 17 through 25			4,928,386.	26	23,972,605.
		Organizations that follow FASB ASC 958, ch	eck here	X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			21,586,381.	27	17,690,539.
Bal	28	Net assets with donor restrictions			3,993,532.	28	3,394,059.
pu		Organizations that do not follow FASB ASC					
Fu		and complete lines 29 through 33.					
ç	29	Capital stock or trust principal, or current fund	s			29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ast	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	25,579,913.	32	21,084,598.
2	33	Total liabilities and net assets/fund balances			30,508,299.	33	45,057,203.

Form 990 (2022)

Form 990 (2022) P.
Part X Balance Sheet

Form	990 (2022) PARTNERSHIP FOR PUBLIC SERVICE, INC.	06-1540513	5	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,	191,	715.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,	986,	978.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	795,	263.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,	579,	913.
5	Net unrealized gains (losses) on investments	5	-2,	700,	052.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	21,	084,	598.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a 🛛			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(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. Attach to Form 990 or Form 990-EZ.

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

OM	B No. 1545-0047	
	2022	

Open to Public

mapeer	
identification	m maha

Part I Reason for Public Chartly Status, all organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convertion of churches, or association of hurches described in section 700b(17(A)R). A school described in section 700b(17(A)R). A school described in section 700b(17(A)R). A and organization operated in conjunction with a hospital described in section 170b(17(A)R). A modular research organization operated in conjunction with a hospital described in section 170b(17(A)R). A norganization operated in conjunction with a hospital described in section 170b(17(A)R). A norganization operated in conjunction with a lospital described organization described in section 170b(17(A)R). A norganization that normally realives a substantial part of its support from conjunction with a land grant college or university cannon and grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university cannois must that normally realives (1) more than 33 1/3% of its support from continutions, membership fees, and grass neeipts from annihand grant college of agriculture (see instructions). Enter the name, city, and state of the college or university cannois described in section 170b(17(A)R). An organization opanized and operated exclusively to test for public safely. See section 500(A)R. Check the box on lines 128 and grass mesints from annismation descontephose in a signification	Nam	e of t	-								
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) Image: A chool described in section 170(b)(1)(A)(i). A chool described in section 170(b)(1)(A)(ii). A chool described in section 170(b)(1)(A)(ii). A chool described in section 170(b)(1)(A)(iii). A regarization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). A regarization that normally receives a substantial part of its support fom a governmental unit of rom the general public described in section 170(b)(1)(A)(ii). (Complete Part II) B A community trust described in section 170(b)(1)(A)(i). (Complete Part II) B A community trust described in section 170(b)(1)(A)(i). (Complete Part II) B A a granization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from achives related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gones investment income and unrelated Duvines taxaable none (less section 504(i)(2). See section 504(i)(3). Chool the purposes of one or more publicly supported organization described in section 700(a)(3). See section 504(a)(3). Chool the constitution described in section 700(a)(3). See section 504(a)(3). Chool the box on lines 12 at thoogh 12 at the describes the vegalization spatial on dite sections of the organization for the supportin	D.									06-1540513	
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 heapital or a cooperative hospital service organization discribed 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)(iii). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X norganization othat formally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). 8 A community trust described in section 170(b)(1)(A)(V). Complete Part II.) 9 A argunization described in section 170(b)(1)(A)(V). Complete Part II.) 9 A argunization described in section 170(b)(1)(A)(V). Complete Part II.) 9 A argunization described in section 170(b)(1)(A)(V). Complete Part II.) 10 An organization described in section 170(b)(1)(A)(V). Complete Part II.) 11 An organization described in section 170(b)(1)(A)(V). Complete Part II.) 12 An organization described in section 170(b)(1)(A)(V). Complete Part II.) 13<	Ра	rtI	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.		
2 A school described in section 170(b) (1)A(UR). Attack School described in section 170(b) (1)A(UR). 3 A hospital or a cooperative hospital service organization described in section 170(b) (1)A(UR). Enter the hospital's name, city, and state. 10 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(UR). 11 An organization operated part (1) substantial part of its support from a governmental unit of rom the general public described in section 170(b) (1)A(UR). 12 An organization that normally receives a substantial part of its support from a governmental unit of rom the general public described in section 170(b) (1)A(UR). (Complete Part II) 13 A nagricultural research organization described in section 170(b) (1)A(UR). (Complete Part II) 14 An any distate of the section 170(b) (1)A(UR). (Complete Part II) 15 An any distation discribed in section 170(b) (1)A(UR). (Complete Part II) 16 An agricultural research organization described in section 170(b) (1)A(UR). (Complete Part II) 17 An organization substantian discribed end esclusively to the substantian any. and state of the college or university. 10 An organization organized and operated exclusively to the substantian and. Control and 31.75% of the support from goss investment income and unrelated busines taxable income (less section 510(VR).) 11 An organization organized an	The	organ	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
3 A nogital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state; 5 An organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state; 7 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.) 8 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) 9 A anginultral research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agrinultral research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agrinultral research organization described in section 170(b)(1)(A)(v). Complete Part II.) 9 An agrinultral research organization describes in subject to craftal exceptions, and 1) on more than 31 /356 of its support from contributions, membership fees, and gross receipts from activities relate to its swapte income (ses 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)(3). Check the box on lines 52 through 120 that describes the type of supporting organization and completed part is support or gordination operated. Supported organization supported organization supported organization is toprotein 509(a)(3). Check the box on lines 52 through 120 that des	1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: 5 A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) 6 A feed, state, or local government of governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) 7 A norganization 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)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 A norganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its everpt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 509(a)(2). Complete Part II.) 11 An organization organization operated exclusively to the the public safety. See section 509(a)(3). Check the box on lines 12 shrouph 12 dhat describes the type of supporting organization activates of the supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization sperived in controlled by its supported organization(s), typically by giving the supported organization sperived in controlled in connection with its supported organization(s) the prove to regularity apport or perived in the secones of the supporting organization (1) or ganolegianti	2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)					
 city, and state: city, and and and and and and and and and and	3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
6 An organization operated for the benefit of a colege or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 7 Maderal, state, or local governmental unit described in section 170(b)(1)(A)(v). 7 Maderal, state, or local governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). Gomplete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). Gomplete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). Gomplete Part II.) 9 An agricultural research organization described in section 511 tay from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organization departed exclusively to test for public safety. See section 509(a)(2). Correct the secon on illines 124 tarb (and 120). 11 An organization organization departed exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization organization supervised on controlled perform the functions (b) (b) (A)(A). 12 An organization organization supervised on cortrolled by its supported or	4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
 section 170(b)(1)(A)(iv). (Complete Part II.) A hederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A comparization 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)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A nagricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) A nagricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its evenpt frunctions allocit or early out the organization and subject to carral exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and paratel exclusively to test for public safety. See section 509(A)(2). Check the bury of an organization organization organization organization organization organization organization supporting organization supporting organizations (3) the purposes of one or more publicly supported organizations (3) pervised or controlled by its supported organizations (3) the supporting organization supporting organization supporting organization supporting organization supporting organization supporting organization and prevised exclusively or test organization. Type I. A supporting organization supervised or controlled in connection with its supported organization supporting organization apparted. Supporting organization supported organization(3), by having control or manage the supporting organization supporting organization supported organization (4), by point or test an an approved organization supporting orga			city, and state:								
e A federal, state, or local governmental unit described in section 170(b) (1(A)(v). 7 X 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)(v). (Complete Part II.) 8 A community trust described in section 170(b) (1(A)(v). Complete Part II.) 9 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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 organization devices desclusively for the benefit of (1) perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization acquiration degranization (3). Supported organization (3) and carry out the purposes of one or more publicly supported organization (3) the power to regularity appoint or elect a majority of the directors or trustees of the supporting organization equated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (3) the part of 2). Supporting organization setsed in the same persons that control or manage the supported organization (3) the part 10. Sections A and C. b Type II. A supporting organization spervised or controlled in connection with its supported organizat	5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
 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)(v). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) An organization tradescribed in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from contributions of, not corry out the purposes of one or more publicly supported organization described in described in section 590(4)(0). An organization organized and operated exclusively for the benefit of, to perform the functions of, not corry out the purposes of one or more publicly supported organization secretion 590(4)(0). Sees escions 590(4)(0). Sees escions 590(4)(0). See sections 590(4)(0).			section 170(b)(1)(A)(iv). (C	Complete Part II.)							
section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An argunization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxabile income (ess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organization doperated exclusively to test for public safety. See section 509(a)(4). 12 An organization organization described in section 509(a)(1) or section 509(a)(2). Check the box on lines 12 a through 12d that describes the type of supporting organization and complete lines 12e, 124, and 12g. a Type I.A supporting organization operated, supervised, or controlled by its supported organization(3), typically by giving the supported organization(3) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled by its supported organization(3), by having control or management of the supporting organization operated in connection with its supported organization(6), by having control or management of the supporting organization operated. A supporting organization operated in connection with its supported organization(5) that is not functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its is supported organization(6). Type III non-functionally integrated. A supporting organization operated in	6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university or anon-inad-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or anon-inad-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to tis exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% 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.) An organization organized and operated exclusively to test for public supported organization described in section 509(a)(1) o section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 1/2 that describes the type of supporting organization and complete lines 12e, 12t, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization supervised or controlled in connection with its supported organization(s). Type III As upporting organization vested in the same persons that control or manage the supporting organization (N). Supporting organization operated in connection with its supported organization(s) the organization (N). Supporting organization operated in connection with its supported organization(s) the arguing and the supporting organization operated in connection with its supported organization(s) that is supported organization(s). Type III functionally integrated. A supporting organization operated in connection with its support	7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in	
9 An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university: 10 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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 organization adoperated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box on lines 12 tartrough 12 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, for unst complete Part IV, Sections A and B. b Type I. A supporting organization septer in supervised, or controlled by its supported organization(s), typically by giving organization (sections 4 and 2.) c Type II. A supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and C. c Type II functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported orga			section 170(b)(1)(A)(vi). (C	omplete Part II.)							
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:	8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
university:	9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
10 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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)(2). 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 organization described in 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 supporting organization supervised or controlled in connection with its supported organization(s). Type III, supporting organization supervised or controlled in connection with its supported organization(s). Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) to must complete Part IV, Sections A and B, and Part V. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) to unust complete Part IV, Sections A and D, and Part V. e Check this box if			pairzation is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 770(b)(1)(A)(I). A school described in section 770(b)(1)(A)(I). (Attach Schedule E (Form 90).) A hospital or a cooperative hospital service organization described in section 770(b)(1)(A)(III). A medical research organization operated in conjunction with a hospital described in section 770(b)(1)(A)(III). A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 770(b)(1)(A)(V). 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)(V). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). A norganization 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)(V). A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from grass investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization (stop) support for operated exclusively for the selfort 50(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that des								
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% 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 to test for public safety. See section 509(a)(2). 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 organizations), typically by giving the supported organization operated, supervised, or controlled by its supported organizations), typically by giving the supported organization supervised or controlled in connection with its supported organizations) the power to regularization weeken the supported organization supervised or controlled in connection with its supported organizations). You must complete Part IV, Sections A and C. c Type II functionally integrated. A supporting organization operated in connection with, its supported organizations). You must complete Part IV, Sections A and C. c Type III non-functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization supervised or controlled in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) the set instructions. You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization every every prepuble Part IV, Sections A and D, and Part V. g Provide the following information above the supported organization approxing organization supervised or organization (with and the stime term institution section support			university:								
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.) 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 supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and B. b D Type II 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 C Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization operated function requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated. The organization operated in connection with its support (see instructions) we have a supported organizations g Provide the following information about the suppo	10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
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 completel ines 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 supervised, or controlled in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and B. b Type II. A supporting organization organization organization organization organization organization (s) (see instructions). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization organization requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated. The organization organization(s). g Provide the following information about the supported organization (if) the organization (see instructions). <td></td> <td></td> <td>activities related to its exem</td> <td>npt functions, subjec</td> <td>t to certain exceptions; a</td> <td>and (2) no</td> <td>more than</td> <td>33 1/3% of it</td> <td>s support fi</td> <td>rom gross investment</td>			activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment	
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively to 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 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) (see instructions). You must complete Part IV, Sections A and C. c Type II 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 and C. d Type II non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) 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. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type II functionally integrated organization(s).			income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.	
12 An organization organization 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 supervised, or controlled by its supported organization(s), typically by giving organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled by its supported organization(s), by having control or management of the supporting organization vested in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not 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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integ			See section 509(a)(2). (Cor	mplete Part III.)							
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 apoint or elect a majority of the directors or trustees of the 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) is easier in the organization operated in connection with its supported organization(s) that is not 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. e Check this box if the organization received armination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations (ii) Type of organization(s). f Provide the following information about the supported organization(s). f Provide the following information about the supported organization(s). f Provide the following information about the supported organization(s). f Provide the following information about the supported organization(s). f Provide the following information about the supported organization(s). f Provide the following information about the supported organizat	11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
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 support of 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 operated in connection with, and functionally integrated with, its 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. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s). d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s). Type III non-functionally integrated. The organization from the IRS that it is a Type I, Type II, Type III functionally integrated organizations g Provide the following information about the supported or	12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or	
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 operated 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 (see instructions). You must complete Part IV, Sections A and 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. e Check this box if the organization received a written determination from the IBS that it is a Type II, Type III functionally integrated, or Type III on-functionally integrated organizations. g Provide the following information about the supported organization [ii) Site organization [iii) Site organization [iii) Site organization [iii) Site organization [iii] Site organization [iiii] Site organiz			more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	5 09(a)(2) .	See section	509(a)(3). 🤇	Check the box on	
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 operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). 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. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization organization requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated organization(s). g Provide the following information about the supported organization (ii) The organization term of support organization (iii) Type of organization (iii) above (see instructions) g Provide the following information about the support organization (iii) Type of organization (iii) Type of organizat			lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.		
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 non-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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated organizations. f Enter the number of supported organizations g Provide the following information about the supported organization(s). f Enter the number of supported (ii) EIN (iii) Type of organization(s). f Enter the number of supported (iii) Type of organization(s). f U Amount of monetary support (see instructions). f Enter the number of supported (iii) Type of organization with its entities in the support (see instructions). f U Amount of monetary support (see instruction	а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving	
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. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. No 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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations [10] Type of organization [10] Type of organization [10] is the erganization[10] [10] Amount of monetary organization [10] Amount of other support (see instructions) i) (Name of supported (ii) ElN [10] Type of organization [10] [10] [10] [10] [10] [10] [10] [10]			the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	f the direc	tors or truste	es of the su	ipporting	
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. 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. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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) (ii) EIN (iii) Type or organization (iii) EIN (iii) Type organization integrated organization support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of conteary (vi) above (see instructions)) (vi) EIN (vi			organization. You must c	complete Part IV, Se	ections A and B.						
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. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s). Type III non-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. e Check this box if the organization received a written determination from the IRS that it is a Type I, 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 (ii) EIN (ii) Find (iii) Find (iiii) Find (iii) Find (iii) Find (iii) Find (b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving	
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organizations). 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. 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 (%) (ii) Name of supported (iii) EIN (iii) Type of organization (%) (v) Amount of monetary support (see instructions) g Provide the following information about the supported organization (%) (iii) Name of supported (iii) EIN (iii) Type of organization (%) Very S above (see instructions) Yes very support (see instructions) upport (see instructions) (v) Amount of monetary organization (vi) Amount of monetary support (see instructions) upport (see instructions) upport (see instructions)			control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
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. e Check this box if the organization received a written determination from the IRS that it is a Type I, 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 (ii) EIN (iii) Type of organization (iv) Is the organization listed organization (iv) Amount of other support (see instructions) (v) Amount of monetary support (see instructions) (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of monetary (vi) Amount of monetary (vi) Amount of other support (see instructions) (vi) Amount of monetary (v			organization(s). You mus	t complete Part IV,	Sections A and C.						
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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, 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 (iii) EIN (iii) Type of organization (described on lines 1-10) above (see instructions)) (v) Amount of monetary support (see instructions) vip organization (v) Amount of comparization (described on lines 1-10) above (see instructions)) (v) Amount of monetary support (see instructions) g Provide the following information about the supported organization (described on lines 1-10) above (see instructions)) (v) Amount of monetary support (see instructions) g Image:	С		 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 								
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. 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 organization about the supported organization (finite the support of organization) (finite the following information about the supported organization (described on lines 1-10 above (see instructions)) Yes No support (see instructions) (vi) Amount of other support (see instructions) above (see instructions)) Yes No support (see instructions) (see inst			its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.			
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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 (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Amount of monetary support (see instructions) (v) Amount of monetary support (see instructions) (vi) Amount of ther support (see instructions) (vi) A	d		 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 								
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 (ii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) iii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) iii) Organization Iii) EIN (iii) EIN (iii) EIN (vi) Amount of other support (see instructions) iii) Organization Iiii) EIN (iii) EIN (vi) Amount of other support (see instructions) (vi) Amount of other support (see instructions) iiii) Organization Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness	
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 (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) Yes No (v) Amount of monetary support (see instructions) support (see instructions) (v) Amount of monetary (v) Amount of mo				,	•						
f Enter the number of supported organizations	е							Туре I, Туре	II, Type III		
g Provide the following information about the supported organization (i) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1-10) above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other support 0 organization (iii) EIN (iii) EIN (iii) Type of organization (described on lines 1-10) above (see instructions) (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) Yes No No Image: Support (see instructions) Support (see instructions) Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image: Support (see instructions) Image			• •		nally integrated supportion	ng organiz	ation.			[]	
(i) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1.10 above (see instructions)) (iv) Amount of monetary support (see instructions) (v) Amount of other support (see instructions) Yes No				0							
Impurgivering document? (r) Function of second of the se	g					(iv) Is the orga	inization listed	(v) Amount of	fmonetary	(vi) Amount of other	
above (see instructions)) Tes No Advance Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: See instructions) Image: S		,	,	() =	(described on lines 1-10				-		
Image: Sector of the sector			-		above (see instructions))	165			· ·		
Image: Constraint of the second se											
Image: Sector of the sector											
Total Image: Constraint of the second seco											
Image: Constraint of the second sec											
Total											
Total											
Total											
	Tota	1									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,844,179.	6,988,972.	13,678,000.	7,217,178.	10,176,152.	45,904,481.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7,844,179.	6,988,972.	13,678,000.	7,217,178.	10,176,152.	45,904,481.
	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)						11,715,574.
6	Public support. Subtract line 5 from line 4.						34,188,907.
	tion B. Total Support						-/-//
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	7,844,179.	6,988,972.	13,678,000.	7,217,178.	10,176,152.	45,904,481.
	Gross income from interest,	, , , -	, , -	, , .	, , ,	, , , -	, , -
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,109,198.	22,383.	145,476.	208,625.	35,545.	1,521,227.
٩	Net income from unrelated business	_,,	,•	,		,	-,,
5	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	24,701.	37,397.	67,898.	182,688.	24,838.	337,522.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10		57,557,	0,,050.	101,000.	21,000.	47,763,230.
	Gross receipts from related activities,		200			12	55,956,175.
	First 5 years. If the Form 990 is for th	•	,				
13	organization, check this box and stor						
Sec	tion C. Computation of Publi						
	Public support percentage for 2022 (I		-	olumn (f))		14	71.58 %
	Public support percentage from 2022 (i					14 15	74.98 %
	33 1/3% support test - 2022. If the c						- 70
104	stop here. The organization qualifies						v
h	33 1/3% support test - 2021. If the o		•			or more check thi	·····
N.		-					
47-	and stop here. The organization qual					ad line 14 is 100/ 4	
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		-	
	meets the facts-and-circumstances te	•	•		•	To and line 1E is t	
b	10% -facts-and-circumstances test	0					10% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	IT UIU NOL CHECK A		a, 100, 17a, or 17b	, check this box a		(Form 990) 2022

Schedule A (Form 990) 2022

232022 12-09-22

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgar	nization,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2022 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2021					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						line 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
232023 12-09-22					Scheo	dule A (Form 990) 2022
		16				

2022.04000 PARTNERSHIP FOR PUBLIC SE 71457__1

1

2

3a

3b

3c

4a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

232024 12-09-22

09140712 712177 71457

4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

17

Schedule A (Form 990) 2022	
----------------------------	--

PARTNERSHIP FOR PUBLIC SERVICE, INC.

06-1540513 Page 5

Yes No

1

2

		Yes	No
Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		1

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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	
2	Did the organization operate for the benefit of any supported organization other than the supported	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

<u>supervised, or controlled the supporting organization.</u> Section C. Type II Supporting Organizations

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

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			
	supported organizations played in this regard	3		

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	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- 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.
- 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.*

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

232025 12-09-22

18

Schedule A (Form 990) 2022

PARTNERSHIP FOR PUBLIC SERVICE, INC.

	dule A (Form 990) 2022 PARTNERSHIP FOR PUBLIC SERVICE, I			06-1540513 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mus	t 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		
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		
ect	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		
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		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-	Check have if the surrent year is the executivation's first as a pap functions			aniantian (ana

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

Schedule A (Form 990) 2022

232026 12-09-22

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022	PARTNERSHIP FOR	PUBLIC SERVICE	INC.		06-1540513	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a, 6 lines 2 and 3; Part IV, S	6, 9a, 9b, 9c, 11a, 11 ection E, lines 1c, 2	b, and 11c; Part IV, Sec a, 2b, 3a, and 3b; Part V	tion B, lines 1 and ', line 1; Part V, Se	ction B, line 1e; Part	n C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section I	E, lines 2, 5, and 6. A	Also complete this part f	or any additional ir	nformation.	
232028 12-09-2	2				S	chedule A (Form §	990) 2022

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	PARTNERSHIP FOR PUBLIC SERVICE, INC.	06-1540513
Organization type (chee	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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

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

Schedule B (Form 990) (2022)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$1,407,260.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$1,200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$1,059,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		Total contributions	Type of contribution Person X Payroll
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
<u>No.</u> <u>4</u> (a)	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
<u> </u>	Name, address, and ZIP + 4	Total contributions \$ 1,025,000. (c) Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution X Person X Payroll Image: Complete Part II for noncash (d) Type of contribution Person X Payroll Image: Complete Part II for
<u>4</u> (a) No. 5	Name, address, and ZIP + 4	Contributions \$ 1,025,000. (c) Total contributions \$ 791,666.	Type of contribution Person X Payroll Image: Contribution Noncash Image: Contribution (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Xoncash Image: Complete Part II for noncash contributions.)
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4	Contributions \$ 1,025,000. (c) Total contributions \$ 791,666. (c)	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Noncash Image: Complete Part II for noncash contributions.) X Payroll Image: Complete Part II for noncash contributions.) (d) (d) Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2022)

PARTNERSHIP FOR PUBLIC SERVICE, INC.

Name of organization

Part I

06-1540513

Employer identification number

2022.04000 PARTNERSHIP FOR PUBLIC SE 71457_1

24

09140712 712177 71457

Schedule E	(Form	990)	(2022)
------------	-------	------	--------

Name of organization

S

Page **2**

Employer identification number

PARTNERSHIP FOR PUBLIC SERVICE, INC.

06-1540513

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) ype of contribution
7		\$655,000. P N (Cor	Person X Payroll loncash mplete Part II for cash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) ype of contribution
8		\$650,000. P N (Cor	Person X Payroll I Ioncash I nplete Part II for cash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) ype of contribution
9		\$500,000 (Cor	Person X Payroll I Ioncash I nplete Part II for cash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) ype of contribution
		\$450,000. P N (Cor	Person X Payroll I Ioncash I nplete Part II for cash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) ype of contribution
		\$\$ \$ (Cor	Person X Payroll I Ioncash I nplete Part II for cash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) ype of contribution
		\$	Person Payroll Ioncash nplete Part II for cash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		\$	1

26

09140712 712177 71457

Schedule B (Form 990) (2022)

Employer identification number

Schedule B (Form 990) (2022)

Name of organization

ame of organiza	ation		Employer identification numb
RTNERSHIP !	FOR PUBLIC SERVICE, INC.		06-1540513
art III Exclu from comp	usively religious, charitable, etc., contribution any one contributor. Complete columns (a) t	hrough (e) and the following line entr aritable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye y. For organizations ess for the year. (Enter this info. once.) \$
) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	[
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
) No.			
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	[
	Transferee's name, address, and		Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and		Relationship of transferor to transferee
i) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	(e) Transf Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

09140712 712177 71457

27 2022.04000 partnership for public se 71457_1

SCHEDULE C	Pc	litical Campaign a	and Lobbying	g Activities		OMB No. 1545-0047
(Form 990)	2002					2022
		anizations Exempt From Income				LULL
Department of the Treasury Internal Revenue Service	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Open to Pu Go to www.irs.gov/Form990 for instructions and the latest information. Inspection					
		•			ian Activi	-
-		Form 990, Part IV, line 3, or Fou plete Parts I-A and B. Do not com		e 46 (Political Campa	Ign Activi	ties), then
	-	11(c)(3)) organizations: Complete F	•	Do not complete Part I	-R	
 Section 501(c) (other Section 527 organization 			and the below.	Do not complete i art i	-D.	
•	•	Form 990, Part IV, line 4, or Fo	m 990-EZ, Part VI, lir	ne 47 (Lobbving Activi	ties), the	n
-		nave filed Form 5768 (election und			-	
 Section 501(c)(3) org 	- ganizations that h	nave NOT filed Form 5768 (electio	n under section 501(h)): Complete Part II-B. [Do not cor	nplete Part II-A.
If the organization ans	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate ir	nstructions) or Form 9	990-EZ, P	art V, line 35c (Proxy
Tax) (See separate inst						
), or (6) organizat	ions: Complete Part III.		Г –		
Name of organization				E		identification number
Part I-A Compl		P FOR PUBLIC SERVICE, INC anization is exempt unde		r is a soction 527		06-1540513
	ete il tile org	anization is exempt unde			organi	
 Duoviale e deserviciti 						
		ation's direct and indirect politica			¢	
2 Political campaign3 Volunteer hours for	, ,					
	political campai					
Part I-B Compl	ete if the org	anization is exempt unde	r section 501(c)(3	3).		
1 Enter the amount o	of any excise tax	incurred by the organization unde	r section 4955		\$	
2 Enter the amount o	of any excise tax	incurred by organization manager	s under section 4955		\$	
3 If the organization i	incurred a section	n 4955 tax, did it file Form 4720 f	or this year?			Yes No
4a Was a correction m	nade?					Yes No
b If "Yes," describe in			501 (a)			
		anization is exempt unde		-		
		by the filing organization for sect			\$	
		ization's funds contributed to oth	•		۴	
exempt function ac		. Add lines 1 and 2. Enter here an			\$	
•	•				\$	
		1120-POL for this year?				Yes No
		ployer identification number (EIN				
		tion listed, enter the amount paid				
contributions receiv	ved that were pro	omptly and directly delivered to a	separate political orga	nization, such as a sep	arate seg	regated fund or a
political action com	nmittee (PAC). If a	additional space is needed, provid	le information in Part I	V.		
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid fro		e) Amount of political
				filing organization funds. If none, enter	-	tributions received and promptly and directly
				iunus. In none, enter		elivered to a separate
					F	political organization.
						If none, enter -0
For Doporwork Poduct	ion Act Notice	soo the Instructions for Form O	0 or 990 E7		Sabar	dulo C (Earm 000) 2022

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

Schedule C (Form 990) 2022

232041 11-08-22

		FOR PUBLIC SERVICE,			L540513 Page 2
Part II-A Complete if the orga	anization is	exempt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).					
A Check if the filing organizati	ion belongs to	an affiliated group (and list ir	n Part IV each affiliated g	group member's nam	ne, address, EIN,
expenses, and share	of excess lobb	ying expenditures).			
B Check if the filing organizati	ion checked bo	x A and "limited control" pro	ovisions apply.		
		Evenenditure		(a) Filing	(b) Affiliated group
	s on Lobbying itures" means	amounts paid or incurred.		organization's	totals
(110 term expend			1	totals	
1a Total lobbying expenditures to influe	ence public opi	nion (grassroots lobbying)			
b Total lobbying expenditures to influe	ence a legislativ	ve body (direct lobbying)			
c Total lobbying expenditures (add lin	es 1a and 1b)				
d Other exempt purpose expenditures	s				
e Total exempt purpose expenditures	(add lines 1c a	nd 1d)			
f Lobbying nontaxable amount. Enter	the amount fro	om the following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is: T	ne lobbying nontaxable am	ount is:		
Not over \$500,000	20	0% of the amount on line 1e.			
Over \$500,000 but not over \$1,000,	000 \$	100,000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$ [.]	175,000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	00,000 \$2	225,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$	1,000,000.			
g Grassroots nontaxable amount (ente	er 25% of line 1	f)			
h Subtract line 1g from line 1a. If zero	or less, enter -	D			
i Subtract line 1f from line 1c. If zero	or less, enter -0)-			
j If there is an amount other than zero	o on either line	1h or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y	ear?				Yes No
		ar Averaging Period Under			
(Some organizations the		tion 501(h) election do not	•	f the five columns b	elow.
		separate instructions for li	<u> </u>		
	Lobbying	Expenditures During 4-Yea	ar Averaging Period		
Calendar year	(-) 2010	(1-) 2020	(-) 2021		(a) Total
(or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					_
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					
Tabal lable is a surray diture.					
c Total lobbying expenditures					
d Grassroots nontaxable amount					_
e Grassroots ceiling amount					
(150% of line 2d, column (e))					-
f Grassroots lobbying expenditures				0-1	 ulo C (Earm 000) 202(

Schedule C (Form 990) 2022

232042 11-08-22

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?		x		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			9,671.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		X		
	Total. Add lines 1c through 1i				9,671.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504(-)(P	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).			N	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion	
Fai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 ie
	answered "Yes."		(b) Farti	II-A, IIIC	5, 15
_					
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	ai			
-	expenses for which the section 527(f) tax was paid).		0.0		
	Current year				
	Carryover from last year				
-	Total				
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	ontical			
F	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		4		
5 Par	t IV Supplemental Information	<u></u>	5		
		liat), Dart II	A lines 1 a		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list), Part II	-A, III es i a	10 2 (See	
	Jotions); and Part II-B, line 1. Also, complete this part for any additional information. 1 II-B, LINE 1, LOBBYING ACTIVITIES:				
тне	PARTNERSHIP ADVOCATES FOR REFORMS TO FEDERAL LAWS AND PROCESSES IN				
ORDE	R TO MAKE THE FEDERAL GOVERNMENT OPERATE MORE SUCCESSFULLY. IN				
2022	, THE PARTNERSHIP WORKED WITH LAWMAKERS ON LEGISLATION TO IMPROVE				
THE	PUBLIC'S ABILITY TO OFFER FEEDBACK ON GOVERNMENT SERVICES, PROVIDE				
ADDI	TIONAL RESOURCES FOR PRESIDENTIAL TRANSITIONS AND MODERNIZE				

232043 11-08-22

Schedule C (Form 990) 2022

Part IV Supplemental Information (continued)

GOVERNMENT'S HUMAN RESOURCES DATABASE. THIS WORK INVOLVED MEETING WITH

CONGRESSIONAL STAFF MEMBERS, SUGGESTING LEGISLATIVE LANGUAGE AND

ENCOURAGING LAWMAKERS TO ACT ON LEGISLATION.

Schedule C (Form 990) 2022

232044 11-08-22

					OMB No. 1545-0047	
SC	SCHEDULE D Supplemental Financial Statements					
(Forn	Form 990) 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.					
	partment of the Treasury Attach to Form 990.					
	I Revenue Service e of the organization	Employ	Inspection er identification number			
	-	PARTNERSHIP FOR PUBLIC SERV			06-1540513	
Par		-	d Funds or Other Similar Funds or Ac	counts.	Complete if the	
	organization	n answered "Yes" on Form 990, Part IV, lin		(b) Funde a	and other accounts	
1	Total number at en	nd of year		b) Funds a		
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	Did the organizatio	on inform all donors and donor advisors in	writing that the assets held in donor advised func	ds		
			exclusive legal control?		Yes No	
6			dvisors in writing that grant funds can be used o			
			r donor advisor, or for any other purpose conferri	°		
Par			ganization answered "Yes" on Form 990, Part IV,		Yes No	
1		servation easements held by the organization				
•		of land for public use (for example, recrea		prically imp	ortant land area	
		f natural habitat	Preservation of a certi			
	Preservation	of open space				
2	•	.	fied conservation contribution in the form of a co	nservation	easement on the last	
	day of the tax year			Hel	d at the End of the Tax Year	
а				2a		
b	v			2b		
C			ucture included in (a)	2c		
d		vation easements included in (c) acquired a isted in the National Register	arter July 25,2006, and not on a	2d		
3			eased, extinguished, or terminated by the organi		ng the tax	
•	year			Lation dam		
4	Number of states v	where property subject to conservation eas	sement is located			
5	Does the organizat	tion have a written policy regarding the per	riodic monitoring, inspection, handling of			
	violations, and enfo	orcement of the conservation easements it	t holds?		Yes No	
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n easemer	nts during the year	
7	Amount of expense	 es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation eas	sements du	uring the year	
_				(1)		
8			e satisfy the requirements of section 170(h)(4)(B)		Yes No	
9	and section 170(h)		on easements in its revenue and expense statem		Yes No	
5		•	note to the organization's financial statements that		s the	
		ounting for conservation easements.	5			
Par	t III Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Other S	imilar As	ssets.	
	Complete if	the organization answered "Yes" on Form	1 990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sheet	works	
			olic exhibition, education, or research in furtheran	nce of publi	ic	
			ncial statements that describes these items.			
b			8, to report in its revenue statement and balance			
		ures, or other similar assets held for public ng amounts relating to these items:	exhibition, education, or research in furtherance	Sol public s	SET VICE,	
	-			\$		
2	.,		asures, or other similar assets for financial gain, p	orovide		
		unts required to be reported under FASB A				
а	Revenue included	on Form 990, Part VIII, line 1		\$		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.	Sch	edule D (Form 990) 2022	

232051 09-01-22

32						
2022.04000	PARTNERSHIP	FOR	PUBLIC	SE	71457_	_1

Sche		P FOR PUBLIC SER				06-154		Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or Othe	er Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	following that make s	significant u	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, historical treas	sures, or other simila	r assets				
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes" or	n Form 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contribution	s or other assets not	included				
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				1f		_		_
2a	Did the organization include an amount on F	orm 990, Part X, line :	21, for escrow or cu	ustodial account liabi	ility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.						<u></u>		
Par	t V Endowment Funds. Complete					<u> </u>	() =		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y				
1a	Beginning of year balance	15,995,047.	13,679,855.	14,681,959.	14,6	77,916.	14	,677,	916.
b	Contributions								
С	Net investment earnings, gains, and losses	-638,762.	2,930,444.	2,114,679.		4,043.			
d	Grants or scholarships								
е	Other expenditures for facilities		<i></i>						
	and programs		615,252.	3,116,783.					
f	Administrative expenses	45.056.005	45 005 045	40.000.000				6	04.6
g	End of year balance			13,679,855.	14,6	81,959.	14	,677,	916.
2	Provide the estimated percentage of the cur)) held as:					
a	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
с		%							
•	The percentages on lines 2a, 2b, and 2c sho								
за	Are there endowment funds not in the posse	ession of the organization	tion that are held ar	nd administered for t	ne			Yes	No
	organization by:						2=(1)	165	X
	(i) Unrelated organizations						3a(i)		X
h	(ii) Related organizations						3a(ii) 3b		
4	Describe in Part XIII the intended uses of the						30		
Par	t VI Land, Buildings, and Equipm		wittent fullus.						
	Complete if the organization answere		. Part IV. line 11a. S	ee Form 990. Part X	. line 10.				
	Description of property	(a) Cost or of				be	(d) Boo	k valu	
	Description of property	basis (investm			epreciation		(4) 500	n valu	0
1a	Land	· · · · ·	,						
	Buildings								
	Leasehold improvements		2	,609,009.	28,	145.	2	,580,	864.
	Equipment			10,000.	,				000.
	Other			·				,	
	. Add lines 1a through 1e. (Column (d) must e		X column (R) line 1	0c)			2	,590,	864.
				• • • · ·		Calcadula			

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEPOSITS	214,273.
(2) RIGHT OF USE ASSET	12,617,705.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	12,831,978.
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)	OPERATING LEASE LIABILITY	16,434,073.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	16,434,073.

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 ... X

Schedule D (Form 990) 2022

232053 09-01-22

Schedule D (Form 990) 2022 PARTNERSHIP FOR PUBLIC SERVICE, INC Part XI Reconciliation of Revenue per Audited Financial State		Povenue per Pe	06-154	10513 Page 4
		nevenue per ne	um.	
Complete if the organization answered "Yes" on Form 990, Part IV, line			1	20,544,295.
 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 				20,511,255.
	2a	-2,700,052.		
		52,632.		
 b Donated services and use of facilities c Decouvering of prior year areate 		52,052.		
c Recoveries of prior year grants				
 d Other (Describe in Part XIII.) e Add lines 2a through 2d 			2e	-2,647,420.
 e Add lines 2a through 2d 3 Subtract line 2e from line 1 			3	23,191,715.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
 a Investment expenses not included on Form 990, Part VIII, line 7b 	4a			
b Other (Describe in Part XIII.)				
· · · · · · · · · · · · · · · · · · ·			4c	0.
 c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) 			5	23,191,715.
Part XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F		,,
Complete if the organization answered "Yes" on Form 990, Part IV, line				
			1	25,039,610.
 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 				,,
 a Donated services and use of facilities 	2a	52,632.		
 b Prior year adjustments 		1		
c Other losses				
d Other (Describe in Part XIII.)	······			
e Add lines 2a through 2d			2e	52,632.
3 Subtract line 2e from line 1			3	24,986,978.
 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 				, , , -
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.			5	24,986,978.
Part XIII Supplemental Information.	,		<u> </u>	, ,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART V, LINE 4: ENDOWMENT FUNDS REPORTED IN PART V REPRESENT BOARD-DESIGNATED		ation.		
HAVE BEEN PLACED IN A RESERVE FUND. THE OBJECTIVE OF THIS RESE	RVE FUND IS			
TO PROVIDE FOR LONG-TERM FINANCIAL STABILITY OF THE PARTNERSHI	P'S CORE			
MISSION.				
PART X, LINE 2:				
THE PARTNERSHIP ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH T	ΉE			
ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC INCOME TAXES. T	HESE			
PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR	UNCERTAINTY			

35

IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND

PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND

232054 09-01-22

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 PARTNERSHIP FOR PUBLIC SERVICE, INC.	06-1540513	Page
Part XIII Supplemental Information (continued)		
DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX		
RETURN. THE PARTNERSHIP PERFORMED AN EVALUATION OF UNCERTAIN TAX		
POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, AND DETERMINED		
THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL		
STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. AS OF		
DECEMBER 31, 2022, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2019 THROUGH		
2021 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION AND THE VARIOUS		
STATES AND LOCAL JURISDICTIONS IN WHICH THE PARTNERSHIP FILES RETURNS. IT		
IS THE PARTNERSHIP'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED		
TO UNCERTAIN TAX POSITIONS, IF ANY, IN UNRELATED BUSINESS INCOME TAX		
EXPENSE.		

Schedule D (Form 990) 2022

232055 09-01-22

sc	HEDULE J	Compensation Information		OMB No.	1545-004	47		
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			20	22)		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				Open to Public			
	rtment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		-	ection	IC		
-	ne of the organization		Employer ide	-		mber		
	0	PARTNERSHIP FOR PUBLIC SERVICE, INC.	06-154					
Pa	rt I Question	s Regarding Compensation	L					
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	charter travel Housing allowance or residence for perso	nal use					
	Travel for com	panions Payments for business use of personal re-	sidence					
	Tax indemnific	cation and gross-up payments Health or social club dues or initiation fee	S					
	Discretionary :	spending account Personal services (such as maid, chauffer	ır, chef)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
_								
3		ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		compensation consultant						
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee					
	During the year dia	A any parson listed on Form 000. Dart VII. Section A line 1a, with respect to the filing						
4	organization or a re	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	-			4a		x		
b				416		x		
		eive payment from a supplemental nonqualified retirement plan?				x		
•	-	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		10				
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the r							
а	The organization?			5a		X		
		ation?		5b		х		
		pr 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the r	net earnings of:						
а	The organization?			6a		x		
		ation?		6b		X		
	If "Yes" on line 6a o	or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		nes 5 and 6? If "Yes," describe in Part III		7	Х			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie					
				8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
		n 53.4958-6(c)?		9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990)	2022		

232111 10-18-22

Schedule J (Form 990) 2022

06-1540513

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MAX STIER	(i)	522,141.	111,666.	0.	12,200.	1,120.	647,127.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	٥.
(2) JAMES CHRISTIAN BLOCKWOOD	(i)	268,018.	25,000.	0.	5,488.	17,486.	315,992.	٥.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	٥.
(3) TINA SUNG	(i)	254,699.	0.	0.	10,283.	7,000.	271,982.	٥.
VP FEDERAL EXECUTIVE NETWORKS	(ii)	0.	0.	0.	0.	0.	0.	٥.
(4) TIM MCMANUS	(i)	220,685.	0.	0.	8,999.	14,684.	244,368.	٥.
CHIEF OPERATING OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	٥.
(5) CHRISTINE M CARROLL	(i)	215,292.	0.	0.	8,897.	17,486.	241,675.	0.
SVP - DEVELOPMENT	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(6) LOREN DEJONGE SCHULMAN	(i)	202,665.	0.	0.	8,243.	16,464.	227,372.	0.
VP - RESEARCH & EVALUATION	(ii)	0.	0.	٥.	0.	0.	0.	0.
(7) SAMANTHA L DONALDSON	(i)	201,398.	0.	0.	8,207.	7,000.	216,605.	0.
VP - COMMUNICATIONS	(ii)	0.	0.	٥.	0.	0.	0.	0.
(8) MICHELLE AMANTE	(i)	187,800.	0.	0.	6,333.	17,486.	211,619.	0.
VP - FED WORKFORCE AND BUS	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(9) ANDREW MARSHALL	(i)	184,931.	0.	0.	7,400.	17,486.	209,817.	0.
VP - PUBLIC SERVICE LEADERSHIP INSTI	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

MAX STIER, PRESIDENT & CEO, RECEIVED A BONUS IN THE AMOUNT OF \$111,666.

JAMES-CHRISTIAN BLOCKWOOD RECEIVED A BONUS IN THE AMOUNT OF \$25,000. BOTH

AMOUNTS WERE APPROVED BY THE BOARD OF DIRECTORS AND ARE COVERED BY

EMPLOYMENT CONTRACTS.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047
Name of the organization	n		identification number
FORM 990, PART III	PARTNERSHIP FOR PUBLIC SERVICE, INC. , LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	06-15	40513
THE PARTNERSHIP AS	THE LEADING AUTHORITY ON GOVERNMENT EFFECTIVENESS,		
ENABLES THE ORGANI	ZATION TO BRING ITS BEST IDEAS TO A BROADER AUDIENCE.		
	ZATION'S GROWTH, AND HELPS TO CREATE MORE CHAMPIONS		
AND SUPPORTERS FOR	BETTER GOVERNMENT.		
FORM 990, PART III	, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:		
FEDERAL SURVEY, SE	RVE AS A VALUABLE TOOL TO EVALUATE EMPLOYEE		
ENGAGEMENT AND PIN	POINT AREAS IN NEED OF IMPROVEMENT.		
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:		
OTHER PROGRAM SERV	ICES INCLUDE: GOVERNMENT AFFAIRS, MODERN GOVERNMENT,		
RESEARCH, PRESIDEN	TIAL TRANSITION, AND OTHERS.		
EXPENSES \$ 4,623,6	58. INCLUDING GRANTS OF \$ 0. REVENUE \$ 238,685.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE AUDIT COMMITTE	E REVIEWS FORM 990 BEFORE IT IS FILED WITH THE IRS.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
PRIOR TO THE FIRST	BOARD MEETING OF THE YEAR, ALL BOARD MEMBERS ARE ASKED		
TO COMPLETE AND SU	BMIT A CONFLICT OF INTEREST FORM THAT INCLUDES		
INFORMATION ON BOA	RD MEMBERS' SERVICE ON OTHER BOARDS, PAID PARTNERSHIP		
ENGAGEMENTS AND/OR	OTHER POTENTIAL CONFLICTS OF INTEREST. IF A POTENTIAL		
CONFLICT IS NOTED,	THE VP FOR DEVELOPMENT, CEO AND COO DISCUSS AND		
DETERMINE WHAT ACT	IONS NEED TO BE TAKEN INCLUDING CEASING A BUSINESS		

RELATIONSHIP, EXCLUDING THE BOARD MEMBER FROM SPECIFIC DISCUSSIONS OR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

09140712 712177 71457

40

PARTNERSHIP FOR PUBLIC SERVICE, INC.	
	06-1540513
SIMPLY DISCUSSING THE CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION COMMITTEE CONSISTS OF AT LEAST TWO MEMBERS OF THE BOARD.	
COMPENSATION COMMITTEE MEMBERS ARE APPOINTED BY THE BOARD AND MAY BE	
REMOVED BY THE BOARD AT ANY TIME. THE COMPENSATION COMMITTEE MEETS AT	
LEAST ONCE A YEAR IN CONNECTION WITH REGULARLY SCHEDULED MEETINGS OF THE	
BOARD OF DIRECTORS. THE CEO IS NOT PRESENT FOR, AND DOES NOT PARTICIPATE	
IN, COMMITTEE DELIBERATIONS CONCERNING CEO EXECUTIVE COMPENSATION (OTHER	
THAN TO ANSWER QUESTIONS) BUT MAY, WITH THE APPROVAL OF THE COMMITTEE,	
PARTICIPATE IN DELIBERATIONS CONCERNING COMPENSATION OF OTHER MEMBERS OF	
SENIOR EXECUTIVE MANAGEMENT. THE COMMITTEE ANNUALLY REVIEWS AND APPROVES	
THE COMPANY'S GOALS AND OBJECTIVES RELEVANT TO THE COMPENSATION OF THE	
CHIEF EXECUTIVE OFFICER IN LIGHT OF THOSE GOALS AND OBJECTIVES. BASED ON	
SUCH EVALUATION, THE COMMITTEE HAS THE AUTHORITY TO MAKE RECOMMENDATIONS TO	
THE FULL BOARD CONCERNING THE COMPENSATION (INCLUDING BASE SALARY,	
INCENTIVE COMPENSATION AND EQUITY-BASED AWARDS) OF THE CHIEF EXECUTIVE	
OFFICER. THE COMMITTEE HAS THE AUTHORITY TO SELECT, RETAIN AND TERMINATE	
COUNSEL, CONSULTANTS AND OTHER EXPERTS. THE COMMITTEE HAS THE SOLE	
AUTHORITY TO SELECT, RETAIN AND TERMINATE A COMPENSATION CONSULTANT AND	
APPROVE CONSULTANT'S FEES AND OTHER RETENTION TERMS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL	
STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S	

WEBSITE AND ALSO UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

232212 10-28-22

Schedule O (Form 990) 2022 Name of the organization PARTNERSHIP FOR PUBLIC SERVICE, INC.		Page Employer identification number 06-1540513
CONSULTANT FEES:		00-1340313
	2 420 417	
PROGRAM SERVICE EXPENSES		
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES	93,102.	
TOTAL EXPENSES	2,813,473.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,813,473.	
FORM 990, PART XII, LINE 2C:		
THE AUDIT COMMITTEE HAS THE AUTHORITY FOR THE OVERSIGHT OF T	THE ANNUAL	
AUDIT. THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.		
232212 10-28-22 42		Schedule O (Form 990) 202

09140712 712177 71457

2022.04000 PARTNERSHIP FOR PUBLIC SE 71457__1