

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
SEPTEMBER 30, 2021

PREPARED FOR:

HUMENTUM, INC.
P.O. BOX 412147
BOSTON, MA 02241

PREPARED BY:

BAKER TILLY US, LLP
ONE PENN PLAZA
SUITE 3000
NEW YORK, NY 10119

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY AUGUST 15, 2022

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning OCT 1, 2020, and ending SEP 30, 2021

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

HUMENTUM, INC.

52-1312495

Name and title of officer or person subject to tax

CHRISTINE SOW
CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | |
|---|---|-----------------------------|
| 1a Form 990 check here <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b <u>9,185,900.</u> |
| 2a Form 990-EZ check here <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **BAKER TILLY US, LLP** to enter my PIN **11747**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Christine Sow

4/5/2022

Signature of officer or person subject to tax

82CEE21CCDC4ED

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

26239914190

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **PATRICK YU, CPA**

Date **04/05/22**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization HUMENTUM, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 412147 City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02241 F Name and address of principal officer: CHRISTINE SOW SAME AS C ABOVE | D Employer identification number 52-1312495 E Telephone number 202-509-0465 G Gross receipts \$ 11,607,409. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.HUMENTUM.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1977 M State of legal domicile: DC |

Part I Summary

| | | | | |
|------------------------------------|----------------|---|--|----------------------------------|
| | 1 | Briefly describe the organization's mission or most significant activities: 330 INT'L NGOS AND DEVELOPMENT & RELIEF COMMUNITY SECTOR EXPERTS WORKING TO ACHIEVE GLOBAL IMPACT. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Activities & Governance | 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 | 10 |
| | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 19 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 10 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 3,212,566. |
| 9 | | Program service revenue (Part VIII, line 2g) | 4,579,326. | 5,954,101. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -15,028. | 154,068. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 13,353. | 39,531. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 7,790,217. | 9,185,900. |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. |
| | 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) | 2,836,110. | 3,511,501. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 275,331. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 5,257,285. | 5,691,111. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 8,093,395. | 9,202,612. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -303,178. | -16,712. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 5,184,006. | End of Year 5,784,362. |
| | 21 | Total liabilities (Part X, line 26) | 3,274,950. | 3,582,557. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,909,056. | 2,201,805. |

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 CHRISTINE SOW, CEO Type or print name and title | Date | | | |
| Paid Preparer Use Only | Print/Type preparer's name PATRICK YU, CPA | Preparer's signature | Date | Check if self-employed <input checked="" type="checkbox"/> | PTIN P00675982 |
| | Firm's name ▶ BAKER TILLY US, LLP | Firm's EIN ▶ 39-0859910 | | | |
| | Firm's address ▶ ONE PENN PLAZA, SUITE 3000 NEW YORK, NY 10119 | | Phone no. 212.697.6900 | | |

May the IRS discuss this return with the preparer shown above? See instructions 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: HUMENTUM'S MISSION IS TO PARTNER WITH THE GLOBAL DEVELOPMENT COMMUNITY TO BE AN EQUITABLE, ACCOUNTABLE, AND RESILIENT FORCE FOR SOCIAL GOOD.

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

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

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 \$ 6,648,138. including grants of \$) (Revenue \$ 5,954,101.) HUMENTUM IS A GLOBAL NON-PROFIT ORGANIZATION THAT STRENGTHENS HUMANITARIAN AND DEVELOPMENT ORGANIZATIONS AND ADVOCATES FOR DATA-DRIVEN POLICIES AND STANDARDS TO BENEFIT THE ENTIRE SECTOR. WE WORK DIRECTLY WITH ORGANIZATIONS BY BUILDING COMMUNITY THROUGH OUR ONLINE NETWORKING PLATFORM AND EVENTS; ADVANCING INDIVIDUAL AND ORGANIZATIONAL CAPABILITY THROUGH ONLINE TRAINING AND CONTENT; AND PROVIDING SOLUTIONS TO ORGANIZATION-WIDE PROBLEMS THROUGH OUR CONSULTANCY SERVICE.

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

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

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

4e Total program service expenses 6,648,138.

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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | X | |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

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? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see 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? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note: All Form 990 filers are required to complete Schedule O

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 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 on Schedule O. | | |
| | 1a | | 10 |
| b | Enter the number of voting members included on line 1a, above, who are independent | | 10 |
| 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? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 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? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 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 on Schedule O | | X |

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? | | X |
| 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 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 | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in 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? | | X |
| 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? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
JOCELYN BOUGHTON, GLOBAL DIR, FINANCE & ADMIN - 202-509-0465
P.O. BOX 412147, BOSTON, MA 02241

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) CHRISTINE SOW CEO/PRESIDENT & SECRETARY | 40.00 0.00 | | | X | | | | 256,110. | 0. | 13,798. |
| (2) CHRISTOPHER PROULX GLOBAL DIRECTOR, LEARNING & MEMBER E | 40.00 0.00 | | | X | | | | 213,383. | 0. | 25,000. |
| (3) CYNTHIA SMITH DIRECTOR, GLOBAL AFFAIRS & ADVOCACY | 40.00 0.00 | | | | | X | | 131,277. | 0. | 24,051. |
| (4) KIM KUCINSKAS DIRECTOR, MEMBERSHIP | 40.00 0.00 | | | | | X | | 109,181. | 0. | 34,206. |
| (5) JAY MEHTA SENIOR MANANGER, IT | 40.00 0.00 | | | | | X | | 103,946. | 0. | 27,708. |
| (6) RICHARD COLLIER KEYWOOD CHAIR TO 12/31/20 | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (7) BRUCE WILKINSON CHAIR AS OF 1/1/21 | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (8) TAMI WARD-DAHL VICE CHAIR AS OF 9/1/21 | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (9) JOYCE TAMALE TREASURER AS OF 9/1/21 | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (10) SUSAN DORSEY TREAS/V. CHAIR TO 8/31/21/BOARD MEMB | 2.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (11) SABA AL MUBASLAT BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (12) PETER DONALDSON BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (13) HELEN MCEACHERN BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (14) CHRISTOPHER PIRIE BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (15) KIM SCHWARTZ BOARD MEMBER AS OF 4/27/21 | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (16) JAIVIR SINGH BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |

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 line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | 813,897. | 0. | 124,763. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 813,897. | 0. | 124,763. | |

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 **5**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

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 |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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 **0**

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|--|--|----------------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 333,032. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,705,168. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 2,473,543. | | | |
| | h | Total. Add lines 1a-1f | | 3,038,200. | | | |
| Program Service Revenue | 2 a | TRAINING COURSES & VIRTUAL EVENTS | Business Code 833199 | 2,344,295. | 2,344,295. | | |
| | b | MEMBERSHIP | 869900 | 2,022,807. | 2,022,807. | | |
| | c | CONSULTING SERVICES | 541618 | 1,446,921. | 1,446,921. | | |
| | d | RECRUITMENT SERVICES | 561312 | 140,078. | 140,078. | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 5,954,101. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 77,185. | | 77,185. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | 35,299. | | 35,299. | |
| | 6 a | Gross rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b | Less: rental expenses | 6b | | | | |
| | c | Rental income or (loss) | 6c | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | 2,498,392. | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 2,421,509. | | | |
| c | Gain or (loss) | 7c | 76,883. | | | | |
| d | Net gain or (loss) | | 76,883. | | 76,883. | | |
| 8 a | 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 | | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b | Less: direct expenses | 9b | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | 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 | 11 a | OTHER INCOME | Business Code 900099 | 3,072. | | 3,072. | |
| | b | CREDIT CARD REWARDS | 900099 | 1,160. | | 1,160. | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | 4,232. | | | |
| 12 | Total revenue. See instructions | | 9,185,900. | 5,954,101. | 0. | 193,599. | |

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 ... | | | | |
| 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 | 544,611. | 347,760. | 154,985. | 41,866. |
| 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 | 2,469,442. | 1,576,858. | 702,751. | 189,833. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 97,876. | 62,499. | 27,853. | 7,524. |
| 9 Other employee benefits | 216,656. | 138,345. | 61,656. | 16,655. |
| 10 Payroll taxes | 182,916. | 116,801. | 52,054. | 14,061. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 18,332. | | 18,332. | |
| c Accounting | 36,000. | | 36,000. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 20,762. | | 20,762. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 1,918,886. | 1,605,451. | 308,435. | 5,000. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 145,023. | 793. | 144,230. | |
| 14 Information technology | 2,921,888. | 2,559,250. | 362,638. | |
| 15 Royalties | | | | |
| 16 Occupancy | 223,119. | | 223,119. | |
| 17 Travel | 8,298. | 5,656. | 2,642. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 120,026. | 29,908. | 90,118. | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a TRAINING SUPPORT, FACIL | 261,618. | 197,734. | 63,884. | |
| b DUES AND OTHER | 17,159. | 7,083. | 9,684. | 392. |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 9,202,612. | 6,648,138. | 2,279,143. | 275,331. |
| 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 X

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 689,055. | 1 | 533,211. |
| | 2 Savings and temporary cash investments | 205,785. | 2 | 119,551. |
| | 3 Pledges and grants receivable, net | | 3 | 35,261. |
| | 4 Accounts receivable, net | 1,177,663. | 4 | 1,224,918. |
| | 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 | 136,438. | 9 | 351,541. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 752,499. | | |
| | b Less: accumulated depreciation | 10b 391,625. | | |
| | 11 Investments - publicly traded securities | 448,086. | 10c | 360,874. |
| | 12 Investments - other securities. See Part IV, line 11 | 2,481,453. | 11 | 2,908,633. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | 45,526. | 13 | |
| | 15 Other assets. See Part IV, line 11 | 0. | 14 | 117,336. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 5,184,006. | 15 | 133,037. | |
| | | 16 | 5,784,362. | |
| Liabilities | 17 Accounts payable and accrued expenses | 199,422. | 17 | 436,903. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 2,036,861. | 19 | 1,947,807. |
| | 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 | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,038,667. | 25 | 1,197,847. |
| | 26 Total liabilities. Add lines 17 through 25 | 3,274,950. | 26 | 3,582,557. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 1,909,056. | 27 | 2,201,805. |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 | 1,909,056. | 32 | 2,201,805. |
| | 33 Total liabilities and net assets/fund balances | 5,184,006. | 33 | 5,784,362. |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 9,185,900. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,202,612. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -16,712. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,909,056. |
| 5 | Net unrealized gains (losses) on investments | 5 | 315,067. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -5,606. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2,201,805. |

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
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:
 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?
If the organization changed either its oversight process or selection process during the tax year, explain on 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?
- 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 on Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|----|-----|----|
| | | |
| 2a | | X |
| | | |
| 2b | X | |
| | | |
| 2c | X | |
| | | |
| 3a | | X |
| | | |
| 3b | | |

SCHEDULE A
(Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Name of the organization: **HUMENTUM, INC.** Employer identification number: **52-1312495**

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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 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 in 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | 6693379. | 3416992. | 3212566. | 3038200. | 16361137. |
| 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 | | 6693379. | 3416992. | 3212566. | 3038200. | 16361137. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 16361137. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | 6693379. | 3416992. | 3212566. | 3038200. | 16361137. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 71,547. | 79,337. | 49,798. | 12,941. | 112,484. | 326,107. |
| 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.) | | | 13,511. | 2,198. | 4,232. | 19,941. |
| 11 Total support. Add lines 7 through 10 | | | | | | 16707185. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 29,357,955. |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|-------|-------------------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 97.93 | % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 97.43 | % |
| 16a 33 1/3% support test - 2020. 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 | | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2019. 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 | | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2020. 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 | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2019. 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 | | | <input type="checkbox"/> |
| 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 | | | <input type="checkbox"/> |

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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 in 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 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

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 in lines 11b and 11c below, the governing body of a supported organization? | | |
| 11a | | |
| b A family member of a person described in line 11a above? | | |
| 11b | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <i>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.</i> | | |
| 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)? <i>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).</i> | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i> | Yes | No |
| 2a | | |
| b Did the activities described in 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? <i>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.</i> | | |
| 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? <i>If "Yes" or "No" provide details in Part VI.</i> | | |
| 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 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): | | |
| 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 (<i>explain in detail in Part VI</i>): | | |
| 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 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> 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 - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2020 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-2020 | (iii) Distributable Amount for 2020 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

CREDIT CARD REWARDS

2018 AMOUNT: \$ 13,511.

2019 AMOUNT: \$ 2,061.

2020 AMOUNT: \$ 1,160.

OTHER INCOME

2019 AMOUNT: \$ 137.

2020 AMOUNT: \$ 3,072.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

HUMENTUM, INC.

Employer identification number

52-1312495

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

| | |
|---|---|
| Name of organization HUMENTUM, INC. | Employer identification number 52-1312495 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | SMALL BUSINESS ADMINISTRATION 409 3RD ST, SW WASHINGTON, DC 20416 | \$ 333,032. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | NET DIMENSIONS C/O LEARNING TECHNOLOGY GROUP 17/F, SIU ON CENTRE, 188 LOCKHART ROAD WAN CHAI, HONG KONG | \$ 1,153,476. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | ARTICULATE GLOBAL INC 244 5TH AVE STE 2960 NEW YORK, NY 10001 | \$ 262,398. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | CEGOS 19 RUE REN JACQUES ISSY-LES-MOULINEAUX CEDEX, FRANCE 92798 | \$ 211,990. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | SKILLSOFT CORPORATION 300 INNOVATIVE WAY, SUITE 201 NASHUA, NH 03062 | \$ 403,179. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | SPEEXX, DIGITAL PUBLISHING AG TUMBLINGERSTR. MUNICH, GERMANY 32 80337 | \$ 442,500. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization HUMENTUM, INC. | Employer identification number 52-1312495 |
|---|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 2 | SOFTWARE LICENSE AND COURSE CONTENT _____ _____ _____ | \$ <u>1,153,476.</u> | <u>09/30/21</u> |
| 3 | SOFTWARE LICENSE AND COURSE CONTENT _____ _____ _____ | \$ <u>262,398.</u> | <u>09/30/21</u> |
| 4 | SOFTWARE LICENSE AND COURSE CONTENT _____ _____ _____ | \$ <u>211,990.</u> | <u>09/30/21</u> |
| 5 | SOFTWARE LICENSE AND COURSE CONTENT _____ _____ _____ | \$ <u>403,179.</u> | <u>09/30/21</u> |
| 6 | SOFTWARE LICENSE AND COURSE CONTENT _____ _____ _____ | \$ <u>442,500.</u> | <u>09/30/21</u> |
| | _____ _____ _____ | \$ _____ | _____ |

| | |
|---|---|
| Name of organization HUMENTUM, INC. | Employer identification number 52-1312495 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

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

2020

Open to Public Inspection

Name of the organization HUMENTUM, INC. Employer identification number 52-1312495

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for 2a-2d, and Yes/No options for monitoring and requirements.

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.

Form with questions 1a, 1b, and 2 regarding art and historical treasures, including checkboxes and dollar amount fields for revenue and assets.

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 make 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 program
 - 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 on 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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 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 _____%
 - c Term endowment _____%
- 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 | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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 | | 523,859. | 213,817. | 310,042. |
| d Equipment | | 228,640. | 177,808. | 50,832. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 360,874. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (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) DEFERRED RENT | 606,223. |
| (3) DUE TO AFFILIATE | 591,624. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 1,197,847. |

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

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 | 9,474,599. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a 315,067. | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d -5,606. | | |
| e | Add lines 2a through 2d | | 2e | 309,461. |
| 3 | Subtract line 2e from line 1 | | 3 | 9,165,138. |
| 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 20,762. | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 20,762. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 9,185,900. |

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 | 9,181,850. |
| 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 | 9,181,850. |
| 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 20,762. | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 20,762. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 9,202,612. |

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.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED HUMENTUM'S TAX POSITIONS AND CONCLUDED THAT IT HAS NOT TAKEN ANY UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF FASB ASC 740.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON FOREIGN CURRENCY TRANSLATION ADJUSTMENTS -5,606.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

| | |
|---|---|
| Name of the organization HUMENTUM, INC. | Employer identification number 52-1312495 |
|---|---|

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 0 | 0 | PROGRAM SERVICES | TRAINING/RESOURCES | 105,995. |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 15 | PROGRAM SERVICES | TRAINING/RESOURCES | 1,530,039. |
| SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, | 0 | 0 | PROGRAM SERVICES | TRAINING/RESOURCES | 47,050. |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 0 | 0 | PROGRAM SERVICES | TRAINING/RESOURCES | 261,753. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 0 | 15 | | | 1,944,837. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 15 | | | 1,944,837. |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|-------------------|-----------------------------|---------------------------------|--|---|--|--|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities ► _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|---|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ALL PAYMENTS ARE FOR HOTELS, AIRLINES, MEETING VENUES. CATERING AND TRAINER FEES ETC. AMOUNTS ARE ALSO INCLUDED FOR ESTIMATED STAFF TIME ALLOCATED TO THE VARIOUS REGIONS. IN ADDITION, FOR EUROPE THIS INCLUDES THE COSTS OF INDEPENDENT CONSULTANTS CARRYING OUT THE WORK, UK BASED STAFF SALARIES AND THE ASSOCIATED SOCIAL SECURITY COSTS, BAD DEBTS FROM NON-COLLECTIBLE INCOME AND IRRECOVERABLE TAXES PAID.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HUMENTUM, INC.

Employer identification number

52-1312495

Part I Questions Regarding Compensation

1a Check the appropriate 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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 on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----------|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2020

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (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) CHRISTINE SOW CEO/PRESIDENT & SECRETARY | (i) | 256,110. | 0. | 0. | 12,813. | 985. | 269,908. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) CHRISTOPHER PROULX GLOBAL DIRECTOR, LEARNING & MEMBER E | (i) | 213,383. | 0. | 0. | 22,580. | 2,420. | 238,383. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) CYNTHIA SMITH DIRECTOR, GLOBAL AFFAIRS & ADVOCACY | (i) | 131,277. | 0. | 0. | 10,077. | 13,974. | 155,328. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **HUMENTUM, INC.** Employer identification number **52-1312495**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (SOFTWARE LICE) | X | 5 | 2,473,543 . COST | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

| | Yes | No |
|---|----------|----------|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. | | X |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. | | X |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER ON PART I, COLUMN B REPRESENTS NUMBER OF DONORS.

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

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

2020

Open to Public
Inspection

Name of the organization

HUMENTUM, INC.

Employer identification number

52-1312495

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED FOR MANY OF THE AREAS, TO BRING CLARITY AROUND MEMBERS, TERMS OF BOARD MEMBERS, REASON FOR REMOVAL. THE CORPORATION DOES NOT HAVE MEMBERS. THE NUMBER OF BOARD MEMBERS WAS INCREASED TO 14. THE TERM OF BOARD MEMBERS WAS AMENDED TO BE CONSISTENT FOR THREE YEARS FOR THE 1ST TERMS AND A SECOND TERM OF THREE YEAR POSSIBLE. THE FORMAT OF MEETINGS BEING ALLOWED VIRTUALLY AND THE QUORUM WAS CLARIFIED. THE REASONS FOR REMOVAL OF A BOARD MEMBER WERE UPDATED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM IS REVIEWED BY THE GLOBAL DIRECTOR, FINANCE & ADMINISTRATION AND THE FINANCE COMMITTEE, THEN PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED BY THE CHIEF EXECUTIVE OFFICER. ALL OF THE BOARD OF DIRECTORS SIGN THE CONFLICT OF INTEREST STATEMENT ANNUALLY. THE BOARD MEMBER IS TO DECLARE ANY CONFLICT OF INTEREST AND DOES NOT VOTE OR PARTICIPATE IN SUCH A DISCUSSION. IF THE ORGANIZATION BECOMES AWARE OF ANY CONFLICT OF INTEREST, THIS IS RAISED WITH THE PERSON DIRECTLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE CHIEF EXECUTIVE OFFICER IS EVALUATED ANNUALLY BY THE BOARD OF DIRECTORS. THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS REVIEWED AND SET AT THE BEGINNING OF THE FISCAL YEAR. STAFF PERFORMANCE ARE EVALUATED

Name of the organization

HUMENTUM, INC.

Employer identification number

52-1312495

ANNUALLY. COMPENSATION IS BENCHMARKED AGAINST BOTH INGOS AND MEMBER ASSOCIATIONS TO PROVIDE EQUITY. SALARY ADJUSTMENTS ARE MADE AT THE BEGINNING OF EACH FISCAL YEAR, WHERE APPLICABLE.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS INCLUDING THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON FOREIGN CURRENCY TRANSLATION ADJUSTMENTS -5,606.

**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

2020

Open to Public Inspection

Name of the organization **HUMENTUM, INC.** Employer identification number **52-1312495**

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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 |
| HUMENTUM UK 23-38 HYTHE BRIDGE STREET OXFORD, ENGLAND, UNITED KINGDOM | MANAGEMENT ACCOUNTING FOR NGOS | UNITED KINGDOM | | | HUMENTUM | X | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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) 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 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | X | |
| s Other transfer of cash or property from related organization(s) | | X |

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) HUMENTUM UK | O | 587,046. | COST |
| (2) HUMENTUM UK | Q | 3,008. | COST |
| (3) HUMENTUM UK | R | 207,117. | COST |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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 sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate 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 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Form **5471**

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

OMB No. 1545-0123

(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **OCT 1, 2020**, and ending **SEP 30, 2021**

Attachment
Sequence No. **121**

| | | |
|---|--|---|
| Name of person filing this return HUMENTUM, INC. Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) P.O. BOX 412147 City or town, state, and ZIP code BOSTON, MA 02241 | | A Identifying number 52-1312495 |
| Filer's tax year beginning OCT 1, 2020 , and ending SEP 30, 2021 | | B Category of filer (See instructions. Check applicable box(es).): 1a <input type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5a <input checked="" type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/> |
| | | C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____ % |

D Check box if this is a final Form 5471 for the foreign corporation

E Check if any excepted specified foreign financial assets are reported on this form (see instructions)

F Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40

G If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) ▶

H Person(s) on whose behalf this information return is filed:

| (1) Name | (2) Address | (3) Identifying number | (4) Check applicable box(es) | | |
|----------|-------------|------------------------|------------------------------|---------|----------|
| | | | Shareholder | Officer | Director |
| | | | | | |
| | | | | | |
| | | | | | |

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

| | | |
|--|---|---|
| 1a Name and address of foreign corporation HUMENTUM UK C/O CRITCHLEYS LLP, 23-38 HYTHE BRIDGE STREET OXFORD OX12EP UNITED KINGDOM | | b(1) Employer identification number, if any 00-0000000 |
| | | b(2) Reference ID number (see instructions) HUM001UK |
| | | c Country under whose laws incorporated UNITED KINGDOM |
| d Date of incorporation | e Principal place of business UNITED KINGDOM | f Principal business activity code number 611000 |
| | | g Principal business activity EDUCATION/TRAI |
| | | h Functional currency code GBP |

2 Provide the following information for the foreign corporation's accounting period stated above.

| | | |
|--|---|---|
| a Name, address, and identifying number of branch office or agent (if any) in the United States | b If a U.S. income tax return was filed, enter: | |
| | (i) Taxable income or (loss) | (ii) U.S. income tax paid (after all credits) |
| c Name and address of foreign corporation's statutory or resident agent in country of incorporation | d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different | |

| Schedule A Stock of the Foreign Corporation | | |
|--|---|--------------------------------------|
| (a) Description of each class of stock | (b) Number of shares issued and outstanding | |
| | (i) Beginning of annual accounting period | (ii) End of annual accounting period |
| | 0 | 0 |
| | | |
| | | |

Schedule B Shareholders of Foreign Corporation

Part I U.S. Shareholders of Foreign Corporation (see instructions)

Table with 5 columns: (a) Name, address, and identifying number of shareholder; (b) Description of each class of stock held by shareholder; (c) Number of shares held at beginning of annual accounting period; (d) Number of shares held at end of annual accounting period; (e) Pro rata share of Subpart F income (enter as a percentage). Row 1: HUMENTUM, INC., P.O. BOX 412147, BOSTON MA 02241, 52-1312495, 0, 0, .00%

Part II Direct Shareholders of Foreign Corporation (see instructions)

Table with 4 columns: (a) Name, address, and identifying number of shareholder; (b) Description of each class of stock held by shareholder; (c) Number of shares held at beginning of annual accounting period; (d) Number of shares held at end of annual accounting period. Row 1: HUMENTUM, INC., P.O. BOX 412147, BOSTON MA 02241, 52-1312495, 0, 0

Schedule C **Income Statement**

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

| | | Functional Currency | U.S. Dollars | |
|--|---|---------------------|--------------|------------|
| Income | 1a Gross receipts or sales | 1a | | |
| | b Returns and allowances | 1b | | |
| | c Subtract line 1b from line 1a | 1c | | |
| | 2 Cost of goods sold | 2 | | |
| | 3 Gross profit (subtract line 2 from line 1c) | 3 | | |
| | 4 Dividends | 4 | | |
| | 5 Interest | 5 | 31. | 42. |
| | 6a Gross rents | 6a | | |
| | b Gross royalties and license fees | 6b | | |
| | 7 Net gain or (loss) on sale of capital assets | 7 | | |
| Deductions | 8a Foreign currency transaction gain or loss - unrealized | 8a | 23,714. | 32,441. |
| | b Foreign currency transaction gain or loss - realized | 8b | | |
| | 9 Other income (attach statement) SEE STATEMENT 3 | 9 | 908,407. | 1,242,719. |
| | 10 Total income (add lines 3 through 9) | 10 | 932,152. | 1,275,202. |
| | 11 Compensation not deducted elsewhere | 11 | 457,939. | 626,469. |
| Net Income | 12a Rents | 12a | | |
| | b Royalties and license fees | 12b | | |
| | 13 Interest | 13 | | |
| | 14 Depreciation not deducted elsewhere | 14 | 5,819. | 7,961. |
| | 15 Depletion | 15 | | |
| | 16 Taxes (exclude income tax expense (benefit)) | 16 | | |
| | 17 Other deductions (attach statement - exclude income tax expense (benefit)) SEE STATEMENT 4 | 17 | 654,674. | 895,606. |
| 18 Total deductions (add lines 11 through 17) | 18 | 1,118,432. | 1,530,036. | |
| Other Comprehensive Income | 19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) | 19 | -186,280. | -254,834. |
| | 20 Unusual or infrequently occurring items | 20 | | |
| | 21a Income tax expense (benefit) - current | 21a | | |
| | b Income tax expense (benefit) - deferred | 21b | | |
| 22 Current year net income or (loss) per books (combine lines 19 through 21b) | 22 | -186,280. | -254,834. | |
| Other Comprehensive Income | 23a Foreign currency translation adjustments | 23a | | |
| | b Other | 23b | | |
| | c Income tax expense (benefit) related to other comprehensive income | 23c | | |
| | 24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c) | 24 | | |

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

| Assets | | (a) Beginning of annual accounting period | (b) End of annual accounting period |
|--|-----|---|---|
| 1 Cash | 1 | 474,971. | 192,398. |
| 2a Trade notes and accounts receivable | 2a | 376,646. | 42,100. |
| b Less allowance for bad debts | 2b | () | () |
| 3 Derivatives | 3 | | |
| 4 Inventories | 4 | | |
| 5 Other current assets (attach statement) SEE STATEMENT 5 | 5 | 56,562. | 38,843. |
| 6 Loans to shareholders and other related persons | 6 | | |
| 7 Investment in subsidiaries (attach statement) | 7 | | |
| 8 Other investments (attach statement) | 8 | | |
| 9a Buildings and other depreciable assets | 9a | 3,679. | 3,679. |
| b Less accumulated depreciation | 9b | (3,679.) | (3,679.) |
| 10a Depletable assets | 10a | | |
| b Less accumulated depletion | 10b | () | () |
| 11 Land (net of any amortization) | 11 | | |
| 12 Intangible assets: | | | |
| a Goodwill | 12a | | |
| b Organization costs | 12b | | |
| c Patents, trademarks, and other intangible assets | 12c | 11,281. | 3,924. |
| d Less accumulated amortization for lines 12a, 12b, and 12c | 12d | () | () |
| 13 Other assets (attach statement) SEE STATEMENT 6 | 13 | 370,792. | 591,624. |
| 14 Total assets | 14 | 1,290,252. | 868,889. |
| Liabilities and Shareholders' Equity | | | |
| 15 Accounts payable | 15 | 311,442. | 155,415. |
| 16 Other current liabilities (attach statement) SEE STATEMENT 7 | 16 | 170,104. | 159,605. |
| 17 Derivatives | 17 | | |
| 18 Loans from shareholders and other related persons | 18 | | |
| 19 Other liabilities (attach statement) | 19 | | |
| 20 Capital stock: | | | |
| a Preferred stock | 20a | | |
| b Common stock | 20b | | |
| 21 Paid-in or capital surplus (attach reconciliation) | 21 | | |
| 22 Retained earnings | 22 | 808,706. | 553,869. |
| 23 Less cost of treasury stock | 23 | () | () |
| 24 Total liabilities and shareholders' equity | 24 | 1,290,252. | 868,889. |

Schedule G Other Information

| | Yes | No |
|---|--------------------------|-------------------------------------|
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During the tax year, did the foreign corporation own an interest in any trust? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? If "Yes," complete lines 4b and 4c. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Enter the total amount of the base erosion payments ▶ \$ _____ | | |
| c Enter the total amount of the base erosion tax benefit ▶ \$ _____ | | |
| 5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? If "Yes," complete line 5b. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Enter the total amount of the disallowed deductions (see instructions) ▶ \$ _____ | | |

FORM 5471 AMOUNT AND TYPE OF INDEBTEDNESS OF FOREIGN CORPORATION TO THE RELATED PERSONS DESCRIBED IN REGULATIONS SECTION 1.6046-1(B)(11) STATEMENT 1

| AMOUNT | DESCRIPTION |
|--------|-------------|
| | N/A |

FORM 5471 NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF SHARES SUBSCRIBED TO BY EACH SUBSCRIBER TO THE STOCK OF THE FOREIGN CORPORATION STATEMENT 2

| NAME AND ADDRESS | IDENTIFYING NUMBER | NUMBER OF SHARES |
|------------------|--------------------|------------------|
| N/A | | |

FORM 5471 OTHER INCOME STATEMENT 3

| DESCRIPTION | FUNCTIONAL CURRENCY | EXCHANGE RATE | U.S. DOLLAR |
|-----------------------------------|---------------------|---------------|-------------|
| TRAINING COURSES & VIRTUAL EVENTS | 84,660. | .730984 | 115,816. |
| CONSULTING SERVICES | 456,568. | .730984 | 624,594. |
| CORPORATE SUPPORT | 8,512. | .730984 | 11,645. |
| OTHER | 970. | .730984 | 1,327. |
| CONTRIBUTIONS | 352,239. | .730984 | 481,870. |
| MEMBERSHIP DUES | 5,458. | .730984 | 7,467. |
| TOTAL TO 5471, SCHEDULE C, LINE 9 | 908,407. | | 1,242,719. |

FORM 5471

OTHER DEDUCTIONS

STATEMENT 4

| DESCRIPTION | FUNCTIONAL CURRENCY | EXCHANGE RATE | U.S. DOLLAR |
|--|--------------------------------|-------------------------------|--------------------------------|
| TRAINING SUPPORT, FACILITIES AND MA CONSULTANTS AND CONTRACTORS FOR CLI TRAVEL | 15,791. 487,929. 36,863. | .730984 .730984 .730984 | 21,602. 667,496. 50,429. |
| OFFICE EXPENSES | 683. | .730984 | 934. |
| TECHNOLOGY SUPPLIES AND SUPPORT | 55,219. | .730984 | 75,541. |
| DUES AND OTHER | 4,836. | .730984 | 6,616. |
| CREDIT CARD AND BANK SERVICE CHARGE | 3,071. | .730984 | 4,201. |
| PROFESSIONAL SERVICES FEES | 50,282. | .730984 | 68,787. |
| BAD DEBT | | .730984 | |
| TOTAL TO 5471, SCHEDULE C, LINE 17 | 654,674. | | 895,606. |

FORM 5471

OTHER CURRENT ASSETS

STATEMENT 5

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|---|--|---------------------------------------|
| PREPAID EXPENSES AND OTHER CURRENT ASSETS | 56,562. | 38,843. |
| TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 5 | 56,562. | 38,843. |

FORM 5471

OTHER ASSETS

STATEMENT 6

| DESCRIPTION | BEG. OF ANNUAL ACCOUNTING PERIOD | END OF ANNUAL ACCOUNTING PERIOD |
|--|--|---------------------------------------|
| DUE FROM AFFILIATE | 370,792. | 591,624. |
| TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 13 | 370,792. | 591,624. |

FORM 5471

OTHER CURRENT LIABILITIES

STATEMENT 7

| <u>DESCRIPTION</u> | <u>BEG. OF ANNUAL ACCOUNTING PERIOD</u> | <u>END OF ANNUAL ACCOUNTING PERIOD</u> |
|--|---|--|
| DEFERRED REVENUE | 170,104. | 159,605. |
| TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 16 | 170,104. | 159,605. |

Schedule G Other Information (continued)

Table with 2 columns: Question (6a-22a) and Yes/No. Contains various tax-related questions and checkboxes.

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Table with columns: Name of U.S. shareholder, Identifying number, and rows 1a-6 for various income categories.

Table with columns: Question (7a-9), Yes, No, and rows for blocked income, ED account, and hybrid deduction.

**SCHEDULE H
(Form 5471)**

(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

Current Earnings and Profits

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

| | | |
|--|-----------------------------------|---|
| Name of person filing Form 5471 HUMENTUM, INC. | | Identifying number 52-1312495 |
| Name of foreign corporation HUMENTUM UK | EIN (if any) 00-0000000 | Reference ID number (see instr.) HUM001UK |

IMPORTANT: Enter the amounts on lines 1 through 5c in **functional** currency.

| | | | | |
|--------------|---|-------------------|------------------|------------------|
| 1 | Current year net income or (loss) per foreign books of account | | 1 | -186,280. |
| 2 | Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions): | Net Additions | Net Subtractions | |
| a | Capital gains or losses | 2a | | |
| b | Depreciation and amortization | 2b | | |
| c | Depletion | 2c | | |
| d | Investment or incentive allowance | 2d | | |
| e | Charges to statutory reserves | 2e | | |
| f | Inventory adjustments | 2f | | |
| g | Income taxes (see Schedule E, Part I, Section 1, line 6, column (l), and Part III, line 3, column (i)) | 2g | | |
| h | Foreign currency gains or losses | 2h | 23,714. | |
| i | Other (attach statement) | 2i | | |
| 3 | Total net additions | 3 | | |
| 4 | Total net subtractions | 4 | 23,714. | |
| 5a | Current earnings and profits (line 1 plus line 3 minus line 4) | | 5a | -209,994. |
| b | DASTM gain or (loss) for foreign corporations that use DASTM (see instructions) | | 5b | |
| c | Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(C) the portion of the line 5c amount with respect to the categories of income shown on those lines | | 5c | -209,994. |
| (i) | General category (enter amount on applicable Schedule J, Part I, line 3, column (a)) | 5c(i) | -209,994. | |
| (ii) | Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a)) | 5c(ii) | | |
| (iii) | Section 901(j) category: | | | |
| (A) | Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a) | 5c(iii)(A) | | |
| (B) | Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a) | 5c(iii)(B) | | |
| (C) | Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a) | 5c(iii)(C) | | |
| d | Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions)) | | 5d | -287,276. |
| e | Enter exchange rate used for line 5d ▶ _____ | | | .730984 |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2020)

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder **HUMENTUM, INC.** Identifying number **52-1312495**

| | | | |
|-----------|---|-----------|--|
| 1a | Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions) | 1a | |
| b | Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions) | 1b | |
| c | Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6) | 1c | |
| d | Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6) | 1d | |
| e | Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A) | 1e | |
| f | Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A) | 1f | |
| g | Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) | 1g | |
| h | Other subpart F income (enter result from Worksheet A) | 1h | |
| 2 | Earnings invested in U.S. property (enter the result from Worksheet B) | 2 | |
| 3 | Reserved for future use | 3 | |
| 4 | Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return. | 4 | |
| 5a | Section 245A eligible dividends (see instructions) | 5a | |
| b | Extraordinary disposition amounts (see instructions) | 5b | |
| c | Extraordinary reduction amounts (see instructions) | 5c | |
| d | Section 245A(e) dividends (see instructions) | 5d | |
| e | Dividends not reported on line 5a, 5b, 5c, or 5d | 5e | |
| 6 | Exchange gain or (loss) on a distribution of previously taxed earnings and profits | 6 | |

| | Yes | No |
|---|-----|----------|
| 7a Was any income of the foreign corporation blocked? | | |
| b Did any such income become unblocked during the tax year (see section 964(b))? | | |
| If the answer to either question is "Yes," attach an explanation. | | |
| 8a Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)? | | X |
| b If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances. | | |
| c Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances. | | |
| 9 Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____ | | |

**SCHEDULE I-1
(Form 5471)**

(Rev. December 2019)

Department of the Treasury
Internal Revenue Service

Information for Global Intangible Low-Taxed Income

▶ **Attach to Form 5471.**

OMB No. 1545-0704

▶ **Go to www.irs.gov/Form5471 for instructions and the latest information.**

| | | |
|--|-----------------------------------|---|
| Name of person filing Form 5471 HUMENTUM, INC. | | Identifying number 52-1312495 |
| Name of foreign corporation HUMENTUM UK | EIN (if any) 00-0000000 | Reference ID number (see instr.) HUM001UK |
| Separate Category (Enter code - see instructions) | | ▶ GEN |

| | | Functional Currency | Conversion Rate | U.S. Dollars |
|---|------------|------------------------|--------------------|------------------|
| 1 Gross income | 1 | 908,438. | | |
| 2 Exclusions | | | | |
| a Effectively connected income | 2a | | | |
| b Subpart F income | 2b | | | |
| c High-tax exception income per section 954(b)(4) | 2c | | | |
| d Related party dividends | 2d | | | |
| e Foreign oil and gas extraction income | 2e | | | |
| 3 Total exclusions (total of lines 2a-2e) | 3 | | | |
| 4 Gross income less total exclusions (line 1 minus line 3) | 4 | 908,438. | | |
| 5 Deductions properly allocable to amount on line 4 | 5 | 1118432. | | |
| 6 Tested income (loss) (line 4 minus line 5) | 6 | -209,994. | .730984 | -287,276. |
| 7 Tested foreign income taxes | 7 | | .730984 | |
| 8 Qualified business asset investment (QBAI) | 8 | | .730984 | |
| 9a Interest expense included on line 5 | 9a | | | |
| b Qualified interest expense | 9b | | | |
| c Tested loss QBAI amount | 9c | | | |
| d Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0- | 9d | | .730984 | |
| 10a Interest income included in line 4 | 10a | | | |
| b Qualified interest income | 10b | | | |
| c Tested interest income (line 10a minus line 10b). If zero or less, enter -0- | 10c | | .730984 | |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2019)

**SCHEDULE J
(Form 5471)**

(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Identifying number

HUMENTUM, INC.

52-1312495

Name of foreign corporation

EIN (if any)

Reference ID number

HUMENTUM UK

00-0000000

HUM001UK

- a** Separate Category (Enter code - see instructions.) ▶ **GEN**
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶ **UK**

Part I Accumulated E&P of Controlled Foreign Corporation

Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).

| Important: Enter amounts in functional currency. | | (a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance) | (b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance) | (c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance) | (d) Hovering Deficit and Deduction for Suspended Taxes | (e) Previously Taxed E&P (see instructions) | |
|--|---|--|--|--|--|---|--|
| | | | | | | (i) Reclassified section 965(a) PTEP | (ii) Reclassified section 965(b) PTEP |
| 1a | Balance at beginning of year (as reported on prior year Schedule J) | 333,155. | 355,598. | | | | |
| b | Beginning balance adjustments (attach statement) | | | | | | |
| c | Adjusted beginning balance (combine lines 1a and 1b) | 333,155. | 355,598. | | | | |
| 2a | Reduction for taxes unsuspending under anti-splitter rules | | | | | | |
| b | Disallowed deduction for taxes suspended under anti-splitter rules | | | | | | |
| 3 | Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H) | -209,994. | | | | | |
| 4 | E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation | | | | | | |
| 5a | E&P carried over in nonrecognition transaction | | | | | | |
| b | Reclassify deficit in E&P as hovering deficit after nonrecognition transaction | | | | | | |
| 6 | Other adjustments (attach statement) | | | | | | |
| 7 | Total current and accumulated E&P (combine lines 1c through 6) | 123,161. | 355,598. | | | | |
| 8 | Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P | | | | | | |
| 9 | Actual distributions | | | | | | |
| 10 | Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P | | | | | | |
| 11 | Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) | | | | | | |
| 12 | Other adjustments (attach statement) | | | | | | |
| 13 | Hovering deficit offset of undistributed post-transaction E&P (see instructions) | | | | | | |
| 14 | Balance at beginning of next year (combine lines 7 through 13) | 123,161. | 355,598. | | | | |

Part I Accumulated E&P of Controlled Foreign Corporation *(continued)*

| | (e) Previously Taxed E&P (see instructions) | | | | |
|----|--|--|--|---------------------------------|----------------------------------|
| | (iii) General section 959(c)(1) PTEP | (iv) Reclassified section 951A PTEP | (v) Reclassified section 245A(d) PTEP | (vi) Section 965(a) PTEP | (vii) Section 965(b) PTEP |
| 1a | | | | | |
| b | | | | | |
| c | | | | | |
| 2a | | | | | |
| b | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5a | | | | | |
| b | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |

| | (e) Previously Taxed E&P (see instructions) | | | (f) |
|----|--|----------------------------------|--------------------------------------|---|
| | (viii) Section 951A PTEP | (ix) Section 245A(d) PTEP | (x) Section 951(a)(1)(A) PTEP | Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x)) |
| 1a | | | | 688,753. |
| b | | | | |
| c | | | | 688,753. |
| 2a | | | | |
| b | | | | |
| 3 | | | | -209,994. |
| 4 | | | | |
| 5a | | | | |
| b | | | | |
| 6 | | | | |
| 7 | | | | 478,759. |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | 478,759. |

Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))

Important: Enter amounts in functional currency.

| | | | | |
|----------|--|---|----------|--|
| 1 | Balance at beginning of year | ▶ | 1 | |
| 2 | Additions (amounts subject to future recapture) | ▶ | 2 | |
| 3 | Subtractions (amounts recaptured in current year) | ▶ | 3 | |
| 4 | Balance at end of year (combine lines 1 through 3) | ▶ | 4 | |

Schedule J (Form 5471) (Rev. 12-2020)

**SCHEDULE M
(Form 5471)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

| | |
|--|---|
| Name of person filing Form 5471 HUMENTUM, INC. | Identifying number 52-1312495 |
|--|---|

| | | |
|---|-----------------------------------|--|
| Name of foreign corporation HUMENTUM UK | EIN (if any) 00-0000000 | Reference ID number HUM001UK |
|---|-----------------------------------|--|

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **UNITED KINGDOM, POUND** **.730984**

| (a) Transactions of foreign corporation | (b) U.S. person filing this return | (c) Any domestic corporation or partnership controlled by U.S. person filing this return | (d) Any other foreign corporation or partnership controlled by U.S. person filing this return | (e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return) | (f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation |
|--|------------------------------------|--|---|--|---|
| 1 Sales of stock in trade (inventory) ... | | | | | |
| 2 Sales of tangible property other than stock in trade | | | | | |
| 3 Sales of property rights (patents, trademarks, etc.) | | | | | |
| 4 Platform contribution transaction payments received | | | | | |
| 5 Cost sharing transaction payments received | | | | | |
| 6 Compensation received for technical, managerial, engineering, construction, or like services | | | | | |
| 7 Commissions received | | | | | |
| 8 Rents, royalties, and license fees received ... | | | | | |
| 9 Hybrid dividends received (see instr.) ... | | | | | |
| 10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income) | | | | | |
| 11 Interest received | | | | | |
| 12 Premiums received for insurance or reinsurance | | | | | |
| 13 Add lines 1 through 12 | | | | | |
| 14 Purchases of stock in trade (inventory) | | | | | |
| 15 Purchases of tangible property other than stock in trade | | | | | |
| 16 Purchases of property rights (patents, trademarks, etc.) | | | | | |
| 17 Platform contribution transaction payments paid | | | | | |
| 18 Cost sharing transaction payments paid | | | | | |
| 19 Compensation paid for technical, managerial, engineering, construction, or like services | 626,469. | | | | |
| 20 Commissions paid | | | | | |
| 21 Rents, royalties, and license fees paid | | | | | |
| 22 Hybrid dividends paid (see instructions) | | | | | |
| 23 Dividends paid (exclude hybrid dividends paid) | | | | | |
| 24 Interest paid | | | | | |
| 25 Premiums paid for insurance or reinsurance | | | | | |
| 26 Add lines 14 through 25 | 626,469. | | | | |
| 27 Accounts Payable | 157,938. | | | | |
| 28 Amounts borrowed (enter the maximum loan balance during the year) - see instr. | 135,196. | | | | |
| 29 Accounts Receivable | 42,783. | | | | |
| 30 Amounts loaned (enter the maximum loan balance during the year) - see instr. | 601,228. | | | | |

**SCHEDULE Q
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

CFC Income by CFC Income Groups

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

| | | |
|--|-----------------------------------|---|
| Name of person filing Form 5471 HUMENTUM, INC. | | Identifying number 52-1312495 |
| Name of foreign corporation HUMENTUM UK | EIN (if any) 00-0000000 | Reference ID number (see instructions) HUM001UK |

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

- A** Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) ▶ **GEN**
- B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions)

Complete a separate Schedule Q for U.S. source income and foreign source income.

- C** Indicate whether this Schedule Q is being completed for: U.S. source income or Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

- D** If this Schedule Q is being completed for FOGEI or FORI income, check this box ▶

| Enter amounts in functional currency of the foreign corporation (unless otherwise noted). | (i) Country Code | (ii) Gross Income | (iii) Definitely Related Expenses | (iv) Related Person Interest Expense | (v) Other Interest Expense | (vi) Research & Experimental Expenses | (vii) Other Expenses (attach schedule) |
|---|---------------------|----------------------|--------------------------------------|---|-------------------------------|--|---|
| 1 Subpart F Income Groups | | | | | | | |
| a Dividends, Interest, Rents, Royalties, & Annuities (Total) | | | | | | | |
| (1) Unit name ▶ | | | | | | | |
| (2) Unit name ▶ | | | | | | | |
| b Net Gain From Certain Property Transactions (Total) | | | | | | | |
| (1) Unit name ▶ | | | | | | | |
| (2) Unit name ▶ | | | | | | | |
| c Net Gain From Commodities Transactions (Total) | | | | | | | |
| (1) Unit name ▶ | | | | | | | |
| (2) Unit name ▶ | | | | | | | |
| d Net Foreign Currency Gain (Total) | | | | | | | |
| (1) Unit name ▶ | | | | | | | |
| (2) Unit name ▶ | | | | | | | |
| e Income Equivalent to Interest (Total) | | | | | | | |
| (1) Unit name ▶ | | | | | | | |
| (2) Unit name ▶ | | | | | | | |
| f Foreign Base Company Sales Income (Total) | | | | | | | |
| (1) Unit name ▶ | | | | | | | |
| (2) Unit name ▶ | | | | | | | |

Important: See **Computer-Generated Schedule Q** in instructions.

For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (12-2020)

| | (viii) Current Year Tax on Reattributed Income From Disregarded Payments | (ix) Current Year Tax on All Other Disregarded Payments | (x) Other Current Year Taxes | (xi) Net Income (column (ii) less columns (iii) through (x)) | (xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars) | (xiii) Average Asset Value | (xiv) High Tax Election | Reserved | Reserved |
|----------|---|--|------------------------------------|---|--|-------------------------------|----------------------------------|----------|----------|
| 1 | | | | | | | | | |
| a | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| b | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| c | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| d | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| e | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| f | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |

Important: See **Computer-Generated Schedule Q** in instructions.

| <i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i> | (i) Country Code | (ii) Gross Income | (iii) Definitely Related Expenses | (iv) Related Person Interest Expense | (v) Other Interest Expense | (vi) Research & Experimental Expenses | (vii) Other Expenses (attach schedule) |
|--|---------------------|----------------------|--------------------------------------|---|-------------------------------|--|---|
| 1 Subpart F Income Groups | | | | | | | |
| g Foreign Base Company Services | | | | | | | |
| Income (Total) | | | | | | | |
| (1) Unit name ▶ _____ | | | | | | | |
| (2) Unit name ▶ _____ | | | | | | | |
| h Full Inclusion Foreign Base Company | | | | | | | |
| Income (Total) | | | | | | | |
| (1) Unit name ▶ _____ | | | | | | | |
| (2) Unit name ▶ _____ | | | | | | | |
| i Insurance Income (Total) | | | | | | | |
| (1) Unit name ▶ _____ | | | | | | | |
| (2) Unit name ▶ _____ | | | | | | | |
| j International Boycott Income | | | | | | | |
| k Bribes, Kickbacks, and Other Payments | | | | | | | |
| l Section 901(j) income | | | | | | | |
| 2 Recaptured Subpart F Income | | | | | | | |
| 3 Tested Income Group (Total) | | 908,438. | 1,118,432. | | | | |
| (1) Unit name ▶ HUMENTUM UK | UK | 908,438. | 1,118,432. | | | | |
| (2) Unit name ▶ _____ | | | | | | | |
| 4 Residual Income Group (Total) | | | | | | | |
| (1) Unit name ▶ _____ | | | | | | | |
| (2) Unit name ▶ _____ | | | | | | | |
| 5 Total | | 908,438. | 1,118,432. | | | | |

Important: See Computer-Generated Schedule Q in instructions.

| | (viii) Current Year Tax on Reattributed Income From Disregarded Payments | (ix) Current Year Tax on All Other Disregarded Payments | (x) Other Current Year Taxes | (xi) Net Income (column (ii) less columns (iii) through (x)) | (xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars) | (xiii) Average Asset Value | (xiv) High Tax Election | Reserved | Reserved |
|----------|---|--|------------------------------------|---|--|-------------------------------|----------------------------------|----------|----------|
| 1 | | | | | | | | | |
| g | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| h | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| i | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| j | | | | | | | | | |
| k | | | | | | | | | |
| l | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | -209,994. | | 1,079,571. | | | |
| (1) | | | | -209,994. | | 1,079,571. | | | |
| (2) | | | | | | | | | |
| 4 | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| 5 | | | | -209,994. | | 1,079,571. | | | |

Important: See **Computer-Generated Schedule Q** in instructions.

Electronic Filing PDF Attachment

International Boycott Report

(Rev. December 2010)
Department of the Treasury
Internal Revenue Service

For tax year beginning _____, 20_____,
and ending _____, 20_____.
▶ **Controlled groups, see instructions.**

**Attachment
Sequence No. 123**

**Paper filers must file in
duplicate (see When and Where
to File in the instructions)**

Name _____ Identifying number _____

Number, street, and room or suite no. If a P.O. box, see instructions.

City or town, state, and ZIP code

Address of service center where your tax return is filed

Type of filer (check one):

- Individual
- Partnership
- Corporation
- Trust
- Estate
- Other

1 Individuals—Enter adjusted gross income from your tax return (see instructions)

2 Partnerships and corporations:

- a Partnerships**—Enter each partner’s name and identifying number.
- b Corporations**—Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.
If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.

| Name | Identifying number |
|------|--------------------|
| | |
| | |
| | |
| | |
| | |
| | |

If more space is needed, attach additional sheets and check this box

c Enter principal business activity code and description (see instructions)

d IC-DISCs—Enter principal product or service code and description (see instructions)

| Code | Description |
|------|-------------|
| | |
| | |

3 Partnerships—Each partnership filing Form 5713 must give the following information:

- a** Partnership’s total assets (see instructions)
- b** Partnership’s ordinary income (see instructions)

4 Corporations—Each corporation filing Form 5713 must give the following information:

- a** Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.)
- b** Common tax year election (see instructions)
 - (1)** Name of corporation ▶ _____
 - (2)** Employer identification number _____
 - (3)** Common tax year beginning _____, 20_____, and ending _____, 20_____.

c Corporations filing this form enter:

- (1)** Total assets (see instructions)
- (2)** Taxable income before net operating loss and special deductions (see instructions)

5 Estates or trusts—Enter total income (Form 1041, page 1)

6 Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):

- a** Foreign tax credit
- b** Deferral of earnings of controlled foreign corporations
- c** Deferral of IC-DISC income
- d** FSC exempt foreign trade income
- e** Foreign trade income qualifying for the extraterritorial income exclusion

**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature _____ Date _____ Title _____

| | | | |
|-----------|--|------------|-----------|
| 7a | Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)? | Yes | No |
| b | If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))? | | |
| c | Do you own any stock of an IC-DISC? | | |
| d | Do you claim any foreign tax credit? | | |
| e | Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)? | | |
| | If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year? | | |
| f | Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)? | | |
| | If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year? | | |
| g | Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)? | | |
| h | Are you a partner in a partnership that has reportable operations under section 999(a)? | | |
| i | Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)? | | |
| j | Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income? | | |

Part I Operations in or Related to a Boycotting Country (see instructions)

8 Boycott of Israel—Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See **Boycotting Countries** in the instructions.) **Yes** **No**

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

| Name of country (1) | Identifying number of person having operations (2) | Principal business activity | | IC-DISCs only—Enter product code (5) |
|------------------------|---|-----------------------------|--------------------|---|
| | | Code (3) | Description (4) | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f | | | | |
| g | | | | |
| h | | | | |
| i | | | | |
| j | | | | |
| k | | | | |
| l | | | | |
| m | | | | |
| n | | | | |
| o | | | | |

9 Nonlisted countries boycotting Israel— Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

| Name of country (1) | Identifying number of person having operations (2) | Principal business activity | | IC-DISCs only—Enter product code (5) |
|------------------------|---|-----------------------------|--------------------|---|
| | | Code (3) | Description (4) | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f | | | | |
| g | | | | |
| h | | | | |

10 Boycotts other than the boycott of Israel—Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

| Name of country (1) | Identifying number of person having operations (2) | Principal business activity | | IC-DISCs only—Enter product code (5) |
|------------------------|---|-----------------------------|--------------------|---|
| | | Code (3) | Description (4) | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f | | | | |
| g | | | | |
| h | | | | |

11 Were you requested to participate in or cooperate with an international boycott?
If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

12 Did you participate in or cooperate with an international boycott?
If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Note: If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

Part II Requests for and Acts of Participation in or Cooperation With an International Boycott

| Requests | | Agreements | |
|----------|----|------------|----|
| Yes | No | Yes | No |

13a Did you receive requests to enter into, or did you enter into, any agreement (see instructions):

- (1)** As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—
 - (a)** Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?
 - (b)** Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?
 - (c)** Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?
 - (d)** Refrain from employing individuals of a particular nationality, race, or religion?
- (2)** As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott?

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

b Requests and agreements—if the answer to any part of 13a is “Yes,” complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

| (1) Name of country | (2) Identifying number of person receiving the request or having the agreement | (3) Principal business activity | | (5) IC-DISCs only— Enter product code | (6) Type of cooperation or participation | | | |
|------------------------|---|---------------------------------|--------------------|--|--|-------------|--------------------------|-------------|
| | | (3) Code | (4) Description | | (7) Number of requests | | (8) Number of agreements | |
| | | | | | (6) Total | (7) Code | (8) Total | (9) Code |
| a | | | | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f | | | | | | | | |
| g | | | | | | | | |
| h | | | | | | | | |
| i | | | | | | | | |
| j | | | | | | | | |
| k | | | | | | | | |
| l | | | | | | | | |
| m | | | | | | | | |
| n | | | | | | | | |
| o | | | | | | | | |
| p | | | | | | | | |