(Form 990) Department of the Treasury

Higher Purpose Co

Internal Revenue Service

Form 990 or 990-EZ.

Name of the organization

SCHEDULE A

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.

Employer identification number

Inspection

OMB No. 1545-0047

De	et T	Doncon for Dubli	c Charity C	tatue (All arganita	tions must sa	malata this =	182-1629178	nc
	rt I organiz	Reason for Publication is not a private for						115.
1		·		•		•	•	
2		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
					•		(A)(:::)	
3		A hospital or a cooper	·	_				
4		A medical research org hospital's name, city, a		rated in conjunction w	ith a hospital d	escribed in sec	tion 170(b)(1)(A)(iii). Enter the
5		An organization operat 170(b)(1)(A)(iv). (Co		-	versity owned o	r operated by a	a governmental unit d	escribed in section
6		A federal, state, or loc	al government	or governmental unit	described in se	ction 170(b)(1	.)(A)(v).	
7	V	An organization that no described in section 1 ?	,	•		m a governme	ntal unit or from the g	eneral public
8		A community trust des	cribed in secti	ion 170(b)(1)(A)(vi).	(Complete Part	t II.)		
9		An agricultural researd university or a non-lan	_				_	-
10		An organization that n receipts from activitie from gross investment organization after June	s related to its income and u	exempt functions—sunrelated business tax	ubject to certain able income (le	exceptions, a ss section 511	nd (2) no more than 3	3 1/3% of its support
11		An organization organi	zed and opera	ted exclusively to test	for public safe	ty. See section	509(a)(4).	
12		An organization organizone or more publicly s the box on lines 12a th	upported orgai	nizations described in	section 509(a)	(1) or section 5	609(a)(2). See section	509(a)(3). Check
а		Type I. A supporting o supported organization organization. You mus	(s) the power	to regularly appoint o	r elect a majorit			
b		Type II. A supporting management of the su must complete Part IV	pporting organ	ization vested in the				
С		Type III functionally i supported organization	ntegrated. A s	upporting organizatio				rated with, its
d		Type III non-functions not functionally integra (see instructions). You	ated. The orga	nization generally mu	st satisfy a disti	ribution require		` '
е		Check this box if the o integrated, or Type III	-				s a Type I, Type II, T	ype III functionally
f	Enter	the number of support	ed organizatior	ns			<u> </u>	
g		Provide the following in			`		T	T
(i) Name of supported organization		* *	(ii) EIN	(iii) Type of organization (described on lines	listed in you	-	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				1- 10 above (see instructions))	Yes	No		
Tota	ıl							
For I	Daneru	ork Reduction Act Noti	ce see the Inc	structions for	Cat No 11285	F	Schadul	A (Form 990) 2021

Schedule A (Form 990) 2021 Page 2 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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2017 **(b)** 2018 (d) 2020 (e) 2021 (c) 2019 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 1,522,645 2,217,185 1,515,777 5,255,607 membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge... 1.522.645 2,217,185 1.515.777 5,255,607 Total. Add lines 1 through 3 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 **Public support.** Subtract line 5 from 5,255,607 line 4. Section B. Total Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 2,217,185 5,255,607 1,522,645 1,515,777 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 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through 5,255,607 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2020 Schedule A, Part II, line 14 15 16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

b 33 1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization $\ldots\ldots\ldots\ldots\ldots\ldots$

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021						Page 3
P	Support Schedule f	or Organiza	tions Descr	ibed in Section	on 509(a)(2)		
	(Complete only if you						alify under Part
S	II. If the organization ection A. Public Support	i ialis to quali	ry under the i	lests listed bei	ow, piease com	ipiete Part II.)	
	ndar year	() 0047	422242	() 2 2 4 2	(1) 2022	() 2021	(6) =
	iscal 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.") . Gross receipts from admissions,						
2	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		+		+		
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
h	persons Amounts included on lines 2 and 3						
b	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year.						
	Add lines 7a and 7b Public support. (Subtract line 7c						
٥	from line 6.)						
Se	ection B. Total Support		•	<u>'</u>		-	
	ndar year	(-) 2017	(h) 2010	(-) 2010	(4) 2020	(-) 2021	(6) Takal
	iscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975. Add lines 10a and 10b.						
с 11	Net income from unrelated						
	business activities not included on						
	line 10b, whether or not the						
	business is regularly carried on.						
12	-						
	or loss from the sale of capital assets (Explain in Part VI.)	1					
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First 5 years. If the Form 990 is for						
	check this box and stop here			· · · · · · · ·	· · · · · · · · ·		▶□
Se	ection C. Computation of Pub						
15	Public support percentage for 2021 ((line 8, column	(f) divided by li	ne 13, column (f))	· · 15	

Public support percentage from 2020 Schedule A, Part III, line 15 16

Section D. Computation of Investment Income Percentage

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from **2020** Schedule A, Part III, line 17

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

17

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

Section A. All Supporting Organizations

implete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you mplete Sections A and D, and complete Part V.)

checked	box 12b, of Part I, co
checked box	12d, of Part I, cor

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	

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

3b and 3c below.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

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

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.

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

Supporting Organizations (continued)

Page 5

11	11 Has the organization accepted a gift or contribution from any of the following persons?				
а	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 11a above?	11b			
c		11c			
S	Part VI. ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2					
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting				
	organization.				
S	ection 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				
	ection of the control				
			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?				
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 in 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	3			
S	ection E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns):		
	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.				
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No	
	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.	2a			
	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.	2b			
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

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.*

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

Page **6**

instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) Add lines 1 through 3 4 5 Depreciation and depletion 5 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) 7 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year Section B - Minimum Asset Amount (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for 1 short tax year or assets held for part of year): 1a a Average monthly value of securities **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Multiply line 5 by 0.035

Enter 85% of line 1

Enter greater of line 2 or line 3 Income tax imposed in prior year

3

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

6 7 8 Current Year 1 2

3 4

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 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) 2021

5

7 Total annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions					
9 Distributable amount for 2021 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(see instructions) Fxcess Distributions Underdi		ii) tribut 2021	ions	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6					

9 Distributable amount for 2021 from Section C, line 6	9	-	
10 Line 8 amount divided by Line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
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:			
a From 2016			

		_			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions 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:					
a From 2016					
b From 2017					
c From 2018					
d From 2019					
e From 2020					

Schedule A (Form 990) (2021)

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

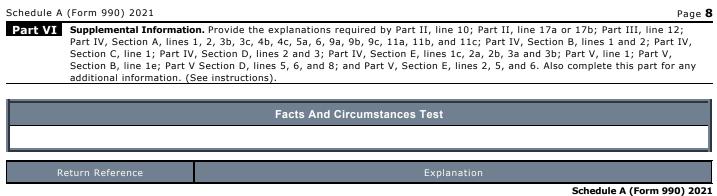
See instructions.

c Excess from 2019. d Excess from 2020. e Excess from 2021. . .

3j and 4c. 8 Breakdown of line 7: a Excess from 2017. . . **b** Excess from 2018. . . .

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. If the amount is greater than zero, explain in ${\it Part~VI}$

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines



SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

OMB No. 1545-0047

Open to Public

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

	me of the organization her Purpose Co		Employer identification number					
	•		82-1629178					
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor adv the organization's property, subject to the organizati	3						
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the don impermissible private benefit?	or or donor advisor, or for any other purpo	ose conferring					
Pa	rt II Conservation Easements. Complete if the organization answered "	Yes" on Form 990. Part IV. line 7.						
1	Purpose(s) of conservation easements held by the or							
	Preservation of land for public use (e.g., recreation		historically important land area					
	Protection of natural habitat	Preservation of a	certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year.	d a qualified conservation contribution in t	he form of a conservation Held at the End of the Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
C	Number of conservation easements on a certified his	• •	2c					
d	Number of conservation easements included in (c) achistoric structure listed in the National Register	•	2d					
3	Number of conservation easements modified, transfe tax year	rred, released, extinguished, or terminate	d by the organization during the					
4	Number of states where property subject to conserv	ation easement is located 🕨						
5	Does the organization have a written policy regarding violations, and enforcement of the conservation ease		lling of Yes No					
6	Staff and volunteer hours devoted to monitoring, ins year	pecting, handling of violations, and enforc	ing conservation easements during the					
7	Amount of expenses incurred in monitoring, inspectin	ng, handling of violations, and enforcing c	onservation easements during the year					
8	Does each conservation easement reported on line 2 (B)(i) and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia	·					
Pai	t III Organizations Maintaining Collectic Complete if the organization answered "		or Other Similar Assets.					
1a	If the organization elected, as permitted under FASE of art, historical treasures, or other similar assets he service, provide, in Part XIII, the text of the footnot	ld for public exhibition, education, or rese	earch in furtherance of public					
b	If the organization elected, as permitted under FASE art, historical treasures, or other similar assets held provide the following amounts relating to these items	for public exhibition, education, or resear						
	(i) Revenue included on Form 990, Part VIII, line 1		.					
	ii)Assets included in Form 990, Part X · · · · · · ·		·					
2	If the organization received or held works of art, hist following amounts required to be reported under FAS	orical treasures, or other similar assets fo						
а	Revenue included on Form 990, Part VIII, line 1 \cdot \cdot						
b	Assets included in Form 990, Part X		. \$					
For	Paperwork Reduction Act Notice, see the Instructions							

52283D

Par	t IIII Organizations Maintaining (Collections	of Art, His	storical T	reasur	es, or Other Si	milar Assets (continued)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other	records, ch	eck any of t	he follow	ing that are a sign	ificant use of its
а	Public exhibition d Loan or exchange programs						
b	Scholarly research		е	Other			
C	Preservation for future generations						
4	Provide a description of the organization's Part XIII.	collections and	explain how	they furthe	er the org	anization's exempt	t purpose in
5	During the year, did the organization solicit assets to be sold to raise funds rather than						Yes No
Pa	t IV Escrow and Custodial Arran Complete if the organization an Part X, line 21.		on Form 9	990, Part I	V, line 9), or reported an	amount on Form 990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part X	III and comple	te the follow	ving table:	Г		Amount
c	Beginning balance	•		-	Ī	1c	
d	Additions during the year					1d	
е	Distributions during the year				Γ	1e	
f	Ending balance					1f	
2a	Did the organization include an amount on				_	I .	√2 Yes No
	• • •						_
b	If "Yes," explain the arrangement in Part X	III. Check here	e if the expid	anation nas	been pro	vided in Part XIII	
Pa	rt V Endowment Funds. Complete if the organization an	swered "Yes"	on Form 9	990 Part I	V line 1	n	
	complete if the organization an	(a) Current y		Prior year			years back (e) Four years back
1 a	Beginning of year balance						
b	Contributions						
c	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cu	rrent year end	balance (lin	e 1g, colum	n (a)) he	ld as:	_
а	Board designated or quasi-endowment 🕨						
ь	Permanent endowment						
c	Term endowment						
	The percentages on lines 2a, 2b, and 2c sl	nould equal 10	0%.				
3a	Are there endowment funds not in the poss	ession of the o	rganization t	that are held	d and adm	ninistered for the	Vas Na
	organization by: (i) Unrelated organizations						Yes No
	(ii) Related organizations						3a(ii)
b	If "Yes" on 3a(ii), are the related organizat						3b
	Described Destroyation and the second	h		6 1.			
4	Describe in Part XIII the intended uses of t		n's endowm	ent funds.			
Рā	t VI Land, Buildings, and Equipm Complete if the organization an		on Form 9	990. Part I	V. line 1	1a. See Form 99	90. Part X. line 10
	Description of property (a) Cost or oth (investment)	er basis (b	Cost or other			imulated depreciation	(d) Book value
	Land			28,000			28,000
	Buildings			152,300		10,588	
	Leasehold improvements			,- 30			- :
a	Equipment				<u> </u>		

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

XIII \Box

	Complete if the organization answered "Yes" on				
	(a) Description of security or category (including name of security)	(b) Bo valu		(c) Method of valuat or end-of-year mar	
(2) Closely-	al derivatives		3 3335		
(3)Other(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	Þ			
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on	Form 990, Part	: IV, line 11c. Se	ee Form 990, Part	X, line 13.
	(a) Description of investment	•	(b) Book value	(c) Method (Cost or end-of-ye	of valuation:
(1)				Cost of end-of-ye	ear market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	on (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	e Form 990, Part X,	line 15.
	(a) Description				(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colur	mn (b) must equal Form 990, Part X, col.(B) line 15.)			>	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on See Form 990, Part X, line 25.	Form 990, Part	IV, line 11e or 1	l1f.	
1.	(a) Description	n of liability			(b) Book value
(1) Federal	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
-					
	on (b) must equal Form 990, Part X, col.(B) line 25.) For uncertain tax positions. In Part XIII, provide the text	of the feets	o the organization	's financial statemen	ite that reserve the

Return.

Page **4**

	Complete if the organization answered 'Yes' on Form 990, I	Part 1	IV, line 12a.		_	
1	Total revenue, gains, and other support per audited financial statements .			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
			-			
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII.)	4b				
c	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)		5		
Par	Reconciliation of Expenses per Audited Financial St			s per	Return.	
	Complete if the organization answered 'Yes' on Form 990, I			l .		
1	Total expenses and losses per audited financial statements	•		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	l _	Ī			
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
_	Add lines 2a through 2d			ا ء ا		
e	3			2e 3		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	۱ ـ	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
_						
С	Add lines 4a and 4b			4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5		
	Part XIII					
Su	Supplemental Information					
	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.					

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No. 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** Higher Purpose Co 82-1629178 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes ✓ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (if applicable) cash (book, FMV, appraisal, noncash assistance or assistance arant or government assistance other) (1)(2) (3) (5) (6)(7) (8)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Cat. No. 50055P For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2021

(5)

(6)

Schedule I (Form 990) 2021

(7)

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation

Return Reference

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Department of the Treasury ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Schedule J

Internal Revenue Service

Name of the organization

2021 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

Compensation Information

riigi	82-1629178			
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			ĺ
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			ĺ
	☐ Independent compensation consultant ☐ Compensation survey or study			ĺ
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			

8

payments not described in lines 5 and 6? If "Yes," describe in Part III

subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

Cat. No. 50053T

7

8

Νo

Νo

Schedule J (Form 990) 2021 Page 2 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 are not 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.							
(A) Name and Title	comp	(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
						Schedule J	(Form 990) 2021

Schedule J (Form 990) 2021 Page 3 Part 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.

Schedule J (Form 990) 2021



SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

2021

Open to Public Inspection **Employer identification number**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to <u>www.irs.gov/Form990</u> for the latest information.

Higher Purpose Co

82-1629178

Return Reference	Explanation
Form 990, Part III, Line 4d: Other Program Services Description	OTHER PROGRAM SERVICES 4:
Form 990, Part VI, Line 11b: Form 990 Review Process	The CEO provides a copy of the Form 990 to the Audit Committee for review.
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	Conflicts are identified and discussed for a suitable solution.
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	The Board of Directors determines and approves the CEO salary.
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	The CEO reviews and approves employee salaries.
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	Documents are available upon request.
or Paperwork Redu	uction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990) 20