Form **990**

Department of the Treasury
Internal Revenue Service

# 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.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022**

**B** Check if applicable:
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

**C** Name of organization
PARAPROFESSIONAL HEALTHCARE INSTITUTE INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
261 MADISON AVENUE 913

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10016

**D Employer identification number**
13-3575492

E Telephone number
(718) 402-7766

**G** Gross receipts $ 17,610,963

**F** Name and address of principal officer:
JODI M STURGEON
261 MADISON AVENUE 913
NEW YORK,NY 10016

**H(a)** Is this a group return for subordinates? [ ] Yes [x] No

**H(b)** Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions.

**H(c)** Group exemption number ▶

**I** Tax-exempt status: [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

**J Website:** ▶ WWW.PHINATIONAL.ORG

**K** Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

**L** Year of formation: 1990

**M** State of legal domicile: NY

## Part I Summary

**Activities & Governance**

**1** Briefly describe the organization's mission or most significant activities:
PHI WORKS TO IMPROVE THE LIVES OF PEOPLE WHO NEED HOME OR RESIDENTIAL CARE - BY IMPROVING THE LIVES OF THE WORKERS WHO PROVIDE THAT CARE. PHI'S GOAL IS TO ENSURE THE CARING, STABLE RELATIONSHIPS BETWEEN CONSUMERS AND WORKERS, SO THAT BOTH MAY LIVE WITH DIGNITY, RESPECT AND INDEPENDENCE: QUALITY CARE THROUGH QUALITY JOBS.

**2** Check this box ▶[ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 10 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 |
| 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 25 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 4,321,572 | 14,157,675 |
| | 9 | Program service revenue (Part VIII, line 2g) | 377,750 | 464,000 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 205,720 | 517,870 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 7,591 | 29,231 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,912,633 | 15,168,776 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 1,051,342 | 995,542 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 2,969,418 | 2,427,990 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶321,368 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 2,086,647 | 1,098,885 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 6,107,407 | 4,522,417 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -1,194,774 | 10,646,359 |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 9,655,227 | 18,359,848 |
| | 21 | Total liabilities (Part X, line 26) | 1,044,190 | 176,782 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 8,611,037 | 18,183,066 |

## Part 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 Here**

▶ Signature of officer — Date 2022-10-24

▶ JODI M STURGEON PRESIDENT & CEO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check [ ] if self-employed | PTIN P01597612 |
|---|---|---|---|---|
| Firm's name ▶ WISS & COMPANY LLP | | | Firm's EIN ▶ 22-1732349 | |
| Firm's address ▶ 100 CAMPUS DRIVE FLORHAM PARK, NJ 07932 | | | Phone no. (973) 994-9400 | |

May the IRS discuss this return with the preparer shown above? (see instructions) [x] Yes [ ] No

**Part III** **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

**1** Briefly describe the organization's mission:

SEE SCHEDULE OPHI WORKS TO TRANSFORM ELDERCARE AND DISABILITY SERVICES. WE FOSTER DIGNITY, RESPECT, AND INDEPENDENCE FOR ALL WHO RECEIVE CARE, AND ALL WHO PROVIDE IT. AS THE NATION'S LEADING AUTHORITY ON THE DIRECT CARE WORKFORCE, PHI PROMOTES QUALITY DIRECT CARE JOBS AS THE FOUNDATION FOR QUALITY CARE.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses $ 3,351,519 including grants of $ 995,542 ) (Revenue $ 464,000 )

SEE SCHEDULE ODIRECT CARE WORKERS ARE AN ESSENTIAL PART OF THE U.S. LONG-TERM CARE SYSTEM PROVIDING SKILLED, HANDS-ON SUPPORT EVERY DAY TO OLDER ADULTS AND PEOPLE WITH DISABILITIES IN HOME, COMMUNITY-BASED, AND RESIDENTIAL SETTINGS. THEY ENSURE CLIENTS' WELLBEING, LEND EMOTIONAL SUPPORT, AND ASSIST WITH DAILY TASKS ESSENTIAL TO INDEPENDENT LIVING.HOWEVER, DIRECT CARE WORKERS ARE OFTEN DENIED OPPORTUNITIES FOR HIGH-QUALITY TRAINING, A LIVING WAGE, ADVANCEMENT, AND RESPECT FOR THE CRITICAL ROLE THEY PLAYMAKING IT HARDER FOR THEM TO PROVIDE THE QUALITY CARE THEIR CLIENTS DESERVE. AT THE SAME TIME, IT IS CHALLENGING FOR DIRECT CARE PROVIDERS TO ATTRACT AND RETAIN CARING, COMMITTED PROFESSIONALS TO MEET THE GROWING NEED FOR LONG-TERM CARE SERVICES.PHI DRAWS ON MORE THAN 30 YEARS OF EXPERIENCE WORKING SIDE-BY-SIDE WITH DIRECT CARE WORKERS AND THEIR CLIENTS ACROSS THE COUNTRY TO OFFER PROVIDERS, POLICYMAKERS, AND OTHER KEY STAKEHOLDERS THE TOOLS NECESSARY TO ENSURE QUALITY CARE AND QUALITY JOBS. WE MAINTAIN A NATIONAL HEADQUARTERS IN NEW YORK CITY AND DEPLOY STAFF FROM ACROSS THE COUNTRY INCLUDING THE TRI-STATE REGION, CALIFORNIA, THE MIDWEST, AND NORTH CAROLINA. PHI IDENTIFIES AND PROMOTES THE INTERVENTIONS NEEDED TO ENSURE DIRECT CARE WORK IS QUALITY WORK, INCLUDING IMPROVED TRAINING, FAMILY-SUSTAINING WAGES, FULL-TIME HOURS, COMPREHENSIVE BENEFITS, AND REAL CAREER PATHS. WE CREATE EMPOWERED WORKERS WHO ARE WELL-TRAINED AND POSITIONED TO PROVIDE QUALITY CARE TO OLDER ADULTS AND PEOPLE WITH DISABILITIES. TRAINING AND WORKFORCE DEVELOPMENT PROGRAMAT THE CORE OF OUR WORK IS AN EMPLOYER-BASED TRAINING PROGRAM IN NEW YORK CITY THAT WE CO-MANAGE WITH COOPERATIVE HOME CARE ASSOCIATES (CHCA), A LICENSED HOME CARE AGENCY AND THE COUNTRY'S LARGEST WORKER-OWNED COOPERATIVE BUSINESS.IN A TYPICAL YEAR, PHI AND CHCA ENROLL MORE THAN 500 PARTICIPANTS IN FREE HOME HEALTH AIDE TRAINING PRIMARILY WOMEN OF COLOR WHO ARE UN- OR UNDER-EMPLOYED UPON ENROLLMENT. OUR PROGRAM IS DISTINGUISHED BY ITS COMPREHENSIVE, HANDS-ON CURRICULUM; GUARANTEED JOB PLACEMENT; AND EXTENSIVE WRAPAROUND RETENTION SUPPORTS. THESE ELEMENTS LEAD TO STRONG PROGRAM OUTCOMES, INCLUDING 95 PERCENT TRAINING COMPLETION AND 85 PERCENT JOB PLACEMENT AMONG TRAINEES, WITH 85 PERCENT OF HIRES STILL WORKING AFTER 90 DAYS.PHI BUILDS FROM THE OPERATION OF THIS PROGRAM TO BRING BEST PRACTICES IN RECRUITMENT, TRAINING, AND WORKFORCE DEVELOPMENT TO LONG-TERM CARE EMPLOYERS, EDUCATORS, AND HEALTH CARE SYSTEMS ACROSS THE COUNTRY. WE ARE DRIVEN TO TRANSFORM THE OPPORTUNITIES PRESENTED BY DIRECT CARE IN LOW-INCOME COMMUNITIES BY IMPROVING ACCESS TO QUALITY FULL-TIME JOBS THAT REFLECT THE DIGNITY OF CAREGIVING AND ITS VALUE TO THE COMMUNITY.WORKFORCE INNOVATIONS PROGRAMPHI'S WORKFORCE INNOVATIONS TEAM (4.5 FTE) COLLABORATES WITH DOZENS OF LONG-TERM CARE PROVIDERS, TRAINING ENTITIES, AND ACADEMIC PARTNERS NATIONWIDE TO STRENGTHEN QUALITY CARE AND QUALITY JOBS BY ADDRESSING ENTRY-LEVEL TRAINING, UPSKILLING, AND ADVANCED ROLES. WE ENGAGE IN ORGANIZATIONAL DEVELOPMENT WITH THESE PROVIDERS, GROUNDED IN PHI'S COACHING APPROACH TO BUILD ESSENTIAL COMMUNICATIONS AND PROBLEM-SOLVING SKILLS. PHI'S ADULT LEARNER-CENTERED APPROACH IS WIDELY RECOGNIZED AS A BEST PRACTICE FOR TRAINING FRONTLINE CAREGIVERS.TO MEET THE LONG-TERM CARE SECTOR'S GROWING DEMAND FOR ONLINE TRAINING SOLUTIONS, PHI HAS DEVELOPED AN EXTENSIVE SUITE OF HYBRID AND ONLINE TRAINING PROGRAMS. THESE INCLUDE A NEW ITERATION OF OUR ENTRY-LEVEL HOME HEALTH AIDE TRAINING PROGRAM AT CHCA, COMBINING ONLINE DELIVERY OF CLASSROOM CONTENT WITH IN-PERSON DEMONSTRATIONS OF PRACTICAL CAREGIVING SKILLS. IN 2022, THIS HYBRID PROGRAM RECEIVED APPROVAL FROM THE NEW YORK STATE DEPARTMENT OF HEALTH AND WAS SUCCESSFULLY PILOTED BY PHI AND CHCA. WE WILL DOCUMENT LESSONS LEARNED FROM THE PILOT TO INFORM THE SECTOR'S CHALLENGING SHIFT TO ONLINE AND HYBRID TRAINING MODALITIES, A NEED ACCELERATED BY THE COVID-19 PANDEMIC. IN ADDITION, PHI HAS CONVERTED MORE THAN A DOZEN OF OUR SPECIALTY TRAINING CURRICULA TO ASYNCHRONOUS E-LEARNING COURSES. THESE INCLUDE PHI'S COVID-19 SAFETY AND STRESS TRAININGS, IN ADDITION TO DIABETES, DEMENTIA, AND FALLS PREVENTION TRAININGS, AMONG OTHERS.IN RECENT YEARS, PHI HAS SEEN A STEADILY INCREASING DEMAND FROM THE FIELD FOR UPSKILLING AND ADVANCED ROLES. AS CLIENT ACUITY INCREASES AND RESOURCES FOR TRAINING STAFF ARE CONSTRICTED, THE NEED FOR AN EFFICIENT, EFFECTIVE WAY TO UPSKILL DIRECT CARE WORKERS WHILE STAYING WITHIN THEIR CURRENT SCOPE OF PRACTICE HAS BECOME MORE URGENT. TO THAT END, WE DEVELOPED THE CARE INTEGRATION SENIOR AIDE (CISA) ROLE, A COMPREHENSIVE MODEL FOR HOME CARE WORKER ADVANCEMENT. THE CISA CURRICULUM TRAINS AIDES IN THE CORE COMPETENCIES THAT ARE CRITICAL TO ADVANCED ROLES: KNOWLEDGE OF CHRONIC DISEASES, INCLUDING THEIR EFFECT ON BODY SYSTEMS AND MANAGEMENT OF CONDITIONS IN THE HOME; COMMUNICATION AND PROBLEM-SOLVING TO ENSURE EFFECTIVE AND RESPECTFUL DELIVERY OF PERSON-CENTERED CARE; AND SKILLS FOR OBSERVING, RECORDING, AND REPORTINGON CLIENTS' HEALTH, WELLBEING, AND SOCIAL AND ENVIRONMENTAL SURROUNDINGS THAT COULD WORSEN PHYSICAL OR EMOTIONAL HEALTH. THE GOAL IS FOR CISAS TO HELP PROVIDERS ACHIEVE POSITIVE HEALTH OUTCOMES, SUCH AS REDUCING CLIENTS' AVOIDABLE HOSPITALIZATIONS. CISAS HAVE A WELL-DEFINED ROLE IN THIS PROCESS AND ARE FIRMLY ESTABLISHED WITHIN CARE TEAMS WHICH ALSO INCLUDE DOCTORS, NURSES, AND SOCIAL WORKERS. CRUCIAL TO EFFECTIVE CARE COORDINATION, CISAS CAN PLAY AN IMPORTANT ROLE IN ADDRESSING CLIENT SOCIAL DETERMINANTS OF HEALTH IN THE HOME, SUCH AS FOOD INSECURITY. IN FISCAL YEAR 2022, PHI SECURED PHILANTHROPIC FUNDING TO FULLY IMPLEMENT AND EVALUATE THE CISA POSITION AT HOME CARE AGENCIES BASED IN MINNESOTA AND WISCONSIN. THROUGH THIS PROJECT, WE PLAN TO CAPTURE CREDIBLE RETURN ON INVESTMENT DATA ON THE CISA INTERVENTION. WE WILL USE THIS DATA TO BUILD AN EVIDENCE-BASED CASE FOR INVESTING IN HOME CARE CAREER LADDERS TO BE SHARED WITH PROVIDERS, PAYERS, AND POLICYMAKERS NATIONWIDE. PHI'S LONG-TERM GOAL (5-10 YEARS) IS TO SEE THE WIDESPREAD DISSEMINATION OF ADVANCED AIDE POSITIONS ON A REGIONAL OR NATIONAL SCALE. POLICY RESEARCH AND ANALYSIS PROGRAMPHI'S POLICY TEAM (6 FTE) SUPPORTS POLICYMAKERS AND ADVOCATES IN CRAFTING EVIDENCE-BASED POLICIES TO ADVANCE QUALITY CARE AND QUALITY JOBS. OUR CAPACITY INCLUDES POLICY AND LABOR MARKET RESEARCH AND STATE, REGIONAL, AND NATIONAL POLICY EXPERTISE. THIS EXPERTISE AND OUR RELATED PUBLIC EDUCATION CAMPAIGNS HAVE ESTABLISHED PHI AS THE NATION'S PRIMARY SOURCE OF INFORMATION AND ANALYSIS ON DIRECT CARE, ANCHORED AT WWW.PHINATIONAL.ORG AND @PHINATIONAL.BEYOND POLICY BRIEFS AND PUBLICATIONS THAT ADDRESS ISSUES RELEVANT TO THE DIRECT CARE WORKFORCE, PHI ALSO PRODUCES LANDSCAPE STUDIES. DRAWING ON RESEARCH AND INFORMANT INTERVIEWS, PHI OFFERS IN-DEPTH ANALYSIS OF THE CARE PROVISION LANDSCAPE AT THE LOCAL AND STATEWIDE LEVELS, ASSESSING HOW TRAINING, SERVICE DELIVERY, REGULATORY, AND PAYMENT SYSTEMS SHAPE THE QUALITY OF CARE FOR OLDER ADULTS AND THE QUALITY OF JOBS FOR DIRECT CARE WORKERS. IN ADDITION, PHI'S REPORTS INCLUDE RECOMMENDATIONS FOR POTENTIAL PROGRAMMATIC INTERVENTIONS TO STRENGTHEN LOCAL DIRECT CARE WORKFORCE SYSTEMS. PHI'S RECENT STATE-BASED POLICY WORK INCLUDES THE MULTIYEAR "ESSENTIAL JOBS, ESSENTIAL CARE" INITIATIVE, THROUGH WHICH WE ARE ADVANCING SYSTEMS-LEVEL REFORMS TO ACHIEVE THREE GOALS: (1) IMPROVE DIRECT CARE WORKER COMPENSATION AND RELATED MEDICAID REIMBURSEMENT RATES; (2) STIMULATE WORKFORCE INNOVATIONS, SUCH AS IMPROVED TRAINING AND CREDENTIALING PROGRAMS; AND (3) IMPROVE WORKFORCE-RELATED DATA COLLECTION, MONITORING, AND EVALUATION. DURING FISCAL YEAR 2022, THE INITIATIVE WAS ACTIVE IN FIVE STATES: MICHIGAN, NEW JERSEY, NEW MEXICO, NEW YORK, AND NORTH CAROLINA. IN EACH STATE, PHI AND OUR COALITION PARTNERS HAVE ADVANCED CONCRETE POLICY VICTORIES FOR THE DIRECT CARE WORKFORCE INCLUDING WAGE INCREASES AND BONUSES IN MICHIGAN, NEW YORK, AND NORTH CAROLINA, AND A VARIETY OF TRAINING, CREDENTIALING, AND DATA COLLECTION INITIATIVES.PHI ALSO RECENTLY LAUNCHED THE DIRECT CARE WORKER EQUITY INSTITUTE TO SUPPORT A RANGE OF INITIATIVES TO ADVANCE EQUITY WITHIN THE DIRECT CARE WORKFORCE. WHILE EQUITY HAS ALWAYS BEEN CENTRAL TO PHI'S MISSION, THROUGH THIS INSTITUTE, WE ARE PROACTIVELY CONFRONTING THE REALITY THAT DIRECT CARE JOBS ARE UNDERVALUED DUE TO HISTORICAL AND STRUCTURAL RACISM, SEXISM, AND XENOPHOBIA IN SOCIETY OVERALL AND WITHIN THE LONG-TERM CARE SYSTEM. WITH AN ONLINE CENTRALIZED HUB OF EQUITY-FOCUSED RESOURCES, THE INSTITUTE WILL PRODUCE ORIGINAL STUDIES ON THE INEQUITIES FACED BY THIS WORKFORCE; DEVELOP EQUITY-SPECIFIC ADVOCACY TOOLS TO HELP STATE AND FEDERAL LEADERS; AND CONVENE DIRECT CARE WORKFORCE EXPERTS INCLUDING WORKERS THEMSELVES TO CRAFT EQUITY-BASED POLICY AND PRACTICE SOLUTIONS.

**4b** (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

**4c** (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

**4d** Other program services (Describe in Schedule O.)
(Expenses $ including grants of $ ) (Revenue $ )

**4e** **Total program service expenses** ▶ 3,351,519

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions. | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I | 6 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III | 8 | | No |
| 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? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI. | 11a | Yes | |
| 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 | | No |
| 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 | | No |
| 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* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | Yes | |
| 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 | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | Yes | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | No |
| 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 | Yes | |
| 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 | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV* | 28a | Yes | |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | Yes | |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| 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 | | No |
| 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 | | No |
| 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 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| 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 | | No |
| 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 | | No |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O. | 38 | Yes | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 23 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c Yes | |

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

| | | | | |
|---|---|---|---|---|
| **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** 25 | | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | **2b** | Yes | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | **3a** | | No |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . . | **3b** | | |
| **4a** | 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)? | **4a** | | No |
| **b** | If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | **5a** | | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | **5b** | | No |
| **c** | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . | **5c** | | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | **6a** | | No |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | **6b** | | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | **7a** | | No |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | **7b** | | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | **7c** | | No |
| **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 contract? | **7e** | | No |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | **7f** | | No |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | **7g** | | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | **7h** | | |
| **8** | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | **8** | | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | |
| **a** | 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: | | | |
| **a** | 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** | | | |
| **11** | **Section 501(c)(12) organizations.** Enter: | | | |
| **a** | 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** | | |
| **b** | 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.** | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O. | **13a** | | |
| **b** | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . **13b** | | | |
| **c** | Enter the amount of reserves on hand . . . . . **13c** | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | **14a** | | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | **14b** | | |
| **15** | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . | **15** | | No |
| **16** | Is the organization subject to section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule N. | **16** | | No |
| **17** | **Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . If "Yes," complete Form 6069. | **17** | | |

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

## Section 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. 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 in Schedule O. | 1a | 10 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 7 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | No |
| 6 | Did the organization have members or stockholders? | 6 | | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | 8a | | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | 9 | | | No |

## Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| 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 | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

## Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed ▶ NY

**18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:
▶PARAPROFESSIONAL HEALTHCARE INSTITUTE INC 261 MADISON AVENUE SUITE 913 NEW YORK,NY 10016
(718) 402-7766

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) ANNE GEGGIE<br>BOARD CHAIR | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (2) JODI M STURGEON<br>PRESIDENT | 40.00<br>5.00 | X | | X | | | | 213,016 | 0 | 740 |
| (3) MICHAEL ELSAS<br>TREASURER | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (4) ADRIA POWELL<br>SECRETARY | 3.00<br>35.00 | X | | X | | | | 0 | 207,804 | 11,640 |
| (5) BONNIE SCADOVA<br>TRUSTEE | 3.00 | X | | | | | | 0 | 0 | 0 |
| (6) DENISE CLARK<br>TRUSTEE | 1.00<br>35.00 | X | | | | | | 0 | 69,487 | 9,580 |
| (7) DONNA CALAME<br>TRUSTEE | 3.00 | X | | | | | | 0 | 0 | 0 |
| (8) JENNY FRIEDLER<br>TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (9) KAREN KULP<br>TRUSTEE | 2.00 | X | | | | | | 0 | 0 | 0 |
| (10) MANDY TOWNSEND<br>TRUSTEE | 3.00 | X | | | | | | 0 | 0 | 0 |
| (11) SWETA ADHIKARI<br>OUTGOING TRUSTEE (2/2022) | 3.00 | X | | | | | | 0 | 0 | 0 |
| (12) ERICA BROWN-MYRIE<br>EVP OF FINANCE AND ADMINISTRATION | 40.00 | | | X | | | | 157,368 | 0 | 4,449 |
| (13) ANGELINA DRAKE<br>CHIEF STRATEGY OFFICER | 40.00 | | | X | | | | 148,304 | 0 | 36,712 |
| (14) ROBERT ESPINOZA<br>EXECUTIVE VICE PRESIDENT OF POLICY | 40.00 | | | | X | | | 155,440 | 0 | 17,158 |
| (15) EMILY DIEPPA<br>VP OF WORKFORCE INNOVATIONS | 40.00 | | | | | X | | 105,585 | 0 | 1,483 |
| (16) IRMA RIVERA<br>DIRECTOR OF IT STRATEGIES | 40.00 | | | | | X | | 114,026 | 0 | 31,889 |
| (17) BRIAN DIPAOLO<br>DIRECTOR OF PHILANTHROPY | 40.00 | | | | | X | | 117,821 | 0 | 17,223 |

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (18) KEZIA SCALES<br>SENIOR DIRECTOR OF POLICY RESEARCH | 40.00 | | | | | X | | 103,360 | 0 | 49,730 |
| (19) LOIS MORGAN<br>CURRICULUM DEVELOPER | 40.00 | | | | | X | | 102,953 | 0 | 740 |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b Sub-Total** . . . . . ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** . . . . ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** . . . . . ▶ | | | | | | | | 1,217,873 | 277,291 | 181,344 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1 0

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . . | **3** | | No |
| **4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* . . . . . | **4** | Yes | |
| **5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person* . . . . . | **5** | | No |

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| YOUR PART-TIME CONTROLLER<br><br>1500 WALNUT STREET SUITE 1200<br>PHILADELPHIA, PA 19102 | OUTSOURCED ACCOUNTING SERVICES | 122,349 |
| | | |
| | | |
| | | |
| | | |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|
| Contributions, Gifts, Grants, and OtherAmt Similar Amounts | 1a Federated campaigns . . 1a | | | | |
| | b Membership dues . . 1b | | | | |
| | c Fundraising events . . 1c | | | | |
| | d Related organizations 1d | | | | |
| | e Government grants (contributions) 1e | 799,559 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f | 13,358,116 | | | |
| | g Noncash contributions included in lines 1a - 1f:$ 1g | | | | |
| | h **Total.** Add lines 1a-1f . . . . . ▶ | 14,157,675 | | | |
| **Program Service Revenue** | Business Code | | | | |
| 2a CONTRACT FEES | 541900 | 264,000 | 264,000 | | |
| b AFFILIATE CONTRACT FEES | 541900 | 200,000 | 200,000 | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f All other program service revenue. | | | | | |
| g **Total.** Add lines 2a–2f. . . . . ▶ | 464,000 | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) | | 578,802 | | | 578,802 |
| 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| 5 Royalties . . . . . ▶ | | | | | |

| | | (i) Real | (ii) Personal |
|---|---|---|---|
| 6a Gross rents | 6a | 1,400,771 | |
| b Less: rental expenses | 6b | 1,400,771 | |
| c Rental income or (loss) | 6c | 0 | |
| d Net rental income or (loss) . . . . . ▶ | | | |

| | | (i) Securities | (ii) Other | | | | |
|---|---|---|---|---|---|---|---|
| 7a Gross amount from sales of assets other than inventory | 7a | 980,484 | | | | | |
| b Less: cost or other basis and sales expenses | 7b | 1,041,416 | | | | | |
| c Gain or (loss) | 7c | -60,932 | | | | | |
| d Net gain or (loss) . . . . . ▶ | | | | -60,932 | | | -60,932 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Other Revenue** | | | | | | |
| 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . | 8a | | | | | |
| b Less: direct expenses | 8b | | | | | |
| c Net income or (loss) from fundraising events . . ▶ | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 . . . | 9a | | | | | |
| b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities . . ▶ | | | | | | |
| 10a Gross sales of inventory, less returns and allowances . . | 10a | | | | | |
| b Less: cost of goods sold . . | 10b | | | | | |
| c Net income or (loss) from sales of inventory . . ▶ | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a OTHER REVENUE | 611710 | 29,231 | | | | 29,231 |
| b | | | | | | |
| c | | | | | | |
| d All other revenue . . . . | | | | | | |
| e **Total.** Add lines 11a–11d . . . . . ▶ | | 29,231 | | | | |
| 12 **Total revenue.** See instructions . . . . . ▶ | | 15,168,776 | 464,000 | 0 | | 547,101 |

## Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 995,542 | 995,542 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 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 | 746,250 | 525,899 | 141,229 | 79,122 |
| 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 | 1,344,371 | 945,641 | 256,666 | 142,064 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 178,629 | 129,690 | 28,978 | 19,961 |
| 10 Payroll taxes | 158,740 | 115,250 | 25,752 | 17,738 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 7,657 | | 7,657 | |
| c Accounting | 120,408 | | 120,408 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 44,040 | | 44,040 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 155,823 | 147,996 | 7,502 | 325 |
| 12 Advertising and promotion | 3,849 | 2,629 | 1,035 | 185 |
| 13 Office expenses | 44,598 | 23,724 | 17,699 | 3,175 |
| 14 Information technology | 131,644 | 62,837 | 63,415 | 5,392 |
| 15 Royalties | | | | |
| 16 Occupancy | 360,270 | 252,543 | 72,379 | 35,348 |
| 17 Travel | 21,413 | 19,119 | 2,294 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 8,263 | 6,812 | 1,394 | 57 |
| 20 Interest | 2,558 | 1,747 | 688 | 123 |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 70,807 | 50,254 | 12,251 | 8,302 |
| 23 Insurance | 30,875 | 16,611 | 11,628 | 2,636 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a REPAIRS AND MAINTENANCE | 40,486 | 27,292 | 8,820 | 4,374 |
| b FEES, DUES AND SUBSCRIP | 39,795 | 17,541 | 20,920 | 1,334 |
| c MISCELLANEOUS | 14,107 | 9,637 | 3,794 | 676 |
| d MATERIALS, EQUIPMENT AN | 2,292 | 755 | 981 | 556 |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 4,522,417 | 3,351,519 | 849,530 | 321,368 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). | | | | |

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 366,653 | 1 | 140,123 |
| | 2 | Savings and temporary cash investments | | 2,734,419 | 2 | 2,509,266 |
| | 3 | Pledges and grants receivable, net | | 894,181 | 3 | 1,236,667 |
| | 4 | Accounts receivable, net | | 212,117 | 4 | 72,935 |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 63,849 | 9 | 65,901 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 3,424,021 | | | |
| | b | Less: accumulated depreciation | 10b 3,360,596 | 278,289 | 10c | 63,425 |
| | 11 | Investments—publicly traded securities | | 4,630,023 | 11 | 13,770,151 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 475,696 | 15 | 501,380 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | | 9,655,227 | 16 | 18,359,848 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 111,044 | 17 | 114,705 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 285,118 | 19 | 53,367 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other 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 | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 508,980 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 139,048 | 25 | 8,710 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 1,044,190 | 26 | 176,782 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.** | | | | |
| | 27 | Net assets without donor restrictions | | 1,926,764 | 27 | 11,751,366 |
| | 28 | Net assets with donor restrictions | | 6,684,273 | 28 | 6,431,700 |
| | | **Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.** | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | |
| | 32 | Total net assets or fund balances | | 8,611,037 | 32 | 18,183,066 |
| | 33 | Total liabilities and net assets/fund balances | | 9,655,227 | 33 | 18,359,848 |

## Part XI Reconcilliation 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 | 15,168,776 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,522,417 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 10,646,359 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 8,611,037 |
| 5 | Net unrealized gains (losses) on investments | 5 | -1,074,330 |
| 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 in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column | 10 | 18,183,066 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | 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:<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | 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:<br>☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | 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 | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

| Special Condition Description |
| --- |

**SCHEDULE A**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**
**▶ Attach to Form 990 or Form 990-EZ.**
**▶ Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization**
PARAPROFESSIONAL HEALTHCARE INSTITUTE INC

**Employer identification number**
13-3575492

**Part I** **Reason for Public Charity 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.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 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)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

| **(i)** Name of supported organization | **(ii)** EIN | **(iii)** Type of organization (described on lines 1- 10 above (see instructions)) | **(iv)** Is the organization listed in your governing document? | | **(v)** Amount of monetary support (see instructions) | **(vi)** Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | **Yes** | **No** | | |
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

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

## Section A. Public Support

| Calendar 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 grant.") . . | 4,924,691 | 2,554,907 | 7,213,043 | 4,321,572 | 14,157,675 | 33,171,888 |
| 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 | 4,924,691 | 2,554,907 | 7,213,043 | 4,321,572 | 14,157,675 | 33,171,888 |
| 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) . . | | | | | | 5,598,262 |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 27,573,626 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4. . | 4,924,691 | 2,554,907 | 7,213,043 | 4,321,572 | 14,157,675 | 33,171,888 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . | 1,682,664 | 1,721,524 | 1,698,684 | 1,575,807 | 1,979,573 | 8,658,252 |
| 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.). . | 18,422 | 15,796 | 28,346 | 7,591 | 29,231 | 99,386 |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 41,929,526 |

12 Gross receipts from related activities, etc. (see instructions) . . . . . **12** 5,818,626

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, check this box and **stop here** . . . . . ▶☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 65.760 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 53.090 %

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 and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☑

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 box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

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 organization . . . . . ▶☐

b **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 . . . . . ▶☐

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

**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) 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 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 | | | | | | |
| 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.). . | | | | | | |

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 | Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 |
| 16 | Public support percentage from 2020 Schedule A, Part III, line 15 . . . . . | 16 |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 | Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 |
| 18 | Investment income percentage from **2020** Schedule A, Part III, line 17 . . . . . | 18 |

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

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

### Section 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 | | |
| 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.* | 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 | | |
| 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.* | 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).* | 5a | | |
| 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? | 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.*** | 6 | | |
| 7 | 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 regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .* | 7 | | |
| 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).* | 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 | | |
| 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.*** | 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 | | |

## Part IV Supporting Organizations (continued)

| | | | Yes | No |
|---|---|---|---|---|
| 11 | 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 11a above? | 11b | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.*** | 11c | | |

## Section 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 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.* | 2 | | |

## 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 organization(s).* | 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 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 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 year **(see instructions)**:

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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 each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.*** | 3a | | |
| 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 | | |

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| **Section 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 | | |

| **Section 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): | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| 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 | 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 | | |

| **Section C - Distributable Amount** | | | | Current Year |
|---|---|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

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

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

| **Section D - Distributions** | | **Current Year** |
|---|---|---|
| **1** Amounts paid to supported organizations to accomplish exempt purposes | **1** | |
| **2** Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | **2** | |
| **3** Administrative expenses paid to accomplish exempt purposes of supported organizations | **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 which the organization is responsive (*provide details in* ***Part VI***). See instructions | **8** | |
| **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 | | | |
| **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. . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **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. If the amount is greater than zero, *explain in* ***Part VI***. See instructions. | | | |
| **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 3j and 4c. | | | |
| **8** Breakdown of line 7: | | | |
| **a** Excess from 2017. . . . . | | | |
| **b** Excess from 2018. . . . . | | | |
| **c** Excess from 2019. . . . . | | | |
| **d** Excess from 2020. . . . . | | | |
| **e** 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).

## Facts And Circumstances Test

| Return Reference | Explanation |
|---|---|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME: | OTHER INCOME - 2017 AMOUNT: $ 18,422. 2018 AMOUNT: $ 15,796. 2019 AMOUNT: $ 28,346. 2020 AMOUNT: $ 7,591. 2021 AMOUNT: $ 29,231. |
| PART II, SECTION B, LINE 10: | OTHER INCOME IS USED TO CARRY OUT THE ORGANIZATIONS TAX EXEMPT ACTIVITIES. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**SCHEDULE C**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to** ***www.irs.gov/Form990*** **for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Name of the organization | Employer identification number |
|---|---|
| PARAPROFESSIONAL HEALTHCARE INSTITUTE INC | 13-3575492 |

## Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

**2** Political campaign activity expenditures. See instructions ▶ $

**3** Volunteer hours for political campaign activities. See instructions

## Part I-B Complete if the organization is exempt under section 501(c)(3).

**1** Enter the amount of any excise tax incurred by the organization under section 4955 $

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 $

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**

**4a** Was a correction made? ☐ **Yes** ☐ **No**

**b** If "Yes," describe in Part IV.

## Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities $

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b $

**4** Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's funds. If none, enter -0-. | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|---|---|---|---|---|
| **1** | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

**Part II-A** **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

| **Limits on Lobbying Expenditures** (The term "expenditures" means amounts paid or incurred.) | **(a)** Filing organization's totals | **(b)** Affiliated group totals |
|---|---|---|
| **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) | 0 | 0 |
| **b** Total lobbying expenditures to influence a legislative body (direct lobbying) | 7,180 | 0 |
| **c** Total lobbying expenditures (add lines 1a and 1b) | 7,180 | 0 |
| **d** Other exempt purpose expenditures | 4,515,237 | 0 |
| **e** Total exempt purpose expenditures (add lines 1c and 1d) | 4,522,417 | 0 |
| **f** Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 376,121 | 0 |
| **g** Grassroots nontaxable amount (enter 25% of line 1f) | 94,030 | 0 |
| **h** Subtract line 1g from line 1a. If zero or less, enter -0-. | 0 | |
| **i** Subtract line 1f from line 1c. If zero or less, enter -0-. | 0 | |

| **If the amount on line 1e, column (a) or (b) is:** | **The lobbying nontaxable amount is:** |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e. |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000. |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000. |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000. |
| Over $17,000,000 | $1,000,000. |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

## 4-Year Averaging Period Under Section 501(h)

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

### Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | **(a)** 2018 | **(b)** 2019 | **(c)** 2020 | **(d)** 2021 | **(e)** Total |
|---|---|---|---|---|---|
| **2a** Lobbying nontaxable amount | 411,829 | 470,315 | 455,370 | 376,121 | 1,713,635 |
| **b** Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 2,570,453 |
| **c** Total lobbying expenditures | 0 | 0 | 0 | 7,180 | 7,180 |
| **d** Grassroots nontaxable amount | 102,957 | 117,579 | 113,843 | 94,030 | 428,409 |
| **e** Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 642,614 |
| **f** Grassroots lobbying expenditures | 0 | 0 | 0 | 0 | |

**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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.*

| | | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | 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: | | | |
| a | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| e | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? | | | |
| j | Total. Add lines 1c through 1i | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

**Part III-A** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of $2,000 or less? | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | | |

**Part III-B** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

| | | | |
|---|---|---|---|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures. See Instructions | 5 | |

**Part IV** **Supplemental Information**

Provide 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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|---|---|
| PART II-A, LINE 1C: | DIRECT LOBBYING EXPENSES DETAIL: STAFF TIME $6,155 \| MEDIA ADVERTISING $40 \| PUBLICATIONS $985 TOTAL EXPENSE: $7,180 |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**SCHEDULE D**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization**
PARAPROFESSIONAL HEALTHCARE INSTITUTE INC

**Employer identification number**
13-3575492

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | | (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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part 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 organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an 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 a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | | Held at the End of the Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

## Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ **Yes** ☐ **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

| | | Amount |
|---|---|---|
| **c** Beginning balance | **1c** | |
| **d** Additions during the year | **1d** | |
| **e** Distributions during the year | **1e** | |
| **f** Ending balance | **1f** | |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

## Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| **1a** Beginning of year balance | 4,630,023 | 3,933,652 | 4,048,888 | 3,833,529 | 3,797,775 |
| **b** Contributions | | | | | |
| **c** Net investment earnings, gains, and losses | -614,504 | 846,371 | 134,764 | 215,359 | 235,754 |
| **d** Grants or scholarships | | | | | |
| **e** Other expenditures for facilities and programs | 250,000 | 150,000 | 250,000 | | 200,000 |
| **f** Administrative expenses | | | | | |
| **g** End of year balance | 3,765,519 | 4,630,023 | 3,933,652 | 4,048,888 | 3,833,529 |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶
- **b** Permanent endowment ▶ 96.936 %
- **c** Term endowment ▶ 3.064 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---|---|---|
| **(i)** Unrelated organizations | | No |
| **(ii)** Related organizations | | No |
| **b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

## Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| **1a** Land | | | | |
| **b** Buildings | | | | |
| **c** Leasehold improvements | | 1,980,567 | 1,931,149 | 49,418 |
| **d** Equipment | | 110,570 | 96,563 | 14,007 |
| **e** Other | | 1,332,884 | 1,332,884 | 0 |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 63,425 |

**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.** *(Column (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.** *(Column (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) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶ | |

**Part X** **Other Liabilities.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶ | 8,710 |

**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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

**Part XI** **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 14,050,406 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | -1,074,330 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | -1,074,330 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 15,124,736 |
| 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 | 44,040 | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 44,040 |
| 5 | Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) | | | 5 | 15,168,776 |

**Part XII** **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 4,478,377 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 0 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 4,478,377 |
| 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 | 44,040 | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 44,040 |
| 5 | Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.) | | | 5 | 4,522,417 |

**Part XIII**

**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.

| Return Reference | Explanation |
|---|---|
| PART V, LINE 4: | IN AUGUST 2014, PHI RECEIVED A $2,000,000 ENDOWMENT GIFT FROM A TRUST FOR THE TRAINING AND CERTIFICATION OF HOME HEALTH CARE WORKERS ("HEALTH CARE WORKERS PROGRAM"). IN JULY 2016, PHI RECEIVED AN ADDITIONAL ENDOWMENT GIFT FROM THE SAME TRUST OF $1,650,154. PHI MAY APPLY INCOME FROM THE ENDOWMENT TO THE TRAINING OF HEALTHCARE WORKERS. |
| PART X, LINE 2: | PHI IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND HAS MADE NO PROVISION FOR FEDERAL OR STATE INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, PHI HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE ("IRS") NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE IRC. ALL SIGNIFICANT TAX POSITIONS HAVE BEEN CONSIDERED BY MANAGEMENT AND IT HAS BEEN DETERMINED THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. PHI IS REQUIRED TO FILE FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) AND THE NEW YORK CHAR500 (ANNUAL FILING FOR CHARITABLE ORGANIZATIONS), WHICH ARE SUBJECT TO EXAMINATION BY THE IRS AND THE STATE OF NEW YORK, RESPECTIVELY, UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF THE TAX RETURN. THE FORMS 990 FOR 2019 THROUGH 2021 ARE OPEN TO EXAMINATION BY THE IRS AS OF JUNE 30, 2022. OTHER SIGNIFICANT TAX POSITIONS INCLUDE ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX ("UBIT"). MANAGEMENT HAS DETERMINED THAT PHI HAD NO ACTIVITIES SUBJECT TO UBIT IN THE YEARS ENDED JUNE 30, 2022 OR 2021. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990.**
**▶ Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization
PARAPROFESSIONAL HEALTHCARE INSTITUTE INC

**Employer identification number**
13-3575492

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 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 organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) COOPERATIVE HOME CARE ASSOCIATES 400 EAST FORDHAM ROAD 12TH FLOOR BRONX,NY 10458 | 13-3238142 | | 995,542 | 0 | | | TRAINING AND WORKFORCE DEVELOPMENT PROGRAM, HCW FIRE VICTIMS FUND AND GENERAL SUPPORT. |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 0

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| **(a)** Type of grant or assistance | **(b)** Number of recipients | **(c)** Amount of cash grant | **(d)** Amount of noncash assistance | **(e)** Method of valuation (book, FMV, appraisal, other) | **(f)** Description of noncash assistance |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|---|---|
| PART I, LINE 2: | PROGRAM REPORTS ARE REVIEWED INTERNALLY ON A MONTHLY BASIS AND PROVIDED, ON A QUARTERLY BASIS, TO SENIOR STAFF, THE FINANCE AND AUDIT COMMITTEE AND THE BOARD OF DIRECTORS AS PART OF EACH MEETING'S REGULAR AGENDA. AT MINIMUM, ANNUAL AUDITED FINANCIAL REPORTS ARE PRODUCED AND PROVIDED. |
| PART II, LINE 1(H): | PURPOSE OF GRANT DETAIL: 1. TRAINING AND WORKFORCE DEVELOPMENT PROGRAM - $982,299 2. GENERAL SUPPORT - HCW FIRE VICTIMS FUND - $8,243 3. GENERAL SUPPORT - $5,000 |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**Schedule J**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization
PARAPROFESSIONAL HEALTHCARE INSTITUTE INC

**Employer identification number**
13-3575492

## Part 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 | | | |
| | ☐ 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 | | | |
| | ☐ Independent compensation consultant ☑ Compensation survey or study | | | |
| | ☐ 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: | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | 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: | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," on line 5a or 5b, describe in Part III. | | | |
| **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: | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | 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 payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | **9** | | |

**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 | | (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 JODI M STURGEON<br>PRESIDENT | (i) | 212,242 | 0 | 774 | 0 | 740 | 213,756 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 ADRIA POWELL<br>SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 204,252 | 3,000 | 552 | 0 | 11,640 | 219,444 | 0 |
| 3 ERICA BROWN-MYRIE<br>EVP OF FINANCE AND ADMINISTRATION | (i) | 157,172 | 0 | 196 | 0 | 4,449 | 161,817 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 ANGELINA DRAKE<br>CHIEF STRATEGY OFFICER | (i) | 148,199 | 0 | 105 | 0 | 36,712 | 185,016 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 ROBERT ESPINOZA<br>EXECUTIVE VICE PRESIDENT OF POLICY | (i) | 155,244 | 0 | 196 | 0 | 17,158 | 172,598 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 KEZIA SCALES<br>SENIOR DIRECTOR OF POLICY RESEARCH | (i) | 103,282 | 0 | 78 | 0 | 49,730 | 153,090 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## 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.

| Return Reference | Explanation |
|---|---|

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**Schedule L**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization
PARAPROFESSIONAL HEALTHCARE INSTITUTE INC

**Employer identification number**
13-3575492

**Part I** **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | **(a)** Name of disqualified person | **(b)** Relationship between disqualified person and organization | **(c)** Description of transaction | **(d)** Corrected? Yes | No |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**2** Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $ . ▶ $

**Part II** **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| **(a)** Name of interested person | **(b)** Relationship with organization | **(c)** Purpose of loan | **(d)** Loan to or from the organization? To | From | **(e)** Original principal amount | **(f)** Balance due | **(g)** In default? Yes | No | **(h)** Approved by board or committee? Yes | No | **(i)** Written agreement? Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| **Total** . . . . . ▶ $ | | | | | | | | | | | | |

**Part III** **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| **(a)** Name of interested person | **(b)** Relationship between interested person and the organization | **(c)** Amount of assistance | **(d)** Type of assistance | **(e)** Purpose of assistance |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? Yes | No |
|---|---|---|---|---|---|
| (1) ADRIA POWELL PRESIDENT CHCA | SECRETARY | 838,667 | TRAINING AND PROGRAM GRANTS TO CHCA | | No |
| (2) ADRIA POWELL PRESIDENT CHCA | SECRETARY | 143,632 | OTDA GRANTS TO CHCA | | No |
| (3) ADRIA POWELL PRESIDENT CHCA | SECRETARY | 13,243 | OTHER GRANTS TO CHCA | | No |
| (4) ADRIA POWELL PRESIDENT CHCA | SECRETARY | 200,000 | TECHNICAL SUPPORT TO CHCA | | No |
| (5) ADRIA POWELL PRESIDENT CHCA | SECRETARY | 997,454 | SUBLEASE RENT FROM CHCA | | No |
| | | | | | |

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

| Return Reference | Explanation |
|---|---|
| SCH L, PART IV, LINE 3 AND 5: | FACILITIES ARE SUBLEASED TO CHCA AT COST FOR THE SAME TERMS AND CONDITIONS AS PROVIDED BY THE LESSOR. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**SCHEDULE O**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# 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.**
**▶ Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization
PARAPROFESSIONAL HEALTHCARE INSTITUTE INC

**Employer identification number**
13-3575492

| Return Reference | Explanation |
|---|---|
| IN ADDITION, PHI CONTINUES TO PRODUCE A SERIES OF RESEARCH- AND EVIDENCE- | BASED POLICY PUBLICATIONS, INCLUDING "STATE POLICY STRATEGIES FOR STRENGTHENING THE DIRECT CARE WORKFORCE" A COMPILATION OF 24 STATE POLICY SOLUTIONS TO IMPROVE JOB QUALITY AND STABILIZE THIS WORKFORCE. OUR RESEARCH AND PUBLICATIONS RELATED TO THE COVID-19 PANDEMIC ARE DETAILED IN THE FOLLOWING SECTION. PHI'S RESPONSE TO COVID-19 IN SEPTEMBER 2021, PHI PUBLISHED "DIRECT CARE WORKERS IN THE UNITED STATES: KEY FACTS," OUR ANNUAL RESEARCH REPORT ON HOME CARE WORKERS, RESIDENTIAL CARE AIDES, AND NURSING ASSISTANTS. THE REPORT INCLUDES UPDATED WORKFORCE DATA AS WELL AS NEW DATA RELATED TO THE COVID-19 PANDEMIC. IN OCTOBER 2021, WE RELEASED A STUDY ON WORKERS DISPLACED DURING THE COVID-19 PANDEMIC WITH THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO (UCSF) HEALTH WORKFORCE RESEARCH CENTER ON LONG-TERM CARE, WHICH FOUND THAT THE LONG-TERM CARE FIELD HAS BEEN LARGELY UNSUCCESSFUL IN RECRUITING DISPLACED WORKERS TO DIRECT CARE OVER THIS TIME. PHI ALSO FINALIZED A NATIONAL STUDY AND ITS RESULTING REPORT, "ESSENTIAL SUPPORT: STATE HAZARD PAY AND SICK LEAVE POLICIES FOR DIRECT CARE WORKERS DURING COVID-19." RESEARCHED OVER 18 MONTHS, THE REPORT DETAILS OUR FINDINGS ON HAZARD PAY AND PAID SICK LEAVE POLICIES ENACTED ACROSS ALL 50 STATES AND WASHINGTON, DC DURING THE COVID-19 PANDEMIC AND DISTILLS IMPORTANT LESSONS FOR FUTURE POLICY DEVELOPMENT. THIS STUDY IS BEING WIDELY DISSEMINATED THROUGH PHI'S NEWSLETTER, ACROSS SOCIAL MEDIA PLATFORMS, VIA DIRECT OUTREACH TO KEY STAKEHOLDERS, AND THROUGH PRESENTATIONS AT CONFERENCES. STRATEGIC PLAN: 2022-2025 PHI HAS LAUNCHED A NEW, BOARD-APPROVED STRATEGIC PLAN THAT WILL GUIDE OUR WORK BETWEEN 2022 AND 2025. OUR APPROACH TO DEVELOPING THE PLAN HAS INCLUDED CLOSE ENGAGEMENT WITH THE BOARD OF DIRECTORS, SWOT-STYLE STRATEGIC CONVERSATIONS AT THE TEAM LEVEL, AND INPUT FROM A RANGE OF EXTERNAL STAKEHOLDERS. IN CONNECTION WITH THIS PROCESS, PHI DEVELOPED A STRATEGIC VISION STATEMENT: CREATE HIGH QUALITY JOBS TO TRANSFORM THE DIRECT CARE WORKFORCE AND MEET THE GROWING DEMAND FOR LONG-TERM SERVICES AND SUPPORTS." TO ACHIEVE THIS VISION, PHI WILL FOCUS ON FIVE KEY ORGANIZATIONAL IMPACT AIMS: 1. DRIVE INVESTMENT IN WORKFORCE INNOVATIONS AND POLICY CHANGE 2. BOLSTER THE EVIDENCE BASE FOR IMPROVING DIRECT CARE JOBS 3. DEEPEN PUBLIC UNDERSTANDING ABOUT THE VALUE OF DIRECT CARE 4. SUPPORT EMPLOYERS IN STRENGTHENING JOB QUALITY 5. CENTER DIVERSITY, EQUITY, AND INCLUSION IN DIRECT CARE |
| FORM 990, PART VI, SECTION A, LINE 7A | ORGANIZATION OFFICERS SERVE ON RELATED ENTITY BOARD. |
| FORM 990, PART VI, SECTION B, LINE 11B | THE FORM 990 WILL BE REVIEWED BY THE FINANCE AND AUDIT COMMITTEE AND THE EXECUTIVE COMMITTEE PRIOR TO THE FILING AND MADE AVAILABLE TO THE FULL BOARD WHEN FINALIZED. |
| FORM 990, PART VI, SECTION B, LINE 12C | PHI'S BOARD MEMBERS COMPLETE ANNUAL DISCLOSURE FORMS. ALL BOARD MEMBERS AND KEY STAFF PERSONS ARE RESPONSIBLE FOR RAISING ANY ADDITIONAL CONFLICTS VERBALLY THROUGHOUT THE YEAR SHOULD THE SITUATION ARISE, THE APPLICABLE MEMBER WOULD COMPLETE AN UPDATED DISCLOSURE FORM. |
| FORM 990, PART VI, SECTION B, LINE 15 | THE CEO'S SALARY IS SET BY THE BOARD CHAIR, IN COLLABORATION WITH THE EXECUTIVE TEAM OF THE BOARD. CURRENT SALARY DATA RELATIVE TO THE FIELD, SIZE OF THE ORGANIZATION, AND THE CEO'S OVERALL RESPONSIBILITIES IS RESEARCHED AND TAKEN INTO ACCOUNT. SALARIES FOR ALL KEY PERSONNEL OTHER THAN CEO ARE SET BY EXECUTIVE LEADERSHIP SUPPORTED THROUGH THE PROCESS OF BENCHMARKING. |
| FORM 990, PART VI, SECTION C, LINE 19 | PHI'S FINANCIAL STATEMENTS AND TAX RETURNS ARE POSTED ON GUIDESTAR AND AVAILABLE IN ELECTRONIC FORMAT UPON REQUEST. |
| FORM 990, PART XII, LINE 2C: | THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR FISCAL YEAR ENDED 6/30/2022, THE ORGANIZATION HAS NOT CHANGED ITS SELECTION OF AN INDEPENDENT AUDITOR. |

## Additional Data

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**Software ID:**

**Software Version:**

# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public Inspection**

Name of the organization
PARAPROFESSIONAL HEALTHCARE INSTITUTE INC

**Employer identification number**
13-3575492

**Part I** **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
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**Part II** **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
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**Part III** **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Yes | No |
| **(1)**COOPERATIVE HOME CARE ASSOCIATES<br><br>400 EAST FORDHAM ROAD<br>BRONX, NY 10458<br>13-3238142 | HOME CARE SERVICES | NY | N/A | C | | | | | No |
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**Part V** **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | | Yes | No |
|---|---|---|---|
| **1** During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 1a | | No |
| **b** Gift, grant, or capital contribution to related organization(s) | 1b | Yes | |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| **d** Loans or loan guarantees to or for related organization(s) | 1d | | No |
| **e** Loans or loan guarantees by related organization(s) | 1e | | No |
| **f** Dividends from related organization(s) | 1f | | No |
| **g** Sale of assets to related organization(s) | 1g | | No |
| **h** Purchase of assets from related organization(s) | 1h | | No |
| **i** Exchange of assets with related organization(s) | 1i | | No |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | 1j | Yes | |
| **k** Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | No |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | 1m | Yes | |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| **o** Sharing of paid employees with related organization(s) | 1o | | No |
| **p** Reimbursement paid to related organization(s) for expenses | 1p | | No |
| **q** Reimbursement paid by related organization(s) for expenses | 1q | | No |
| **r** Other transfer of cash or property to related organization(s) | 1r | | No |
| **s** Other transfer of cash or property from related organization(s) | 1s | | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| **(a)** Name of related organization | **(b)** Transaction type (a-s) | **(c)** Amount involved | **(d)** Method of determining amount involved |
|---|---|---|---|
| **(1)** COOPERATIVE HOME CARE ASSOCIATES | B | 995,542 | CASH |
| **(2)** COOPERATIVE HOME CARE ASSOCIATES | J | 997,454 | CASH |
| **(3)** COOPERATIVE HOME CARE ASSOCIATES | M | 200,000 | CASH |
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**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| **(a)** Name, address, and EIN of entity | **(b)** Primary activity | **(c)** Legal domicile (state or foreign country) | **(d)** Predominant income (related, unrelated, excluded from tax under sections 512-514) | **(e)** Are all partners section 501(c)(3) organizations? | | **(f)** Share of total income | **(g)** Share of end-of-year assets | **(h)** Disproportionate allocations? | | **(i)** Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | **(j)** General or managing partner? | | **(k)** Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | **Yes** | **No** | | | **Yes** | **No** | | **Yes** | **No** | |
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## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

| Return Reference | Explanation |
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Schedule R (Form 990) 2021

## Additional Data

Return to Form

**Software ID:**

**Software Version:**