

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning -08/23/21, and ending 12/31/21

87-2345102

THE 1982	FOUNDATION				
Net Asset / Fund Balance at Begin	ning of Year			-	144
Revenue					
Contributions		1,174,037			
Program service revenue	-				
Investment income		13			
Capital gain / loss					
Fundraising / Gaming:					
Direct expenses					
Other income		0			
Total revenue			1.1	74,050	
Expenses				,	
Program services		40,000			
Management and general		25,832			
Fundraising		,			
Total expenses				65,832	
Excess / (deficit)					1,108,218
Changes					
					* ***
Net Asset / Fund Ba	alance at End of Year			:	1,108,218
December of D				D	F
Reconciliation of R		Total		Reconciliation of	
Total revenue per financial statements Less:		_ Total - Less:	expenses he	i imanciai stateme	nts
Unrealized gains			onated service	200	
Donated services		-	rior year adju		
Recoveries		•	osses	ioti iorito	
Other			ther		
Plus:		- Plus:			<del></del>
Investment expenses			vestment ex	penses	
Other .		-	ther		
Total revenue per return	1,174,050	_	Total expe	enses per return	65,832
•		-			
		Balance Sh	reet		
	Beginning	Ending	210	Differences	
Assets		1,108	,210		
Liabilities		1,108	218	1,108,2	)1 Q
Net assets				1,100,2	* *** <u>U</u>
	Miscellane	ous Information			
	Amended return		_		
	Return / extended due	e date <u>11/1</u>	<u>5/22</u>		
	Failure to file penalty				

Form **8879-TE** 

# IRS *e-file* Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

For calendar year 2021, or fiscal year beginning 8/23 2021, and ending 12/31, 20 21

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

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

Name of filer

#### THE 1982 FOUNDATION

EIN or SSN 87-2345102

Name and title of officer or person subject to tax	TERESA OVERTON		
	TREASURER/ BOARD		
Part I Type of Return a	and Return Information		
		d enter the applicable amount, if any, fro	om the return. Form 8038-
		enter whole dollars only. If you check the	
		being filed with this form was blank, their	
		. But, if you entered -0- on the return, the	
applicable line below. Do not complet		, , ,	
1a Form 990 check here		orm 990. Part VIII. column (A). line 12)	1b1,174,050
2a Form 990-EZ check here	h Total revenue if any (F	orm 990-EZ, line 9)	2b
3a Form 1120-POL check here	h Total tax /Form 1120-P(	OL, line 22)	3b
4a Form 990-PF check here	h Tay based on investme	ent income (Form 990-PF, Part VI, line	5) 4b
5a Form 8868 check here		8, line 3c)	
6a Form 990-T check here	b Total tay (Form 990-T )	Part III, line 4)	
7a Form 4720 check here	b Total tax (Form 4720 P	art III. line 1)	6b
8a Form 5227 check here			8b
9a Form 5330 check here		art II, line 19)	
10a Form 8038-CP check here			•
		ent requested (Form 8038-CP, Part III, Officer or Person Subject to Ta	
			······································
Under penalties of perjury, I declare the	iat A i am an officer of the abo	ve entity or lam a person subje	• • • •
of entity)	ing pohodulos and statements, and	, (EIN) and that to the best of my knowledge and belief,	It I have examined a copy of the
	· · · · · · · · · · · · · · · · · · ·	nown on the copy of the electronic return	•
•		O) to send the return to the IRS and to	
	The state of the s	the reason for any delay in processing t	
		designated Financial Agent to initiate an	
	-	eparation software for payment of the fed	
	•	oke a payment, I must contact the U.S.	
		nent) date. I also authorize the financial	
processing of the electronic payment	of taxes to receive confidential inform	ation necessary to answer inquiries and	resolve issues related to
the payment. I have selected a person	nal identification number (PIN) as my	signature for the electronic return and, i	f applicable, the consent to
electronic funds withdrawal.			
PIN: check one box only			
X   authorize Koreski	& Estep, PLLC	to enter my PIN	82321 as my signature
	ERO firm name		Enter five numbers, but
•			do not enter all zeros
on the tax year 2021 electroni	ically filed return. If I have indicated w	vithin this return that a copy of the return	is being filed with a state
agency(ies) regulating charitie	s as part of the IRS Fed/State progra	nm, I also authorize the aforementioned I	ERO to enter my PIN on the
return's disclosure consent so	reen.		
As an officer or person subject	t to tax with respect to the entity. I w	ill enter my PIN as my signature on the t	ax vear 2021 efectronically
filed return, If I have indicated	within this return that a copy of the r	etum is being filed with a state agency(i	
of the IRS Fed/State program	, I will enter my PIN on the return's d		44 44 400
Signature of officer or person subject to tax >		Date •	11/14/22
Part III Certification and			
ERO's EFIN/PIN. Enter your six-digit	<del>-</del>	EE1.000	44.505
number (EFIN) followed by your five-o	ligit self-selected PIN.	551982	
			er all zeros
· · ·	• -	the 2021 electronically filed return indicat	
am submitting this return in accordance Providers for Business Returns.	e with the requirements of Pub. 416	3, Modernized e-File (MeF) Information 1	or Authorzed IKS e-file
Frequencia for Eustriess Returns.			an In a Ioo
ERO's signature		Date >	11/14/22
	ERO Must Retain Th	is Form — See Instructions	

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

#### 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.

OMB No. 1545-0047 2021 Open to Public

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2021 calendar year, or tax year beginning 08/23/21, and ending 12/31/21 D Employer identification number C Name of organization Check if applicable: THE 1982 FOUNDATION Address change Doing business as 87-2345102 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone numbe 304-588-1606 Initial return P.O. BOX 82 City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated GRANTSVILLE WV 26147 1,174,050 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending CRYSTAL MERSH COURT H(b) Are all subordinates included? 320 WILDERLAKE If "No." attach a list. See instructions 30328 ATLANTA X 501(c)(3) Tax-exempt status: 4947(a)(1) or 527 N/A Website; H(c) Group exemption number ▶ Year of formation: 2021 Form of organization: X Corporation Trust Association Other | Part I Summary 1 Briefly describe the organization's mission or most significant activities: Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 8 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 5 20 6 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 1,174,037 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 0 13 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 1,174,050 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 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) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 65,832 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 65,832 1,108,218 19 Revenue less expenses, Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,108,218 21 Total liabilities (Part X, line 26) 0 1,108,218 22 Net assets or fund balances. Subtract line 21 from line 20 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 Sign TREASURER/ BOARD TERESA OVERTON Here Type or print name and title Print/Type preparer's name Preparer's signature Check Paid P01211999 11/14/22 Hannah R. Grady, CPA Koreski & Estep, Preparer 47-2424807 PLLC Firm's EIN Firm's name **Use Only** 300 Star Ave Ste 314 304-917-3627 Parkersburg, WV 26101-5460

May the IRS discuss this return with the preparer shown above? See instructions

Yes

Form 990 (2021) THE 1982	FOUNDATION	87-234	5102	Page 2
Part III Statement of F	Program Service Accomplish	ments		f==3
Check if Sched	<u>ule O contains a response or n</u>	ote to any line in this Part	<u>III</u>	X
1 Briefly describe the organizat	tion's mission:			
See Schedule O				
•				
2 Did the organization undertak	e any significant program services du	ring the year which were not liste	d on the	
				Yes X No
If "Yes," describe these new	services an Schedule O.			···· ——
	onducting, or make significant changes	s in how it conducts, any program	1	
				Yes X No
If "Yes," describe these chan				,
	rogram service accomplishments for e	each of its three largest program	services, as measured by	
	and 501(c)(4) organizations are require			
• • • •	nue, if any, for each program service r		and anodations to carero,	
the total expenses, and level	ide, if diffy for each program service i	oportou.		
4a (Code: ) (Expense	o \$ includi	ing grants of \$	) (Revenue \$	
	ORT FOR A COMMUNITY			. DESTDENTS
OF CALHOUN COUNT		AND RECREATION		
OF CALHOUN COON.	L L .			
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4b (Code: ) (Expense TO PROVIDE THE ) OUTDOOR ACTIVIT	YOUTH OF CALHOUN CO	DUNTY WITH ATHLET	) (Revenue \$	FO ENHANCE
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* * * * * * * * * * * * * * * * * * * *				
4c (Code: ) (Expense	s \$ includ	ing grants of \$	) (Revenue \$	)
N/A				,
•	********************************			
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• • • • • • • • • • • • • • • • • • • •			***************************************	
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Ad Other presurem continue (Dec				
	cribe on Schedule O.)			
(Expenses \$  4e Total program service expenses	including grants of \$	) (Rever	nue \$	)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 X 5 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 X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI ..... Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 Х X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 X Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х assistance to or for foreign individuats? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

X

_ Pa	art IV Checklist or Required Schedules (continued)		·	
		Г	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	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 "Ves " complete Schedule I	23		х
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		х
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		L
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		Х
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%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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			
	parang? If "Vae " camplete Schedule I. Bort III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27	- :	
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		3.	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
С	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			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? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٧,
	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,			v
25.	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
b		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
50	well-to de accomination O. If Was Measurable Cabadallo D. Doub V. Son O.	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		х
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	
Pa	art 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			
	1 1.		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	_	\	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?		000	
DAA		For	m ႸႸし	(2021)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
<b>2</b> a	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ŀ	l .
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		1.55	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶		- 1	7,71
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1.0
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		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	nife were not toy deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and agricus provided to the payors	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1,3		$\vdash$
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	/'-	1.11	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	-    7e		
e f	Did the organization during the year new premiums directly or indirectly on a personal benefit contract?	7 <del>f</del>	······································	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	····	
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <del>9</del> 7h		$\vdash$
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/"		50.25
·	sponsoring organization have excess business holdings at any time during the year?	8		ĺ
9	Sponsoring organizations maintaining donor advised funds.	1 1		10.00
a	Did the proposing granulation make any tayable distributions (under applier 10662)	9a		İ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		$\vdash$
10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	┨		
11	Section 501(c)(12) organizations. Enter:	$\dashv$	14.3	
11	Gross income from members or shareholders			
a b	Gross income from other sources, (Do not net amounts due or paid to other sources	1		
D			14.7	
12a	against 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		1
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12d		15.5
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\dashv$		
	The second secon	13a		$\vdash$
а	Note: See the instructions for additional information the organization must report on Schedule O.	134		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b				
_	The state of the s	-		
C 1/12		14a		x
14a h	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		<u> </u>
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-1-13		İ
IJ		4.5		х
	excess parachute payment(s) during the year?	15	7.14.1	
46	If "Yes," see instructions and file Form 4720, Schedule N.	40		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.			ĺ
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	4.7		1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes," complete Form 6069.	17		İ
	ii res, whipiete rotti uoos.		" gar	(2021)
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Page 6

Pa	rt 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. Schedule O			ns.					
	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 8		1						
	If there are material differences in voting rights among members of the governing body, or			1					
	if the governing body delegated broad authority to an executive committee or similar		1.	1					
	committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8		1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	5.						
	any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct		_X_	<del>                                     </del>					
-	supportions of officers directors trustees or less employees to a management company or other paragraph	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the examination have members or steel/holders?	6		X					
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	F -		<del></del>					
, a	and or more members of the governing hadus	7a		х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		<del></del> -					
b	starthalders as a second of the three than the second of the total of	75		х					
0	stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		<u> </u>					
8			Х						
a	The governing body?	8a	X	<u> </u>					
b	Each committee with authority to act on behalf of the governing body?	8b							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		х					
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O								
Sec	tion B. Folicies (This Section B requests information about policies not required by the internal Nevenue of	ue.j	V	Na					
40-	Did the executation have level shorters broughes as offlicted?	10a	Yes	No X					
10a ե	Did the organization have local chapters, branches, or affiliates?	104		<u> </u>					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401-							
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	$\vdash$					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40		1					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X_					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<del></del>					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40							
	describe on Schedule O how this was done	12c		V					
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14							
15	Did the process for determining compensation of the following persons include a review and approval by			100					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		N.						
a	The organization's CEO, Executive Director, or top management official	15a	X	├─					
b	Other officers or key employees of the organization	15b	X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			.,					
	with a taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b		<u> </u>					
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed <b>WV</b>	· · · · · · ·		• • • • • •					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)								
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and								
	financial statements available to the public during the tax year.								
20 mr	State the name, address, and telephone number of the person who possesses the organization's books and records								
	ERESA OVERTON 425 HIGH STREET  RANTSVILLE WV 26147 304	FO	Q_1	606					
اري	<i>√21111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</i>		ٰ بد ب	000					

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

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)  Reportable  compensation  from the  organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) ROGER CARTER	1.00									
BOARD OF ADVISORS	0.00	X						0	0	0
(2) PAUL GOODRICH										
	1.00	,,						_	_	0
BOARD OF ADVISORS (3) ROBIN HUGHES	0.00	X						0	0	<u>U</u>
(3) ROBIN HOGHES	1.00									
BOARD OF ADVISORS	0.00	х						0	0	0
(4) ROBIN MERSCH		<u> </u>								
(,,	1.00									
VICE PRESIDENT/BOARD	0.00	X		Х				0	0	0
(5) CRYSTAL MERSH										
	4.00							_		_
PRESIDENT/BOARD	0.00	X	L	X				0	0	0
(6) TERESA OVERTON										
	4.00	٠,,		٠,				_	_	0
TREASURER/ BOARD (7) HEIDI TERRY	0.00	X	ļ	X				0	0	U
(/) REIDI TERRI	1.00									
BOARD OF ADVISORS	0.00	x						0	0	0
(8) AARON SPAUR	0.00	1								
(0),	1.00			ŀ						
SECRETARY	0.00			Х				0	. 0	0
(9)										
4					ļ					
(10)										
(11)		$\vdash$				$\vdash$				
11.7	V									
		1								
	•			•						000

Form 990 (2021)

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orm 990 (2021) THE 1982								87-234			Р	age 8
Part VII Section A. Officers	i, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	I Employees (continued)			
(A) Name and tille	(B) Average hours per week (list any hours for related	bo: off	x, unle	Pos check ess pe	erson i	than costs both orderest employee	an	(D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NISC/	(E)  Reportable  compensation  from related  organizations (W-2/  1099-MISC/  1099-NISC)	(F Estimated of or comper from organizal related org	f amount ther nsation the tion and	
	organizations below dotted line)	ndividual trustee or director	nal trustee		emplayee	Highest compensated employee		1866 (125)	,			
40000				•								
				:								
1b Subtotal		Secti	on A	٩			<b>▶</b> <b>▶</b>					
2 Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 of			
											Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir "complete Sched	ector <i>Iule -</i>	r, tru J for	stee suc	, key h ind	/ em <sub>i</sub> dividu	ploy: <i>ial</i>	ee, or highest compensate	d	3		Х
4 For any individual listed on lin- organization and related organization.	e 1a, is the sum	of re	eport	able	con	npens	satio	on and other compensation	from the	(4.1)		
individual	***							•		4		X
5 Did any person listed on line for services rendered to the o	1a receive or acc rganization? <i>If "</i> Y	iue 'es,"	com com	pens plete	satioi s Sc.	n troi hedu.	n ar <i>le J</i>	ny unrelated organization of for such person	r individual	5		Х
ection B. Independent Contracto												
<ol> <li>Complete this table for your fi compensation from the organi</li> </ol>	ve highest comp zation. Report co	ensa Impe	ted nsat	inde <sub>l</sub> ion l	pend for th	ient d ne ca	conti lend	ractors that received more far year ending with or with	than \$100,000 of iin the organization's tax ye	аг.		
Name and	(A) business address							Descrip	(B) tion of services	С	(C) Compensat	ion
, , , , , , , , , , , , , , , , , , ,							<u> </u>		····			
							<del> </del>					
							<u> </u>					
2 Total number of independent								se listed above) who	٥			

Pa	ırt V	/iii Statement of Revenue Check if Schedule O cont	ains a resnon	se or note	to any line in this	s Part VIII		П
		Orlean a Corrective Control	ана а теврот	SC OF HOLE	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
돧돧	1a	Federated campaigns	1a		1334 13.31			
튭쾼	b	Membership dues	1b					
ς, Am	С	Fundraising events	1c					
喜遗	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,	174,037				
ĘÖ	9	Noncash contributions included in lines 1a-1f	1g \$	40,000				
<u>a 0</u>	h	Total. Add lines 1a-1f			1,174,037		te te William Andre in	
				Business Code		1 12 4 4 4 14 14 14 12 12		1 12 22 23 23 23 23 24
బ్ల	2a	*						
e Ķ	b						,	
r E S	С							
Rey	d		4 4 4 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
Program Service Revenue	е	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
_	f	All other program service revenue	,					
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividend	ls, interest, and					
		other similar amounts)		▶	13			13
	4	Income from investment of tax-exemp						
	5	Royalties						
		(i) Real	(ii) P	ersonal				
	6a	<del></del>						
	b	'   -						
	C	Rental inc. or (loss) 6c						
	d 7a	Net rental income or (loss)	l l	,				A . S + 4 + 4, 5, 5 + 5, + 5
		sales of assets	5 (11)	Other				
4		other than inventory 7a						
Revenue	D	Less: cost or other						
eve		basis and sales exps. 7b Gain or (loss) 7c						
ĸ		Gain or (loss) 7c Net gain or (loss)						· .
Other		Gross income from fundraising events	· · · · · · · · · · · · · · · · · · ·				444,516,5516	
0	oa	(not including \$						
		of contributions reported on line						
		dal Can Darf IV Rea 40	8a					
	h	Less: direct expenses	8b					
		Net income or (loss) from fundraising		<b>•</b>				
		Gross income from gaming					100000000000000000000000000000000000000	
	-	activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
		Net income or (loss) from gaming acti		<b>&gt;</b>	***************************************			
		Gross sales of inventory, less					NENE SAN	
		returns and allowances	10a					
	b	Less: cost of goods sold	10b				a a makin in a in a	
		Net income or (loss) from sales of inve	entory	▶				
S				Business Code			· · ·	
Miscellaneous Revenue	11a		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
lane enu	b	*						
e el	С							
Σ Sign	d	All other revenue						
•	e	Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions		<b>&gt;</b>	1,174,050	0	0	13

### Form 990 (2021) THE 1982 FOUNDATION Part IX Statement of Functional Expense Statement of Functional Expenses

Check If Schedulac O contains a response or note to any line in this Part IX  On an Include an owners exponed and interest of the process of	
20. 90. and 70b of Part VIII.  1 Cents and chee seighters to therestic opportunitions and dense seighters to therestic opportunitions and dense seighters to therestic opportunitions and dense seighters to therestic opportunitions and dense seighters to the dense opportunitions and dense assistance to domestic includividuals. See Part IV, line 22  3 Centils and other assistance to foreign organizations, foreign povernments, and foreign includuals. See Part IV, line 13 and 16  4 Benefits paid to or for members  5 Componentation of current offices, directors, trustees, and key employees  6 Componentation of current offices, directors, trustees, and key employees  7 Componentation of current offices, directors, trustees, and key employees  8 Pension plan accrusis and contributions (include section 45%(c)(3)(8))  9 Citier employee benefits  10 Payroll taxes  11 Fees for services (nonemployees):  12 Management  13 Legal To services (nonemployees):  14 Accounting  15 Loboying  16 Provisional fundations services. See Part IV, line 17  17 Investment management fees  17 Other serious for the propess of schools of the 25, column (IV) amount, services for the propess of schools of the 25 column (IV) amount, services for the propess of schools of the 25 column (IV) amount, services for any foderal, state, or local public officials for any foderal, state, or local public officials for any foderal, state, or local public officials for any foderal, state, or local public officials for any foderal, state, or local public officials for any foderal, state, or local public officials for literation of the propess of schools of the 25 column (IV) amount, state for dependent on Schools of the 25 column (IV) amount, state for dependent on Schools of the 25 column (IV) amount, state for dependent on Schools of the 25 column (IV) amount, state for dependent on Schools of the 25 column (IV) amount, state for dependent on Schools of the 25 column (IV) amount, state for dependent on Schools of the 25 column (IV) amount and schools of the S	
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and domestic potentions. See Part IV, Ine 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 Genefitis paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, and compensation of current officers, and current officers,	
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9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal 5,008 5,008 c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, if the 11g amount exceets 10% of line 25, column (A) amount, list line 21g expenses on Schedule O.) 12 Advertising and promotion 817 817 13 Office expenses 54 54 Information technology 15 Royalties 16 Occupancy 1,449 1,449 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Insurance 18,504 18,504 18,504 10 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on Ine 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
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11 Fees for services (nonemployees): a Management b Legal 5,008 5,008 c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (if the 11g amount exceeds 10% of line 25, column (A) amount, ist line 11g expenses on Schedule O.)  12 Advertising and promotion 817 817 13 Office expenses 54 54 Information technology 15 Royalties Cocupancy 1,449 1,449 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 18,504 18,504 18,504 18,504	
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d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  12 Advertising and promotion 81.7 81.7 13 Office expenses 54 14 Information technology 15 Royalties 16 Occupancy 1 1,449 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 15 Insurance 18 18,504 18,504 18,504 18,504	
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f Investment management fees g Other. (If fine 11g amount exceeds 10% of fine 25, cotumn (A) amount, list line 11g expenses on Schedute O.)  Advertising and promotion  817 817 3 Office expenses  54 1 Information technology  Royalties  6 Occupancy  1 , 449  17 Travel  8 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance  1 18,504 1 18,504 1 18,504 1 18,504	
g Other. (If fine 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  12 Advertising and promotion 817 817  13 Office expenses 54 54  14 Information technology 15 Royalties 16 Occupancy 1,449 1,449 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 19 Payments to affiliates 19 Depreciation, depletion, and amortization 18,504 18,504 20 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
(A) amount, ist line 11g expenses on Schedule O.)  12 Advertising and promotion 817 817  13 Office expenses 54 54  14 Information technology 15 Royalties 7  16 Occupancy 7  17 Travel 7  18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7  19 Conferences, conventions, and meetings 8  10 Interest 7  11 Payments to affiliates 7  12 Depreciation, depletion, and amortization 8  18 Insurance 18 Is 504 18 504  18 Journal 18 Jour	
12 Advertising and promotion 817 13 Office expenses 54 14 Information technology 15 Royalties 16 Occupancy 1,449 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 18,504 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
13 Office expenses 54 54  14 Information technology	
14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
15 Royalties 16 Occupancy 1 1,449 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	,
11,449 11,449 12,449 13,449 14,449 15,449 16,449 17,449 18,449 19,449 19,449 10,449 11	
Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	***************************************
22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
23 Insurance 18,504 18,504  24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
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.)	
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
(A) amount, list line 24e expenses on Schedule O.)	
a BIAE & RELIMET DISTRIBUTIO 40,000 40,000	
h	
b	
d d	·····
All other among	***************************************
CF 020 40 000 0F 000	0
25 Total functional expenses. Add fines 1 through 24e 65 , 832 40 , 000 25 , 832  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720) if	0

Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X ...... (A) (B) Beginning of year End of year 539,622 Cash---non-interest-bearing Savings and temporary cash investments 134,049 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis, Complete Part VI of Schedule D 434,547 10a 434,547 b Less: accumulated depreciation 10b 10c Investments—publicly traded securities Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets, See Part IV, line 11 15 15 0 1,108,218 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties \_\_\_\_\_ 23 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities, Add lines 17 through 25 ...... 26 Organizations that follow FASB ASC 958, check here ▶ X or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 1,108,218 27 Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31

Total net assets or fund balances

Total liabilities and net assets/fund balances .....

1,108,218 Form 990 (2021)

1,108,218

32 0

32

Form **990** (2021)

Form	990 (2021) THE 1982 FOUNDATION	87-2345102			Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in		. <u> </u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,1		
2	Total expenses (must equal Part IX, column (A), line 25)		2		65,8	
3	Revenue less expenses. Subtract line 2 from line 1		3	1,10	08,2	218
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, co	lumn (A))	4			
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			9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must eq					
	32, column (B))		10	1,10	08,2	218
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in	n this Part XII				
	<u> </u>				Yes	No
1	Accounting method used to prepare the Form 990:	I X Other MODIFIED	<u>CASH</u>	`\	33.3	
	If the organization changed its method of accounting from a prior year or checke	ed "Other," explain on		1 1		
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent	endent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the y	year were compiled or			1.3	
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and	•				1
b	Were the organization's financial statements audited by an independent account	itant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the y	ear were audited on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and	separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes	responsibility for oversight of				l
	the audit, review, or compilation of its financial statements and selection of an ir	ndependent accountant?		2c		
	If the organization changed either its oversight process or selection process during	ng the tax year, explain on				
	Schedule O.			1		
3a	As a result of a federal award, was the organization required to undergo an audit	t or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization	ation did not undergo the				ĺ
	required audit or guilte, evaloin why on Schodulo O and describe any stone take	on to undorgo ouch oudita		3h		i

#### SCHEDULE A (Form 990)

**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.

OMB No. 1545-0047 **2021** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE

► Attach to Form 990 or Form 990-EZ.

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

1982 FOUNDATION Employer identification number 87–2345102

Pa	πı	Rease	on for Public Charity	Status. (All organizations	s must c	complete	this part.) See instruction	ons.
he c	rga	nization is not	a private foundation because	e it is: (For lines 1 through 12,	check only	y one box	.)	
1		A church, cor	nvention of churches, or ass	ociation of churches described	in sectio	n 170(b)(ʻ	I)(A)(i).	
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Forr	n 990).)			
3				ce organization described in se		)(b)(1)(A)(	iii).	
4		A medical res	search organization operated	d in conjunction with a hospital	described	in section	n 170(b)(1)(A)(iii). Enter the h	nospital's name,
1	_	city, and state	<del>-</del>				, , , , , ,	,
5		•		of a college or university owned	or operat	ed by a d	overnmental unit described in	
- 1		-	(b)(1)(A)(iv). (Complete Part	= *	o. opo.a.			
6				overnmental unit described in s	section 1	70/b)(1)(A	)(v).	
7			-	substantial part of its support fro			• • •	•
•		•	section 170(b)(1)(A)(vi). (C		J		ann at them the gollorat pastic	•
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Par	t II.)			
9	$\neg$			cribed in section 170(b)(1)(A)(		ed in coni	unction with a land-grant collec-	ge
•				of agriculture (see instructions).				<b>,</b>
10	X	receipts from support from	activities related to its exem- gross investment income ar	) more than 33 1/3% of its support functions, subject to certain and unrelated business taxable in 0, 1975. See section 509(a)(2)	exception acome (le	s; and (2) ss section	no more than 331/3% of its 511 tax) from businesses	ss
11			-	exclusively to test for public saf			•	
12	$\dashv$	-	-	exclusively to test for public same exclusively for the benefit of, to	•			ises of
12		_		ions described in section 509(a	-			
				scribes the type of supporting o				
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	by its su	ipported c	organization(s), typically by givi	ng
		the suppo	orted organization(s) the pow	er to regularly appoint or elect	a majority	of the di	rectors or trustees of the	
		supporting	g organization. You must c	omplete Part IV, Sections A a	nd B.			
	b	Type II. A	A supporting organization su	pervised or controlled in conne	ction with	its suppo	rted organization(s), by having	
				ting organization vested in the	same per	sons that	control or manage the support	ed
			• •	Part IV, Sections A and C.				***
	С	its suppo	rted organization(s) (see ins	supporting organization operated structions). You must complete	Part IV,	Sections	A, D, and E.	
	d			<ul> <li>A supporting organization open organization generally must satisfied</li> </ul>			~	` '
			· · · · · · · · · · · · · · · · · · ·	nust complete Part IV, Section			•	
	е	Check thi	is box if the organization rec	eived a written determination fro	om the IR	S that it is	a Type I, Type II, Type III	
		functional	lly integrated, or Type III no	n-functionally integrated suppor	ting orgai	nization.		·
	f	Enter the nur	mber of supported organizati	ons		. <b>.</b>		
	g	Provide the fe	ollowing information about the	ne supported organization(s).	· · · · · · · · · · · · · · · · · · ·			
(i)		e of supported	(ii) EiN	(iii) Type of organization	. ,	organization	(v) Amount of monetary	(vi) Amount of
	org	janization		(described on lines 1–10 above (see instructions))		ur governing	support (see	other support (see
				above (see insudctions))	Yes	ment? No	instructions)	instructions)
					res	NO		
(A)				·				
(B)			· · · · · · · · · · · · · · · · · · ·					
(C)								
(D)		·			<del> </del>			***************************************
( <i>-</i> )								
(E)								
			********					

Schedule A (Form 990) 2021 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202°	1	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4	**********		No. of the Control of	****	********		
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202°	1	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10	***********						
12	Gross receipts from related activities, et-	c. (see instructions)					12	
13	First 5 years. If the Form 990 is for the	organization's first, s						
	organization, check this box and stop he							▶
Sec	tion C. Computation of Public S							
14	Public support percentage for 2021 (line	6, column (f) divided	l by line 11, colum	n (f))			14	<u>%</u>
15	Public support percentage from 2020 Sc	hedule A, Part II, line	e 14				15	<u></u> %
16a	33 1/3% support test—2021. If the orga			•	33 1/3% or more,	check this		
	box and stop here. The organization qu	· · · · · · · · · · · · · · · · · · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				▶ ∐
b	33 1/3% support test—2020. If the orga					-		. —
	this box and stop here. The organization							▶ ∐
17a	10%-facts-and-circumstances test—2							
	10% or more, and if the organization me		•					
	Part VI how the organization meets the organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						▶□
b	10%-facts-and-circumstances test—2	=						•
	15 is 10% or more, and if the organization				•	•		
	in Part VI how the organization meets the							, [
	organization							▶ ∐
18	Private foundation. If the organization of							
	instructions							▶ ∐

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

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

Sec	tion A. Public Support						
Caler	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.")					1,174,037	1,174,037
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					1,174,037	1,174,037
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						1,174,037
	tion B. Total Support		-			<del></del>	
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6					1,174,037	1,174,037
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			·		13	13
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b					13	13
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						norm-co
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					1,174,050	1,174,050
14	First 5 years. If the Form 990 is for the o					(3)	<u> </u>
Sec	organization, check this box and stop her tion C. Computation of Public S		tage		<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<b>P</b> L
15	Public support percentage for 2021 (line 8			nn (fl.)		15	100.00%
16	Public support percentage from 2020 Sch					1 1	%
$\overline{}$	tion D. Computation of Investme						
17	Investment income percentage for 2021 (I			3, column (f))		17	%
	Investment income percentage from 2020		1 tt 47			1 40	%
19a	33 1/3% support tests—2021. If the orga	ınization did not che					
b	17 is not more than 33 1/3%, check this b 33 1/3% support tests—2020. If the orga		_				▶ <u>×</u>
	line 18 is not more than 33 1/3%, check the						▶ 🗌
20	Private foundation. If the organization die	•	-			_	

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	۹.	All.	Sup	porting	Org	ganizations
-----------	----	------	-----	---------	-----	-------------

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- 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).
- 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).
- 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - 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.)

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11 Has the organization accepted a gill or contribution from any of the following persona?  a A person was desertly or indirectly controls, either alone or together with personas desorbed on lines 11b and 11b blow, the governing body of a supported organization?  b A family member of a person described on line 11s above?  b A family member of a person described on line 11s or 11b above? If "Yes" is line 11s, 11t, or 11c, provide detail in Part IV.  11c Sociolo B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, cellifores acting in their organization from organizations have the power for regulative appoint or elect at least, a majority of the organization from organizations have the power for regulative appoint or elect at least, a majority of the organizations form or more supported organizations have the power for regulative appoint or elect at least, a majority of the organizations form or more supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the governing described or the burstled of any supported organizations, in Part I Vibro the scales were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the organization and what conditions or restrictions, if any, applied to such powers during the fax year.  1 Did the organization operated, supported organizations of the time that the supported organizations of the supported organizations.  2 Did the organization operated or the burstled of any supported organizations (bit and practed, supporting Organizations are the supporting organizations.) If the control organization of any application of the organization operated organization of such as apported organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the or	Par	t IV Supporting Organizations (continued)			
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Section E. Type III Functionally Integrated Supporting Organizations  1					
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	a		32		
	h		Ja		<del></del>
	IJ		3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	na Organiza	tions	102 Page 0
1 Check here if the organization satisfied the Integral Part Test as a qualifying tru			iee
instructions. All other Type III non-functionally integrated supporting organizate			
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	·	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount	***************************************	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):	l said		Augment Difference lederte.
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount	, 0		Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1	A Committee of the Comm	
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	N. A. W. N. JULIA ERRO	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	<u> </u>		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally in		l supporting organization	
(see instructions).	gracou i ypo i	copporary organization	
1000 (10000010)			

Schedule A (Form 990) 2021

Schedu Parl	t V Type III Non-Functionally Integrated 509(a)(3)		87-23451	L02 Page 7
	on D – Distributions	Supporting Organiza	dona (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purp			
2	Amounts paid to perform activity that directly furthers exempt purpose	es or supported		
	organizations, in excess of income from activity	4 . 4		
3_	Administrative expenses paid to accomplish exempt purposes of sup	porteo organizations		
4	Amounts paid to acquire exempt-use assets	otaile in Dart 1/0		
5 6	Qualified set-aside amounts (prior IRS approval required—provide de Other distributions (describe in Part VI). See instructions.	etans in Part Vij		<del></del>
<del>0</del>	Total annual distributions, Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the organizations to which the organizations to which the organizations to which the organizations are supported organizations.	zation ie reenoneive		
O	(provide details in Part VI). See instructions.	zation is responsive		
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		***************************************	
- 10	Elino o amount divided by into o amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6	NA. HERAN	1. 1. 1. 1. 7. 7. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Underdistributions, if any, for years prior to 2021			NESS TENSOR
_	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
	From 2018		New York (Control of the Control of	
d	From 2019			
	From 2020			
	Total of lines 3a through 3e			The State of the S
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
j	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			teau au van de eer als deur de dit
4	Distributions for 2021 from			
	Section D, line 7: \$		And the Control of	i in the site
a	Applied to underdistributions of prior years			····
b	Applied to 2021 distributable amount	The free out of the first		
С	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.	t the talk, each to the talk of		
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:	143597 33		
a	Excess from 2017			
	Excess from 2018	A A SAN A A A A A A A A A A A A A A A A		
	Excess from 2019			
	Excess from 2020			
	Evenes from 2021	2, 44 4 7 7 7 7 7 7	1.1.1	

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Schedule A (For	m 990) 2021	THE	1982	FOUNDAT	'ION			87-23	45102		Page 8
Part VI	Supplementa III, line 12; Pa B, lines 1 and 3a, and 3b; Pa lines 2, 5, and	I Information rt IV, Section / 2; Part IV, Se art V, line 1; P	. Provide A, lines 1, ction C, li art V, Sed	the explan , 2, 3b, 3c, ine 1; Part ction B, line	ations requ 4b, 4c, 5a, IV, Section 1e; Part \	, 6, 9a, 9b, D, lines 2 /, Section [	9c, 11a, and 3; Pa D, lines 5,	10; Part II, I 11b, and 11 art IV, Section 6, and 8; a	ine 17a or c; Part IV, on E, lines	Section 1c, 2a,	irt 2b,
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## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

THE 1982 FOUND	DATION	87-2345102
Organization type (check one	3):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	overed by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See
General Rule		
-	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 property) from any one contributor. Complete Parts I and II. See instructions for determinal tributions.	
Special Rules		
regulations under secti 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of sions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, from any one contributor, during the year, total contributions of the greater of (1) \$5,000 on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	, 16a, or
contributor, during the literary, or educational	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any year, total contributions of more than \$1,000 exclusively for religious, charitable, scientil purposes, or for the prevention of cruelty to children or animals. Complete Parts I (enterstead of the contributor name and address), II, and III.	lic,
contributor, during the contributions totaled m during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any year, contributions exclusively for religious, charitable, etc., purposes, but no such fore than \$1,000. If this box is checked, enter here the total contributions that were receivexclusively religious, charitable, etc., purpose. Don't complete any of the parts unless that to this organization because it received nonexclusively religious, charitable, etc., contribute during the year	ved e utions
must answer "No" on Part IV,	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Forr line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 the filing requirements of Schedule B (Form 990).	

Page 1 of 1 Page 2

Name of organization THE 1982 FOUNDATION Employer identification number

87	-2	34	51	02
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Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CRYSTAL & ROBIN MERSH 320 WILDERLAKE COURT ATLANTA GA 30328	\$ 1,000,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	QUALITY EXECUTIVE PARTNERS, INC. 200 N. WASHINGTON ST. STE. 320910 ALEXANDRIA VA 22320-0910	\$ 40,000	Person Payroil Noncash  (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, und 2n · 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	······································	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE 1982 FOUNDATION

Employer identification number 87-2345102

(-) Al.			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	BIKES/HELMETS TO COMMUNITY YOUTH	s 40,000	11/17/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

#### SCHEDULE D (Form 990)

Department of the Treasury Internat 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 Open to Public Inspection

Employer identification number Name of the organization THE 1982 FOUNDATION 87-2345102 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements 2b 2с c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X .

366,047

Schedule D (Form 990) 2021

366,047

434,547

1a Land

**b** Buildings c Leasehold improvements ..... d Equipment

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

	Complete if the organization answered "Yes" on			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year π	
4) Einansial			Cost of end-of-year to	idiket value
<ol> <li>Closely b</li> </ol>	derivatives eld equity interests			····
		i		
(C)				
(D)				
(E)				
(F.)				
(G)		***************************************		
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		8.5 S. S. S. S. S. S. S. S. S. S. S. S. S.	
Part VIII	Investments – Program Related.			
i are viii	Complete if the organization answered "Yes" on	Form 990, Part IV, li	ne 11c. See Form 990. Par	t X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of va	
			Cost or end-of-year m	narket value
(1)		***************************************		
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)	AAA			
	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		aja, garas variatera 177	
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	ne 11d. See Form 990, Par	t X, line 15.
	(a) Description	····		(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	on (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.	E 000 B4 B/ B	44 445 C F 0/	00 D-4 V
	Complete if the organization answered "Yes" on	Form 990, Part IV, III	ne Tie or Tit. See Form 99	90, Part X,
1.	line 25.			(b) Book value
	income taxes			(4) 55611 1915
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(0)				
(8)				
(9)	we did must a mad Come 000. Dayl V. and JD. Brands			
(9) Fotal. <i>(Colun</i>	on (b) must equal Form 990, Part X, col. (B) line 25.) r uncertain tax positions. In Part XIII, provide the text of the fo	ofnote to the owenization'	s financial statements that reports	fhe

Sche	edule D (Form 990) 2021 THE 1982 FOUNDATION	87-23451	.02	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per l	Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а		2a		
	Donated consisce and use of facilities	2b	<b>-</b>	
,,	Donated services and use of facilities	. 20	<b>-</b>	
	Recoveries of prior year grants	. 2c		
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>_</b>   `	
b	Other (Describe in Part XIII.)	4b	_	
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		, 5	
Pa	art XII Reconciliation of Expenses per Audited Financial Stater	ments With Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, I			
1	25, 15		1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		'	
		2a		
a L	Donated services and use of facilities	2d	-	
a	Prior year adjustments	.   2b	-	
C	Other losses	2c	1	
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		4:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
C	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
С 5	***************************************			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5	
5 <b>P</b> a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines 1b and 2b; Part V, line 4	. 5	
5 <b>P</b> a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II  art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part V, line 4 e any additional information.	; Part X, line	
5 <b>P</b> a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines 1b and 2b; Part V, line 4 e any additional information.	; Part X, line	
5 <b>P</b> a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II  art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part V, line 4 e any additional information.	; Part X, line	
5 <b>P</b> a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II  art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part V, line 4 e any additional information.	; Part X, line	
5 <b>P</b> a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II  art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part V, line 4 e any additional information.	; Part X, line	
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c 5 Previous 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II  art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part V, line 4 e any additional information.	; Part X, line	
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c 5 Previous 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II  art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part V, line 4 e any additional information.	; Part X, line	
c 5 Previous 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II  art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part V, line 4 e any additional information.	; Part X, line	
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C 5 Provided	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part V, line 4 e any additional information.	; Part X, line	
c 5 Per Provide Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part V, line 4 e any additional information.	; Part X, line	
c 5 Per Provide Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part V, line 4 e any additional information.	; Part X, line	
C 5 Per Provi	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part V, line 4 e any additional information.	; Part X, line	
C 5 Per Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part V, line 4 e any additional information.	; Part X, line	

Schedule D (Fo	orm 990) 2021	THE	1982	FOUNDATION		87-2345102	Page 5
Part XIII	Supplement	al Info	rmation	(continued)			
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#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions** 

▶ 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.

OMB No. 1545-0074

2021

Open To Public Inspection

Name of the organization

THE 1982 FOUNDATION

Employer identification number 87-2345102

		(a) Check if applicable	(b) Number of contributions or items contributed	(C)  Noncash contribution  amounts reported on  Form 990, Part Vill, line 1g	Method of	d) determining bution amounts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests					•		
4	Books and publications		1 11 11 11 11 11 11 11 11 11 11 11 11 1		***************************************		***************************************	
5	Clothing and household							
6	goods Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	***************************************						
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,		·					
	or trust interests				<del></del>			
12	Securities — Miscellaneous			2				
13	Qualified conservation contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							1
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		4	40.000				
25	Other ▶(BIKES & HELMETS)	Х	1	40,000	ACTUAL COST		···	
26	Other ►()							
27	Other ►()							
28	Other ▶ (							
29	Number of Forms 8283 received by which the organization completed Forms	-			29			
							Yes	No
30a	During the year, did the organization 28, that it must hold for at least three			• •	•		, i	
	to be used for exempt purposes for					30a		Х
b	If "Yes," describe the arrangement in		loiding postos.	*********************	***************************************		:	
31	Does the organization have a gift ac		nolicy that requires the re	eview of any nonstandard				
٠.	· ·		•			31		х
32a	Does the organization hire or use the	ird narties	or related organizations	to solicit, process, or sell n	oncash	·····   <del></del>		
VAU						32a		Х
b	If "Yes," describe in Part II.					JA.U	1	
33	If the organization didn't report an ar	nount in co	olumn (c) for a type of pr	operty for which column (a	) is checked,			

Schedule M (Fo	rm 990) 2021 <b>THE</b>	E 1982 FOUN	IDATION		87-2345102	Page 2
Part II	Supplemental the organization	Information. Pron is reporting in I	ovide the informa Part I, column (b)	tion required by Part the number of cont for any additional ir	I, lines 30b, 32b, and 33 ributions, the number of i	, and whether
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#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### 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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

THE 1982 FOUNDATION	87-2345102
Form 990 - Organization's Mission	
THE 1982 FOUNDATION WAS CREATED WITH ITS	S SOLE MISSION OF CONVERTING THE OLD
CALHOUN COUNTY HIGH SCHOOL INTO THE CAL	HOUN COUNTY COMMUNITY CENTER TO
PROVIDE RECREATIONAL ACTIVITIES AND COMM	UNITY SUPPORT TO THE CHILDREN AND
RESIDENTS OF CALHOUN COUNTY.	
Form 990, Part I, Line 6	••••••
VOLUNTEERS PROVIDE TIME FOR THE BETTERMI	ENT OF THE ORGANIZATION.
Form 990, Part VI, Line 2 - Related Par	ty Information Among Officers
CRYSTAL MERSH	ROBIN MERSH
PRESIDENT	V. PRESIDENT
MARRIED	
Form 990, Part VI, Line 11b - Organizat	lon's Process to Review Form 990
A DRAFT COPY OF THE FORM 990 IS MADE AV	AILABLE TO THE BOARD MEMBERS FOR
REVIEW BEFORE THE TREASURER ULTIMATELY S	SIGNS-OFF ON THE FILING.
Form 990, Part VI, Line 15a - Compensat:	on Process for Top Official
The Organization does not compensate Dir	rectors, Officers or "Top
Officials".	
Form 990, Part VI, Line 15b - Compensat:	lon Process for Officers
The Organization does not compensate Off	icers and Key Employees.

Page 1 of 1

1982F THE 1982 FOUNDATION

11/14/2022 3:09 PM

## Federal Asset Report Form 990, Page 1

FYE: 12/31/2021

Asset	Description	Date In Service	Cost	Bus <u>%</u>	Sec 179Bonus	Basis for Depr	<u>PerCor</u>	ıv <u>Meth</u>	Prior	_ Current	<u>l</u>
1	Depreciation: LAND - 2.0 ACRES MAP5, PARCEL 4.1 BUILDING - 2.0 ACRES MAP 5, PARCEL TOPOGRAPHIC SURVEY 2021 CONSTRUCTION IN PROGRESS  Total Other Depreciation	8/27/21 8/27/21 12/10/21 12/31/21	65,000 159,786 3,500 206,261 434,547			65,000 159,786 3,500 206,261 434,547	0 0 0 0	Memo Memo Memo	() ()	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0
	Total ACRS and Other Depres	iation	434,547			434,547				2	<u> </u>
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	rs 	434,547 0 0 434,547		-	434,547 0 0 434,547			(	) ) ) 0 	0000

1982F THE 1982 FOUNDATION

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## AMT Asset Report Form 990, Page 1

FYE: 12/31/2021

Asset	Description I	Date n Service	Cost	Bus <u>%</u>	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
1 2 5		8/27/21 8/27/21 12/10/21 12/31/21	0 0 0		-	0 0 0	0 HY 0 HY 0 HY 0 HY	0 0 0 0	0 0 0 0
	Total Other Depreciation	-	0		-	0		0	0
	Total ACRS and Other Deprecia	ation :	0		ŧ	0		0	<u> </u>
	Grand Totals Less: Dispositions and Transfers Net Grand Totals	S -	0 0			0 0		0 0	0 0

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# 1982F THE 1982 FOUNDATION Depreciation Adjustment Report All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
			There are no assets that meet the criteria of	this report		

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1982F THE 1982 FOUNDATION
Future Depreciation Report FYE: 12/31/22

FYE: 12/31/2021

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<u>Asset</u>	Description	Date In Service	Cost	Tax	AMT
<u>Other</u>	Depreciation:				
1 2 5 6	LAND - 2.0 ACRES MAP5, PARCEL 4.1 BUILDING - 2.0 ACRES MAP 5, PARCEL 4.1 TOPOGRAPHIC SURVEY 2021 CONSTRUCTION IN PROGRESS Total Other Depreciation	8/27/21 8/27/21 12/10/21 12/31/21	65,000 159,786 3,500 206,261 434,547	0 0 0 0	0 0 0 0
	Total ACRS and Other Depreciation		434,547	0	0
	Grand Totals		434,547	0	0