Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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/Form990EZ for instructions and the latest information.

ΑF	or the	2021 calenda	ar year, or tax year beginning 01/01/2021 and ending	12/31/20	21
B (heck if ap	oplicable:	C Name of organization	Employer id	dentification number
	Address c	1	14-1975312		
	Name cha	Telephone r	number		
$\overline{}$	nitial retur	rn n/terminated	c/o Michael Towers-87 Remsen Street	34	47-640-1227
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	Group Exe	emption
=		n pending	Brooklyn, NY 11201	Number	>
G /	Account	ting Method:	☐ Cash 🗸 Accrual Other (specify) ► H Che	eck ▶ 🔽	if the organization is not
I V	Vebsite	www.			tach Schedule B
J T	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527 (Fo	rm 990).	
KF	orm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets	
(Pai	t II, coli	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	. ► §	3,878
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	truction	s for Part I)
		Check if	the organization used Schedule O to respond to any question in this Part I .		🗹
	1	Contribution	ons, gifts, grants, and similar amounts received	. 1	0
	2	Program se	ervice revenue including government fees and contracts	. 2	0
	3	Membersh	ip dues and assessments	. 3	3,878
	4	Investment	income	. 4	0
	5a	Gross amo	unt from sale of assets other than inventory 5a	0	
	b	Less: cost	or other basis and sales expenses	0	
	С 6		ss) from sale of assets other than inventory (subtract line 5b from line 5a) d fundraising events:	. <u>5c</u>	0
e	а	Gross inco \$15,000) .	ome from gaming (attach Schedule G if greater than	0	
Revenue	b	from fundr	me from fundraising events (not including \$ 0 of contributions aising events reported on line 1) (attach Schedule G if the the gross income and contributions exceeds \$15,000) 6b	0	
	c d		t expenses from gaming and fundraising events 6c e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	0 act · 6d	0
	7a	Gross sales	s of inventory, less returns and allowances	0	
	b		of goods sold	0	
	С		it or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7с	0
	8		nue (describe in Schedule O)	. 8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	3,878
	10		similar amounts paid (list in Schedule O)	. 10	0
	11	Benefits pa	aid to or for members	. 11	0
Ş	12	Salaries, of	ther compensation, and employee benefits	. 12	0
Expenses	13	Profession	al fees and other payments to independent contractors	. 13	0
be	14	Occupancy	y, rent, utilities, and maintenance	. 14	0
ũ	15	Printing, pu	ublications, postage, and shipping	. 15	0
	16	Other expe	enses (describe in Schedule O) .See Schedule O, Statement 1	. 16	1,974
	17	Total expe	enses. Add lines 10 through 16	▶ 17	1,974
Ŋ	18	Excess or (deficit) for the year (subtract line 17 from line 9)	. 18	1,904
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree w		
As		-	r figure reported on prior year's return)		13,676
<u>e</u>	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	. 20	0
<u>z</u>	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	15,580

Form 990-EZ (2021) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 14,676 22 22 Cash, savings, and investments . . . 15,580 0 23 23 0 Other assets (describe in Schedule O) . . _ 24 0 24 0 25 14,676 25 15,580 Total liabilities (describe in Schedule O) . . . 26 1,000 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 13,676 27 15,580 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? to provide nonprofits with capacity building services 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Host nationwide online convening meeting for all affiliates to discuss best practices and accomplishments 0) If this amount includes foreign grants, check here 28a 550 29 29a) If this amount includes foreign grants, check here . . . 30 30a 0) If this amount includes foreign grants, check here 31a 0 32 550 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (Forms W-2/1099-MISC/ (a) Name and title hours per week benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) Darlyne Koretos 2.00 0 0 0 **Board Chair** David Factor 0 2.00 0 n Vice Chair Paul Moore 2.00 0 0 0 Secretary **Michael Towers** 2.00 0 0 0 Treasurer Julie Crockford 2.00 0 0 0 Director 2.00 0 0 0 Craig Kowalski **Director** Jim Rather 2.00 0 0 0 **Director** 0 0 Jody Yetzer 2.00 0 **Director** Joel Greenaum 2.00 0 0 0

2.00

2.00

0

0

Director

Director

Director

Wendi Williams

Yvonne Van Haitsma

0

0

0

0

Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Fart V.) Offeck if the organization used Schedule O to respond to any question in this	3 1 aii	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	~
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		•
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		,
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
	Initiation fees and capital contributions included on line 9	_		
	Gross receipts, included on line 9, for public use of club facilities	-		
b	section 4911 \blacktriangleright 0; section 4912 \blacktriangleright 0; section 4955 \blacktriangleright 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		/
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Michael Towers Telephone no. ▶ 3	347-64	0-122	7
_	Located at ► c/o Michael Towers 87 Remsen Street, Brooklyn, NY 11201 ZIP + 4 ►	11:	201	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	Yes	No 🗸
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		'
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			
С	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		~
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
450	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		~
	Did the organization have a controlled entity within the meaning of section \$12(b)(13)?	408		
	Form 990-EZ. See instructions	45h		1

Form 99	0-EZ (20	021)								P	age 4
										Yes	No
46		ne organization engage, directly or in									
		ndidates for public office? If "Yes," c	•	Part I				•	46		~
Part \		Section 501(c)(3) Organizations	-	.: 47 401	1.50						
		All section 501(c)(3) organizations	s must answer que	stions 4 <i>1–</i> 49b ar	nd 52, and	noo t	nplete th	e tab	oles to	or line	es
		50 and 51.									
		Check if the organization used Sch	nedule O to respond	to any question i	n this Par	<u> </u>					Ц
										Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec					47		/
48	Is the	organization a school as described in							48		~
49a		ne organization make any transfers to							49a		~
b		s," was the related organization a se	•	_					49b		
50		plete this table for the organization's						ors, tı	rustee	es, and	d key
		oyees) who each received more than									,
			-	(c) Reportable		lealth b					
	(a)	Name and title of each employee	(b) Average hours per week	compensation			employee		stimate		
			devoted to position	(Forms W-2/1099-MIS 1099-NEC)		olans, ai ompens	nd deferred	d other com		pensati	ion
None				,							
None											
f 51	Comp \$100,	number of other employees paid over plete this table for the organization' 000 of compensation from the organ	s five highest compenization. If there is no	ensated independene, enter "None."		_ ctors					than
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service	\perp	(c) Comp	ensatio	on	
None											
						\perp					
						+					
						\perp					
		number of other independent contra	•		. ▶						
52		he organization complete Schedu leted Schedule A	ıle A? Note: All se 	. , . ,	•				Yes		No
		of perjury, I declare that I have examined this r						nowled	ge and	belief,	it is
true, cor	rect, and	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	rer has any kr	nowled	ge.				
Sian		Signature of officer				Dota					
Sign Here		Signature of officer Michael Towers, Chief Financial O	fficer			Date					
		Type or print name and title					I				
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	l if	PTIN		
Prepa	arer						self-employed				
Use (Firm's name ▶				Firm's	s EIN ▶				
		Firm's address ▶				Phon	e no.				
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions				▶ [Yes	_	lo

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

gamzation

Employer identification number

EXE	CUTIVI	E SERVICE CORPS UNITED ST					14-19	
Pa	rt I	Reason for Public Char	rity Status. (All	organizations mus	t comple	ete this p	oart.) See instruction	ons.
The	organi	zation is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	
1	\square A	church, convention of church	nes, or association	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).	
2	\square A	school described in $\boldsymbol{section}$	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)		
3		hospital or a cooperative hos						
4	_	medical research organization	•	onjunction with a hosp	ital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
		ospital's name, city, and state						
5		n organization operated for t ection 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described ir
6 7	☐ Aı	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup		. ,		n the general public
8	□ A	community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	or ur	n agricultural research organi r university or a non-land-gra niversity:	nt college of agri	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	re sı	n organization that normally receipts from activities related upport from gross investment cquired by the organization a	to its exempt fui income and uni	nctions, subject to ce related business taxal	rtain exce ole incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ / ₃ % of its
11	☐ Ar	n organization organized and	operated exclus	sively to test for public	safety. S	See sect i	ion 509(a)(4).	
12	or	n organization organized and one or more publicly supported to box on lines 12a through 12	I organizations d	escribed in section 50)9(a)(1) o	r section	509(a)(2). See secti	i on 509(a)(3). Check
а	ı 🗌	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	• 🗆	Type II. A supporting organ control or management of to organization(s). You must o	the supporting o	rganization vested in	the same			
C	: 🗆	Type III functionally integrits supported organization(s						ally integrated with,
d	I 🗌	Type III non-functionally i that is not functionally integree requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an	
e	· 🗆	Check this box if the organ functionally integrated, or T						e II, Type III
f	Ente	er the number of supported o	organizations .					
g	Pro	vide the following information	about the supp	orted organization(s).				
	(ii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions)) (iv) Is the organization (v) Amount of monetary support (see instructions) (vi) Amount of monetary other support (see instructions)					other support (see		
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

Total

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	, ,		/ 1	'	,	
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						.,
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support				() 2222		
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	12 ear as a section	n 501(c)(3)
Cooti	organization, check this box and stop her	re					🕨 📙
Secti	on C. Computation of Public Suppor Public support percentage for 2021 (line 6			11 column (f)\		14	<u></u> %
15 16a	Public support percentage from 2020 Sch 33 ¹ / ₃ % support test—2021. If the organi box and stop here. The organization qual	nedule A, Part zation did not	II, line 14 . check the box		 nd line 14 is 30	15	check this
b	331/3% support test-2020. If the organize	zation did not	check a box c	n line 13 or 16	Sa, and line 15	is 33 ¹ /3% or m	ore, check
17a	this box and stop here. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu	mstances test, est. The organ	check this bo	x and stop he	re. Explain
18	Private foundation. If the organization of				, 17a, or 17b,	check this bo	x and see

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	diadi tile tec	oto lioted beig	ov, picase ec	inplote i art i	1.)	
	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	. , -	,, -	.,	., -		.,
	received. (Do not include any "unusual grants.")	7,900	3,550	4,450	3,720	3,878	23,498
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	7,900	3,550	4,450	3,720	3,878	23,498
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						23,498
	on B. Total Support			()			
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	7,900	3,550	4,450	3,720	3,878	23,498
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						
С	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.)	7,900	3,550	4,450	3,720	3,878	23,498
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppor	t Percentage	Э				
15	Public support percentage for 2021 (line 8	3, column (f), di	ivided by line	13, column (f))		15	100 %
16	Public support percentage from 2020 Sch	nedule A, Part I	II, line 15 .			16	100 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2021 (•	,	17	0 %
18	Investment income percentage from 2020					18	0 %
19a	331/3% support tests—2021. If the organ						
	17 is not more than 331/3%, check this box		-			-	_
b	33 ¹ / ₃ % support tests—2020. If the organiz						
	line 18 is not more than 331/3%, check this I	_	=	•		-	_
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would

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.

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.

have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

2b

3a

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Sect	on A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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		
Sect	on C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	-	ntegrated Type III suppo	rting organization

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

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
EXECUTIVE SERVICE CORPS UNITED STATES	14-1975312
EXECUTIVE SERVICE CORT SUMTED STATES	14-1773312

Schedule O, Statement 1

EXECUTIVE SERVICE CORPS UNITED STATES

Form: **Form 990-EZ (2021)** EIN: **14-1975312**

Page: 1

Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Honoraria	550
Insurance	965
Website and accounting	459
Total:	1,974