Extended to May 15, 2023

Department of the Treasury

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change United for A Fair Economy, Inc. Name change 04-3286118 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 617-423-2148 184 High Street 603 1,232,192.City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 02110 Boston, MA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Elisa Jeannette Huezo for subordinates? Yes X No same as C above H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ▶ www.faireconomy.org **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Other > L Year of formation: 1994 M State of legal domicile: MA Association Part I Summary Briefly describe the organization's mission or most significant activities: See Schedule O **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 769,593. 1,074,769. Contributions and grants (Part VIII, line 1h) 8 <u>25,</u>209. 4,847. Program service revenue (Part VIII, line 2g) 14.084. -4.200.10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 11 $\overline{788,524}$ 1,095,778 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 15,500. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 652,452. 675,749. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 183,953. 323,128. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 851,905. 998,877. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -63,381. 96,901. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 28 558,137. 565,502. 20 Total assets (Part X, line 16) 217,986. 128,450. 21 Total liabilities (Part X, line 26) 三年 340,151. 437,052 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign Elisa Jeannette Huezo, Executive Director Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 01/12/23 self-employed P00551279 John A. Ratcliffe Paid Firm's name Pavento, Ratcliffe, Renzi & Co., LLC Firm's EIN ▶ 04-3530932 Preparer Firm's address 391 East Central Street Unit 8A Use Only Phone no. 508 - 553 - 3091 Franklin, MA 02038 X Yes May the IRS discuss this return with the preparer shown above? See instructions

	United for A Fair Economy, Inc. 04-3286118 Page	2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: See Form 990, Part I, Line 1, Description of Organization Mission	
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 X N	0
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	lo
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
4	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	
 4а	revenue, if any, for each program service reported. (Code:) (Expenses \$736,897. including grants of \$) (Revenue \$\$ 25,209.	
4a	Supporting and helping to build social movements for greater equality	- ' —
		—
		_
		_
		_
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
		—
		—
		_
		—
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
		—
		_
		—
		_
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$\(\text{including grants of \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	—
70	Form 990 (20	21)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	·	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TOWN THE PLANT OF	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domocio government orti artix, columni (-), inte 1: II Tes. Complete Schedule I, Parts I and II	41		

Pai	TIV Checklist of Required Schedules (continued)		,	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t 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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	10	x	

Form 990 (2021) United for A Fair Economy, Inc.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
- Ju	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD.		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b		7b		
C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
C		7с		x
a		70		1
d		70		Х
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>7e</u> 7f		X
'	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			122
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	•		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10		90		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	!			
a h				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza		
	· · · · · · · · · · · · · · · · · · ·			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	isa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the appropriate from the control of the following the control of the control	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1 1 D		
IJ		15		X
	excess parachute payment(s) during the year? If "Ves " see the instructions and file Form 4720. Schedule N.	ıo		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(a)(21) organizations. Did the trust any disqualified person, or mine operator ongage in any			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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						X
Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			. [
	and the second s				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset				5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app						
	more members of the governing body?	•			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			L			
	persons other than the governing body?		*		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			"			
а	The governing body?	,	· ·		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			├			
•	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code)				
	(This occuping requests information about policies not required by the internal net	renae	. coac.j			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.						
		•			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			Ь	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Ü				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			П	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			····			
	on Schedule O how this was done	,			12c	X	
13	Did the organization have a written whistleblower policy?			ΪГ	13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-					
а	The organization's CEO, Executive Director, or top management official			Γ	15a	Х	
	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			·			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent v	vith a				
	taxable entity during the year?			[16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	izatio	n's				
	exempt status with respect to such arrangements?	<u></u> .	·····		16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶See Schedule (0					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and		D-T (section 501(c)(3)s	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website Upon request X Other (explain	on S	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor			and t	financ	ial	
	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 boo	ks an	d records 🕨 _				
	Elisa Jeannette Huezo - 617-423-2148						
	184 High St Suite 603, Boston, MA 02110						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)	y related organization (B) ((D)	(E)	(F)
Name and title	Average	(-1-		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	than o	an	compensation	compensation	amount of
	week		cer ar	nd a d I	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	ordi	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ee/	npen		1099-NEC)	1099-1450)	and related
	below	dualt	utiona	_	Key employee	st co	Je.	,		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) Elisa Jeannette Huezo	40.00									
Executive Director				Х				96,286.	0.	29,013.
(2) Anne Price	5.00									
Chair		Х		Х				0.	0.	0.
(3) Gloribell Mota	5.00									
Vice President		Х		Х				0.	0.	0.
(4) Esther H Ewing	5.00							_	_	_
Treasurer		Х		Х				0.	0.	0.
(5) Shana Turner	5.00							_		_
Secretary		Х		Х				0.	0.	0.
(6) Mike Miller	5.00									
Emeritus		Х						0.	0.	0.
(7) Prakash Laufer	5.00									
Emeritus		X						0.	0.	0.
(8) Farad Ali	5.00								_	
Director	<u> </u>	Х						0.	0.	0.
(9) Jennifer Dowdell-Rosario	5.00	3,7							_	_
Director (10) Steve O'Neill	5.00	Х						0.	0.	0.
Director	3.00	Х						0.	0.	0.
(11) Kevin Tobin	5.00	Λ						0.	0.	· •
Director	3.00	Х						0.	0.	0.
									0.	.
		-								
		1								
		1								
			L		L	L	L			

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Page 8

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos			no	Reportable	Reportable		Es	timate	d
		hours per	box	, unles	ss per	rson i	than o	an	compensation	compensation		an	nount o	of
		week		cer an	d a di	irecto	r/trust	ee)	from	from related			other	
		(list any	rector						the	organizations	_		pensat	
		hours for related	or dir	96			ated		organization	(W-2/1099-MISC	۱ /د		om the	
		organizations	ustee	trust		e e	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizati d relate	
		below	lual tr	tional		yoldr	st con yee	_	1099-NEO)				nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o, gc	. nzacie	,,,,
				_		_					\neg			
											\perp			
											\rightarrow			
											\rightarrow			
											\dashv			
											\dashv			
46	Colletetel							_	96,286.		0.	2	9,01	3
10	Subtotal Total from continuation should be Bort VI								0.		0.		, 01	0.
	Total from continuation sheets to Part VI								96,286.		0.	2	9,01	
<u>u</u>	Total (add lines 1b and 1c) Total number of individuals (including but n							0.10	· · · · · · · · · · · · · · · · · · ·		<u> </u>		, 01	
2	compensation from the organization	or illilited to th	USE	IISLE	u au	ove) WII	0 16	ceived more than \$100,	boo of reportable				0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director truste	ee k	ev e	mol	ove	e or	hia	hest compensated empl	ovee on				
•	line 1a? If "Yes," complete Schedule J for si											3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch r	oers	on .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	ере	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of compe	ensati	ion fro	m	
	the organization. Report compensation for	the calendar ye	ar e	ndin	ıg w	ith c	or wi	hin	the organization's tax y	ear.				
	(A)								(B)		0.	(C		
	Name and business	address	NC	ONE	<u> </u>			-	Description of s	ervices		ompei	nsation	1
								+						
								+						
								\dashv						
2	Total number of independent contractors (ii	ncludina but na	ot lin	nited	l to 1	thos	e lis	ted	above) who received mo	ore than				
-	\$100,000 of compensation from the organization	•			- '	(-	,					
	<u> </u>	-										Form	990 ₍₂	021)

United for A Fair Economy, Inc.

			neck if Schedule O c	ont	ains a resn	onse	or note to any lin	ne in this Part VIII			
		<u> </u>	TOOK II COITCUAIC C C	Orice	апо а гоор	01100	or riote to arry in	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
											30000013 3 12 3 14
nts	1 :				<u>1a</u>						
ira ou			ership dues					-			
s, (Am		Fundra	aising events					-			
Sift ar		l Relate	ed organizations		1d						
s, (imi		Gover	nment grants (contril	buti	ions) 1e		133,701.				
ion r S	1	All other	er contributions, gifts, g	gran	ts, and						
but		similar	amounts not included a	abov	ve 1f		941,068.				
ÖĒ		Noncash	n contributions included in li	ines	1a-1f 1g	\$	136,128.				
Contributions, Gifts, Grants and Other Similar Amounts		Total.	Add lines 1a-1f					1,074,769.			
							Business Code				
•	2	Pro	gram & Coni	fe	rence	F	900099	23,942.	23,942.		
vice	_		cational Ma				900099	1,267.	1,267.		
Program Service Revenue			cacronar in		CIIGI.	_	300033	1,2071	1,20,0		
m S	'	: —									
Jrai Be	'	<u> </u>									
ŗo		•									_
Δ.			er program service r					05 000			
			Add lines 2a-2f					25,209.			
	3		ment income (includi	_							
		other	similar amounts)					4,611.			4,611.
	4	Incom	e from investment of	f tax	x-exempt b	ond p	roceeds				
	5	Royalt	ties				<u> </u>				
					(i) Rea	al	(ii) Personal				
	6	Gross	rents	6a							
		Less:	rental expenses	6b							
				6с							
			ntal income or (loss)		•		•				
			amount from sales of		(i) Secur	ities	(ii) Other				
	•		other than inventory	72	127,6		()				
			cost or other basis	<i>1</i> a	127,0	•••		-			
ø.	'		les expenses	71-	136 1	1 /					
Revenue		and sai	les expenses	7D	0 0	1 1 •		-			
e ve			or (loss)					0 011	0 011		
Ř			ain or (loss)				D	-8,811.	-8,811.		
her	8		income from fundraisin	g ev	/ents (not						
ð		includ			of						
		contril	butions reported on I	line	1c). See						
		Part I\	/, line 18			8a					
		Less:	direct expenses			8b					
		Net in	come or (loss) from fo	und	draising eve	nt <u>s</u>	>				
	9	Gross	income from gaming	g ac	tivities. Se	e					
		Part I\	/, line 19			9a					
			direct expenses								
			come or (loss) from g				•				
			sales of inventory, le								
			lowances			10a					
			cost of goods sold				İ	-			
							1				
		; ivet in	come or (loss) from s	sale	s or invent	ory	Puoiness Ord				
<u>s</u>							Business Code				
eor Ie	11							1			
lan en		·									
cel ev		·									
Miscellaneous Revenue			er revenue								
_		Total.	Add lines 11a-11d								
	12	Total r	evenue. See instruction	ns				1,095,778.	16,398.	0.	4,611.
13200	9 12-0	9-21				_	·				Form 990 (2021)

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 96,286. 91,472. 4,814. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 401,062. 283,005. 34,729. 83,328. Other salaries and wages 7 Pension plan accruals and contributions (include 9,515. 7,558. 587. 1,370. section 401(k) and 403(b) employer contributions) 102,949. 127,753. 7.441. 17,363. Other employee benefits 9 41,133. 32,966. 2,450. 5,717. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 45,065. 45,065. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 64,502. 1,409. 69,487. 3,576. column (A), amount, list line 11g expenses on Sch O.) 257. 3,076. 1,047. 1,772. Advertising and promotion 12 37,453. 15,973. 2,122. 19,358. 13 Office expenses 1,571.18,419. 15,782. 1,066. Information technology 14 15 Royalties 3,002. 32,368. 7,619. 42,989. 16 Occupancy 33,810. 28,611. 3,907. 1,292. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 39,701. 36,525. 777. 2,399. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 5,480. 1,871. 3,169. 440. 23 Other expenses. Itemize expenses not covered 24 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.) 10,009. 10,009. CONTRIBUTIONS/SPONSORSH PRINTING, REPRODUCTION 8,300. 6,461. 332. 1,507. 7,647. 6,206. 407. 1,034.TELEPHONE & INTERNET CONFERENCE & TRNG FEES 1,692. 382. 1,000. 310. All other expenses 998,877. 736,897. 108,510. 153,470. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Form 990 (2021)

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2021) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			35,273.	1	117,455
	2	Savings and temporary cash investments	500,436.	2	286,028		
	3	Pledges and grants receivable, net	15,500.	3	103,861		
	4	Accounts receivable, net				4	14,973
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ns		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	5			6,928.	9	43,185
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	113,952.			
	b	Less: accumulated depreciation	. 10b	113,952.	0.	10c	0
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed		558,137.	16	565,502	
	17	Accounts payable and accrued expenses			84,285.	17	121,330
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV o	of Schedule D		21	
ဖွ	22	Loans and other payables to any current or for	mer office	er, director,			
Ĭ		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ns		22	
-	23	Secured mortgages and notes payable to unre	elated thire	d parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third p	arties		24	
	25	Other liabilities (including federal income tax, p	oayables t	o related third			
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X			
		of Schedule D			133,701.	25	7,120
_	26	Total liabilities. Add lines 17 through 25			217,986.	26	128,450
.		Organizations that follow FASB ASC 958, cl	neck here	• ► X			
š		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			296,401.	27	306,352
<u> </u>	28	Net assets with donor restrictions			43,750.	28	130,700
בַּ		Organizations that do not follow FASB ASC	958, che	ck here 🕨 📖 📗			
[and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fund				29	
Se.	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			242 451	31	40= 0=0
<u>S</u>	32	Total net assets or fund balances			340,151.	32	437,052
	33	Total liabilities and net assets/fund balances			558,137.	33	565,502 Form 990 (202

Form **990** (2021)

<u> FOIII</u>	1990 (2021) United for A Pair Economy, file.	0 =	320011	<u> </u>	Page ••	_
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI]
1	Total revenue (must equal Part VIII, column (A), line 12)	1			778 .	
2	Total expenses (must equal Part IX, column (A), line 25)	2			877.	
3	Revenue less expenses. Subtract line 2 from line 1	3			901.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	40,	151.	
5	Net unrealized gains (losses) on investments	5				
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			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	4	<u>37,</u>	052.	
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>	<u>]</u>
				Y	es No	_
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	3	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				_	
b	Were the organization's financial statements audited by an independent accountant?		2k) Z	ζ	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				_	
	review, or compilation of its financial statements and selection of an independent accountant?			; 2	ζ	_
	If the organization changed either its oversight process or selection process during the tax year, explain on School					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-	I .			
	Act and OMB Circular A-133?			3	<u> </u>	_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3k)		

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

		Unit	ed for A Fa	air Economy,	Inc.			0	4-328613	18
Pa	rt I	Reason for Public C	Charity Status.	All organizations must o	omplete th	nis part.) S	ee instruction	S.		
The (organi	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's r	name,
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	ernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental ı	unit or from th	ne general p	oublic describe	d in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the r	name, city,	, and state of	the college	or	
		university:								
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	ip fees, and	d gross receipts	s from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross inves	stment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the org	janization a	ifter June 30, 1	975.
		See section 509(a)(2). (Cor	mplete Part III.)							
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purposes of on	e or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section (509(a)(3). (Check the box of	on
	_	lines 12a through 12d that o	* *					-		
а		Type I. A supporting orga	•		•	_				
		the supported organization			majority o	of the direc	tors or trustee	es of the su	ıpporting	
		organization. You must c	-							
b		Type II. A supporting org	•				-		-	
		control or management of			ame perso	ns that cor	ntrol or manaç	ge the supp	ported	
		organization(s). You mus								
С		Type III functionally inte						ly integrate	ed with,	
		its supported organization						4 - 4	(-)	
d		Type III non-functionally						_		
		that is not functionally into	•	•	•		•	an attentiv	/eness	
_		requirement (see instructi	· ·					II Tuna III		
е		Check this box if the orga functionally integrated, or					Type I, Type	ii, Type iii		
	Ento	er the number of supported o	• •		ig organiz	ation.				
'		ride the following information	•	d organization(s)						
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount o	of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see ins	tructions)
				above (oce mondonomy)						

(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.)

Sed	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	1107615.	1040789.	885,916.	769,593.	1074769.	4878682.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge	4405645	101000	005 016	560 500	1071760	1070500				
	Total. Add lines 1 through 3	1107615.	1040789.	885,916.	769,593.	1074769.	4878682.				
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,						100000				
_	column (f)						1022283. 3856399.				
<u>6</u>	Public support. Subtract line 5 from line 4.						3636399.				
		(-) 0017	(h) 0010	(-) 0010	(4) 0000	(-) 0001	(s) Tatal				
	ndar year (or fiscal year beginning in)	(a) 2017 1107615.	(b) 2018 1040789.	(c) 2019 885, 916.	(d) 2020 769, 593.	(e) 2021 1074769.	(f) Total 4878682.				
	Amounts from line 4	110/013.	1040709.	003,910.	109,393.	10/4/09•	4070002.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties, and income from similar sources	4.	567.	4,068.	14,084.	4,611.	23,334.				
۵	Net income from unrelated business	 •	307.	4,000.	14,004.	4,011.	23,334.				
9	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						4902016.				
	Gross receipts from related activities,	etc. (see instructio	ins)			12					
	First 5 years. If the Form 990 is for the	•	,			D1(c)(3)					
	organization, check this box and stop	here					>				
Sed	ction C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2021 (li	ne 6, column (f), di	ivided by line 11, c	olumn (f))		14	78.67 %				
15	Public support percentage from 2020	Schedule A, Part I	II, line 14			15	78.61 %				
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box					
	$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				> X				
b	33 1/3% support test - 2020. If the o	•		•		•					
	and stop here. The organization qualifies as a publicly supported organization										
17a	a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,										
	and if the organization meets the facts					VI how the organiz	ation				
	meets the facts-and-circumstances te	· ·	•	,							
b	10% -facts-and-circumstances test	_					10% or				
	more, and if the organization meets the		•				. \square				
	organization meets the facts-and-circu			. ,	•		>				
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· ▶∟				

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ja		
3b		
Зс		
4a		
4b		
4c		
-10		
5a		
5b		
5c		
6		
7		
8		
9a		
a a		
9b		
9с		
10a		
10b		

ı uı	Continued)			
	<u> </u>		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	а		
b	A family member of a person described on line 11a above?	b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	С		
Sec	tion 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? 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.	J		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	<u>:</u>		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	J		
Sec	tion 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?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	<u>:</u>		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	;		
Sec	tion 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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	3		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.)		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	a I		

Sche	dule A (Form 990) 2021 United for A Fair Econd			J4-3∠86118 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Schedule A (Form 990) 2021

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

instructions).

emergency temporary reduction (see instructions).

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
	ion D - Distributions		•		Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
_3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
_9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-			T	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
<u> </u>	Excess from 2021				

Schedule A (Form 990) 2021

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Section 50 1(c)(4), (5), or (o) organizat	ions. Complete Part III.		Т=	
Name of organization			_	Emp	loyer identification number
Ui	nited	<u>for A Fair Econo</u>	my, Inc.		04-3286118
Part I-A Complete	if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2 Political campaign activ	ity expendit	ation's direct and indirect politic ures gn activities		> 5	
Part I-B Complete	if the org	anization is exempt und	ler section 501(c)(3).	
		incurred by the organization und			<u> </u>
		incurred by organization manag			
		n 4955 tax, did it file Form 4720			
b If "Yes," describe in Par	t IV.				
Part I-C Complete	if the org	anization is exempt und	ler section 501(c),	except section 501(c	c)(3).
1 Enter the amount direct	ly expended	l by the filing organization for se	ection 527 exempt func	tion activities	S
2 Enter the amount of the	filing organ	ization's funds contributed to ot	ther organizations for se	ection 527	
exempt function activities	es			> 5	
3 Total exempt function e	xpenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL	,	
line 17b				> 5	S
4 Did the filing organization	n file Form	1120-POL for this year?			Yes No
made payments. For eacontributions received t	ch organizat hat were pro	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organia a separate political org	zation's funds. Also enter th anization, such as a separat	e amount of political
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

	n is exempt under section E01/2/2) and file		ation under				
	n is exempt under section 501(c)(3) and file	a romi 5766 (ele	ction under				
section 501(h)).							
A Check 🕨 🔲 if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's name	, address, EIN,				
expenses, and share of excess lobbying expenditures).							
B Check if the filing organization check	ed box A and "limited control" provisions apply.						
Limits on Lobb (The term "expenditures" m	(a) Filing organization's totals	(b) Affiliated group totals					
1a Total lobbying expenditures to influence publi	21,084.						
b Total lobbying expenditures to influence a leg	islative body (direct lobbying)	26,695.					
c Total lobbying expenditures (add lines 1a and	1b)	47,779.					
	,	951,098.					
e Total exempt purpose expenditures (add lines	998,877.						
f Lobbying nontaxable amount. Enter the amou		174,832.					
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
Not over \$500,000	20% of the amount on line 1e.						
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.						
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.						
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000	\$1,000,000.						
g Grassroots nontaxable amount (enter 25% of	line 1f)	43,708.					
h Subtract line 1g from line 1a. If zero or less, e	nter -0-	0.					
i Subtract line 1f from line 1c. If zero or less, er	nter -0-	0.					
j If there is an amount other than zero on either	r line 1h or line 1i, did the organization file Form 4720						
reporting section 4911 tax for this year?			Yes No				
	4-Year Averaging Period Under Section 501(h)						

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

	Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total					
2a Lobbying nontaxable amount	155,443.	177,504.	153,206.	174,832.	660,985.					
b Lobbying ceiling amount (150% of line 2a, column(e))					991,478.					
c Total lobbying expenditures	38,949.	46,965.	40,750.	47,779.	174,443.					
d Grassroots nontaxable amount	38,861.	44,376.	38,302.	43,708.	165,247.					
e Grassroots ceiling amount (150% of line 2d, column (e))					247,871.					
f Grassroots lobbying expenditures	35,801.	35,071.	2,802.	21,084.	94,758.					

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021 United for A Fair Economy, Inc. 04-32861 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?	No	0		
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?			Amo	ount
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?				
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?				
d Mailings to members, legislators, or the public?				
Publications or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	<u> </u> 5) or	500	tion	
501(c)(6).	0), 01	300	LIOII	
33 · (4)(4).			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?	Γ	1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
	г	3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR	•			3, is
art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes."	(b) P	art II		3, is
art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members	(b) P			3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	(b) P	art II		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	(b) P	art II		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	(b) P	1 2a		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	(b) P	art II		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	(b) P	1 2a 2b		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	(b) P	1 2a 2b 2c		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	(b) P	1 2a 2b 2c		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(b) P	1 2a 2b 2c		3, is
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(b) P	1 2a 2b 2c 3		3, is

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 Inspection

Name of the organization

United for A Fair Economy, Inc.

Employer identification number 04-3286118

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	ts. Complete if the
		(a) Donor adv	vised	I funds	(b) Fun	ds and other accounts
1	Total number at end of year				`	-	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		s hel	d in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?				Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	r any	other purpose c	onferri	ng	
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered '	"Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				е		
_	listed in the National Register					_2d_	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year	oment is leasted					
4	Number of states where property subject to conservation eas			an handling of			
5	Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing conse			
Ū	b	riariding of violations	, and	a critorolling corisc	oi vatio	ii casc	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcina conservati	on eas	sement	ts during the year
-	▶ \$			5.5g 5555	J., Jul		is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(h)(4)(B)((i)	
	and section 170(h)(4)(B)(ii)?	•		· ·			Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	ner S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement an	nd bala	ınce sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fur	theran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	desc	ribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furthe	erance	of pub	olic service,
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical treatments	asures, or other simila	ar as	sets for financial	gain, p	provide	•
	the following amounts required to be reported under FASB AS	~					
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

132051 10-28-21

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

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

e Other

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

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiz	on Form 990 Part IV line	o 11h 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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11d. See Form 990. Part X. line 15	
	Description	7 Tra. dee Form 550, Fare X, line 15.	(b) Book value
·	Besonption		(b) Book value
(3)			
(4)			
(5)			
(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	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Bank Line of Credit			7,120.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	7,120.
2. Liability for uncertain tax positions. In Part XIII, provide			reports the

Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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 United for A Fair Economy, Inc. Employer identification number 04-3286118

Par	rt 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 dete noncash contributi	•	:s
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	X	9	136,128.	Stock Market	Quot	es
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 ()						
26	Other ()						
27	Other ()						
<u>28</u>	Other ()						
29	Number of Forms 8283 received by the organiz	-	•				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			Τ
				=		Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		•	·			v
	exempt purposes for the entire holding period?					30a	X
	,	- I' Al A		e Communication and a surface of the State o		. V	
31	Does the organization have a gift acceptance p				tions?	31 X	
32a	Does the organization hire or use third parties of		-			32a X	
L	contributions?					32a X	
	,	dumn (a) f-:	o tuno of propert	for which column (a) is also	akad		
33	If the organization didn't report an amount in co	numn (C) för	a type of property	rior which column (a) is che	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

United for A Fair Economy, Inc.

Employer identification number 04-3286118

Form 990, Part I, Line 1, Description of Organization Mission:

United for a Fair Economy challenges the concentration of wealth and

power by using popular economics education, trainings and creative

communications to support social movements working for a resilient,

sustainable and equitable economy.

Form 990, Part VI, Section B, line 11b:

The 990 is sent electronically to all members of the Board of Directors and any questions are forwarded to the Executive Director and other appropriate staff.

Form 990, Part VI, Section B, Line 12c:

The Executive Director monitors compliance with the conflict of interest policy through ongoing interaction with board members and staff.

Form 990, Part VI, Section B, Line 15:

The Executive Director's compensation is determined by Executive Committee of the Board after reviewing performance, comparable data and determining what would be equitable for both the Organization and the Executive Director. Staff compensation is determined by the Executive Director following annual reviews and self-reviews by each employee. Consideration is given to comparisons of salaries of similar nonprofit organizations.

All compensation decisions are supported with written documentation that is stored in office files.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization United for A Fair Economy, Inc.	Employer identification number 04-3286118
MA, CA, CT, ME, MN, NY, OR, VA, WA, NH, UT, MD, TN, OH, IL, NC, NJ, PA, WI, M	I,CO,FL
Form 990, Part VI, Section C, Line 18:	
The Organization's tax filings are available for public in	spection through
the Guidestar website and upon request.	
Form 990, Part VI, Section C, Line 19:	
The Organization's governing documents, conflict of intere	st policy and
financial statements are available to the public upon requ	est.

Form **8868** (Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.
 ▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Print File by the due date for filling your return. See instructions. 184 High Street, 603 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston, MA 02110 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Form 990 or Form 990-EZ On Form 1041-A	s, and trusts r identification number (TIN)
All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs must use Form 7004 to request an extension of time to file income tax returns. Type or print Name of exempt organization or other filer, see instructions.	
Name of exempt organization or other filer, see instructions. United for A Fair Economy, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. 184 High Street, 603 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston, MA 02110 Enter the Return Code for the return that this application is for (file a separate application for each return) Application SFor Code Form 990 or Form 990-EZ Name of exempt organization or other filer, see instructions. Taxpayer Taxpayer Taxpayer Taxpayer Applications. Return Code instructions. Taxpayer Taxpayer To see instructions. 184 High Street, 603 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston, MA 02110 Enter the Return Code for the return that this application is for (file a separate application for each return) Application SFor Form 990 or Form 990-EZ	ridentification number (TIN)
United for A Fair Economy, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. 184 High Street, 603 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston, MA 02110 Enter the Return Code for the return that this application is for (file a separate application for each return) Application SFor Code Form 990 or Form 990-EZ United for A Fair Economy, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. 184 High Street, 603 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston, MA 02110 Return Code Is For Form 990 or Form 990-EZ	r identification number (TIN)
United for A Fair Economy, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. 184 High Street, 603 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston, MA 02110 Enter the Return Code for the return that this application is for (file a separate application for each return) Application SFor Code Form 990 or Form 990-EZ United for A Fair Economy, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. 184 High Street, 603 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Return Code Is For Form 990 or Form 990-EZ O1 Form 1041-A	
Number, street, and room or suite no. If a P.O. box, see instructions. 184 High Street, 603 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston, MA 02110 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Code Is For Form 990 or Form 990-EZ Number, street, and room or suite no. If a P.O. box, see instructions. Return Application Is For Ode Is For	04-3286118
City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston, MA 02110 Enter the Return Code for the return that this application is for (file a separate application for each return) Application S For Code Is For Form 990 or Form 990-EZ O1 Form 1041-A	01 3200110
Application Return Code Application Is For 01 Form 1041-A	
Is For Code Is For Form 990 or Form 990-EZ 01 Form 1041-A	0 1
Form 990 or Form 990-EZ 01 Form 1041-A	Return
	Code
Taura 4700 (taultuluus)	08
Form 4720 (individual) 03 Form 4720 (other than individual)	09
Form 990-PF 04 Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069	11
Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 07	12
The books are in the care of ▶ 184 High St Suite 603 - Boston, MA 02110 Telephone No. ▶ 617-423-2148 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ and attach a list with the names and TINs of all members.	r the whole group, check this
1 I request an automatic 6-month extension of time until May 15, 2023 , to file the exemple the organization named above. The extension is for the organization's return for: ▶ □ calendar year or ▶ ☒ tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period	npt organization return for
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	
any nonrefundable credits. See instructions. 3a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c	s 0.
using EFTPS (Electronic Federal Tax Payment System), See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and nstructions.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL~1 , 2021, and ending JUN~30 , 20 22

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN 04-3286118

United for A Fair Economy, Inc. Name and title of officer or person subject to tax Elisa Jeannette Huezo Executive Director Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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. Form 990 check here ► X Form 990-EZ check here ... ▶ 2a b Total revenue, if any (Form 990-EZ, line 9) ______2b b Total tax (Form 1120-POL, line 22) За Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 990-PF check here ... > 4a 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here > 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 9a Form 5330 check here b Tax due (Form 5330, Part II, line 19) Form 8038-CP check here 10a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2021 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 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.

ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copwith a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforem on the return's disclosure consent screen.	
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulars Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
ignature of officer or person subject to tax	Date > 01 / 10 / 2023

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

X Lauthorize John A Ratcliffe

04390933091

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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

PIN: check one box only

Date > 01/06/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

86118

to enter my PIN