** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

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

A For the 2021 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number X Address change

Name change SAPREA 47-2535198 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 385-256-9573 4101 N. THANKSGIVING WAY, SUITE 100 10,924,574. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 84043 LEHI, UT H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CHRIS YADON for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or 501(c) () **◄** (insert no.) If "No," attach a list. See instructions J Website: ► SAPREA.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Other > L Year of formation: 2014 M State of legal domicile: UT Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 98 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 9,523,596. 10,678,515. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 3,994. 667. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -183,944.50,453. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 10,732,962. 9,340,319. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 8,138,699. 6,555,948. 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) 1,874,414. 1,852,348. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,013,113. 8,408,296. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -672,794. 2,324,666. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 1,070,646. 3,288,544. Total assets (Part X, line 16) 625,586. 732,354. 21 Total liabilities (Part X, line 26) 三年 338,292. 2,662,958 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CHRIS YADON, MANAGING DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 08/10/22 self-employed P00170461 MARC A. METCALF MARC A. METCALF Paid Firm's name TANNER LLC Firm's EIN \triangleright 20-2253063 Preparer Firm's address 36 S STATE STREET, SUITE 600 Use Only Phone no. 801-532-7444 SALT LAKE CITY, UT 84111

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

X Yes

Other p	orogram services (Describe o	n Schedule O.)		
(Expense	s\$	including grants of \$) (Revenue \$)
	rogram service expenses	6,673,794.		

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Form 990 (2021) SAPREA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization asswered "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	13		X
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 17 a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			١,,
	Schedule K. If "No," go to line 25a	24a		X
	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?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			١,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	.		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	I		٠,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			٠,
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			_v
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			_v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l "
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		~	
	Part V, line 1		X	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			l "
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		l "
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. u	Charlet Cahadula Chardeina a managana amada ta anulina in this Bart V			
	Check if Schedule O contains a response or note to any line in this Part v		V	<u> </u>
4.	Enter the number reported in box 3 of Form 1006. Enter 0, if not applicable	44	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
a	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			

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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Α.
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
oa		6a		X
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ua		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
'' a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the 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. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator organs in any			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI				X							
Sec	tion A. Governing Body and Management											
				Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year		7									
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent		4									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other										
	officer, director, trustee, or key employee?		2	X								
3	Did the organization delegate control over management duties customarily performed by or under the direct											
			3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was				Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				Х							
6												
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint											
	more members of the governing body?		7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockh											
	persons other than the governing body?		7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the											
а	The governing body?	•	8a	Х								
b	Each committee with authority to act on behalf of the governing body?		8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached											
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	- Code)										
	(This occion b requests information about politics not required by the internal nevertal	o Gode.,		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter											
		-,	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	3										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co		12b	Х								
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."											
_	on Schedule O how this was done		12c	Х								
13	Did the organization have a written whistleblower policy?		13	Х								
14	Did the organization have a written document retention and destruction policy?		14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by in											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	пасрепасти										
а	The organization's CEO, Executive Director, or top management official		15a	Х								
	Other officers or key employees of the organization		15b	X								
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		130									
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement v	with a										
.00	taxable entity during the year?		16a		х							
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		100									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization											
	exempt status with respect to such arrangements?		16b									
Sec	tion C. Disclosure		100									
	List the states with which a copy of this Form 990 is required to be filed ▶UT											
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	0-T (section 501/c)/9	le only	availal	hle							
10	for public inspection. Indicate how you made these available. Check all that apply.	0-1 (Section 501(C)(3	jo urily)	avalidi	OI C							
) = h = = d : d = = C \										
40		,	nd finan	oial								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	or interest policy, al	iu iiiian	uai								
00	statements available to the public during the tax year.	nd roopeds										
20	State the name, address, and telephone number of the person who possesses the organization's books at ${\tt SAPREA} - 385-256-9573$	iu records -										
	4101 N. THANKSGIVING WAY, SUITE 100, LEHI, UT 84043											
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Form **990** (2021)

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

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

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

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

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

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

(A)	(B)	J	ııı∠a		C)	iperi	Jac	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition) than c	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week (list any						-,	from the	from related organizations	other compensation
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee		1	Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	Institutional trustee		Key employee	comp		1099-NEC)		and related
	below line)	dividu	stitutio	Officer	ay emp	ghest	Former			organizations
(1) TRENT BELLISTON	40.00	드	드	0	- Ā	포등	요			
CHIEF COMPLIANCE OFFICER AND GENERAL		1			х			208,833.	0.	0.
(2) ABRAM YOUNG	40.00				T_					
CHIEF FINANCIAL OFFICER AND VP OF AD				х				153,951.	0.	0.
(3) CYNTHIA GAMBILL	40.00							,		
CHIEF RELATIONSHIP OFFICER						Х		141,268.	0.	0.
(4) RICHARD PEELER	40.00									
CHIEF MARKETING OFFICER						Х		136,204.	0.	0.
(5) MATTHEW HARTVIGSEN	40.00									
EXECUTIVE DIRECTOR				Х				133,920.	0.	0.
(6) ELIZABETH KANAROWSKI	40.00									
CHIEF PROGRAM OFFICER						X		129,638.	0.	0.
(7) SARIA KARHUNEN	40.00	-								_
SENIOR RETREAT MANAGER	12.22					Х		103,853.	0.	0.
(8) FORREST TESSEN	40.00	-						400 11=		_
INFORMATION SYSTEMS MANAGER	40.00					Х		102,417.	0.	0.
(9) JOHNPAUL PARRAGA	40.00	-					l	101 050		_
DIRECTOR OF CLINICAL OPERATIONS	10 00	-			_		Х	101,878.	0.	0.
(10) SHELAINE MAXFIELD	10.00	٠,								_
BOARD CHAIR	2 00	Х			-			0.	0.	0.
(11) DEREK MAXFIELD	2.00	37							_	^
BOARD MEMBER	1 00	Х	\vdash					0.	0.	0.
(12) MELANIE HUSCROFT BOARD MEMBER	1.00	Х						0.	0.	0.
(13) GRANT BECKWITH	1.00	^	\vdash		\vdash			1	U •	U •
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) JARED SWAIN	1.00	^	\vdash		\vdash			0.	0.	<u>U•</u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) MEREDITH LAM	1.00	-22								•
BOARD MEMBER		х						0.	0.	0.
(16) YANGZI JIN	1.00	_ <u>-</u> _								
BOARD MEMBER		Х						0.	0.	0.
(17) CHRIS YADON	40.00									
MANAGING DIRECTOR		1		х				0.	0.	0.
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)				
(A) (B)									(D)	(E)			(F)	
	Name and title	Average	(do not check more			one	Reportable	Reportable		Es	timate	ed		
		hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensatio	'n	an	nount	of
		week	-	cer ar	id a d	T	r/trus	tee)	from	from related	- 1		other	
		(list any hours for	irecto						the	organization			pensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	- 1		om th anizat	
		organizations	truste	al trus		ee/	mpen		1099-NEC)	1099-1120)		_	d relat	
		below	Individual trustee or director	Institutional trustee	<u></u>	sey employee	sst co	e.	1				anizati	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
			1											
											\longrightarrow			
			1											
						_					\rightarrow			
			4											
						<u> </u>					-+			
			-											
						\vdash					\rightarrow			
			-											
						\vdash					\rightarrow			
			1											
						 					-+			
			1											
											-+			
			1											
1b	Subtotal	1	1			1	_	—	1,211,962.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							•	1,211,962.		0.			0.
2	Total number of individuals (including but n							o re	•	000 of reportable	 }			
	compensation from the organization						,		,	•				9
	· · · · · · · · · · · · · · · · · · ·												Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated empl	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual									[3	X	
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	X	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." con	plete Schedule	e J f	or su	ıch į	pers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	oensat	ion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)		_	(C		
	Name and business		_	~-					Description of s	ervices		ompei	nsatio	n
	CHSTIC LLC, 437 MEMORI	AL DRIV	Ε	SE	,	UN	ΙT		PROFESSIONAL			4.5		00
	ATLANTA, GA 30312							$\overline{}$	SERVICES - B			13	2,5	00.
	ROYAL CENTRE ONE, 117					^ ^		- 1	OFFICE RENT			10	. .	00
2.T.F	REET NE, SUITE 2000, AT	таита,	ĠΑ	<u>. 3</u>	<u>U 3</u>	09		-	ALPHARETTA, (GA		14	3,4	υø.

Form **990** (2021)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

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Form 990 (2021) SAPREA
Part VIII Statement of Revenue

		— Check if S	Schedule O	conta	ains a re	esponse (or note to any lin	e in this Part VIII			
		0110011111						(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
						. 1					30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts		Federated car				1a					
Sra		Membership o				1b					
s, (Am		Fundraising ev				1c	251,823.				
a ii		d Related organ	izations			1d					
s, (ini		Government g	grants (contr	ibutio	ons)	1e	1,056,764.				
ion		All other contrib	outions, gifts,	grants	s, and						
but		similar amounts	s not included	abov	е	1f	9,369,928.				
ÖĘ		Noncash contributi	ions included in	lines 1	a-1f	1g \$	101,525.				
Sor		Total. Add line			_		•	10,678,515.			
							Business Code	, ,			
	2										
ice											_
er ue											
n S		:									
ıraı Be		d									_
Program Service Revenue		•									
Δ.		All other progr									
		Total. Add line	es 2a-2f				<u></u>				
	3	Investment ind	come (includ	ding c	dividend	ds, intere	st, and				
		other similar a	ımounts)					320.			320.
	4	Income from i									
	5	Royalties									
					(i)	Real	(ii) Personal				
	6	Gross rents		6a							
		Less: rental ex		6b							
		Rental income	-	6c							
		Net rental inco	. ,								
		Gross amount f	` '	Ή,		curities	(ii) Other				
	•	assets other tha		7a	.,	05,201.	(.,, 0				
				7 a		, 201.					
a)		Less: cost or o		 	1.0	01 527					
ň		and sales expen				01,527.					
) eve		Gain or (loss)				3,674.		2 684	2.674		
her Revenue		Net gain or (lo						3,674.	3,674.		
je	8	Gross income fr		-	•						
ō		including \$ _		251,	823.	of					
		contributions	•		,	- 1					
		Part IV, line 18	3			8a	72,099.				
		Less: direct ex	xpenses			8b	67,276.				
		Net income or	(loss) from	fundr	raising	events_		4,823.			4,823.
	9	Gross income	from gamin	g act	tivities.	See					
		Part IV, line 19	9			9a					
		Less: direct ex									
		Net income or									
		Gross sales of					,				
		and allowance	•			10a	68,439.				
		Less: cost of				- 1					
		Net income or					,	45,630.	45,630.		
-		, Net income of	(1033) 110111	Saics	or inve	entory	Business Code	22,123	22,333.		
sn	44										
Miscellaneous Revenue	11										
llar ren											
sce Be		;									
ΞĔ		All other rever									
		Total. Add line						40		_	
	12	Total revenue.	See instruction	ons				10,732,962.	49,304.	0.	5,143.

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Form 990 (2021) SAPREA Part IX | Statement of Functional Expenses

Pa	Part IX Statement of Functional Expenses										
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).							
	Check if Schedule O contains a respon	7.5.									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	496,704.	409,688.	46,679.	40,337.						
6	Compensation not included above to disqualified	450,704.	405,000.	10,013.	40,5576						
Ü	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	5,156,741.	4,253,399.	484,625.	418,717.						
8	Pension plan accruals and contributions (include	, . ,	, , , , , , , , , , , , , , , , , , , ,	,	,						
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	490,464.	404,541.	46,093.	39,830.						
10	Payroll taxes	412,039.	339,855.	38,723.	33,461.						
11	Fees for services (nonemployees):										
а	Management										
b	Legal	22,264.	15,288.	5,788.	1,188.						
С	Accounting	27,031.	18,562.	7,027.	1,442.						
	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,	255 056	255 202	06 617	2 227						
40	column (A), amount, list line 11g expenses on Sch 0.)	355,056. 195,207.	255,202. 124,141.	96,617. 2,252.	3,237. 68,814.						
12	Advertising and promotion	193,207.	124,141.	2,232.	00,014.						
13 14	Office expenses	239,308.	170,280.	55,497.	13,531.						
15	Information technology Royalties	233,300.	170,200.	33,4371	13,331.						
16	Occupancy	147,580.	132,540.	11,165.	3,875.						
17	Travel	88,789.	45,322.	34,063.	9,404.						
18	Payments of travel or entertainment expenses	,	, -	,	- ,						
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest	9,860.	6,891.	764.	2,205.						
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	285,523.	217,280.	53,490.	14,753.						
23	Insurance	78,453.	58,840.	15,140.	4,473.						
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 0.)										
а	OTHER EXPENSES	150,078.	24,332.	63,191.	62,555.						
b	MATERIALS AND SUPPLIES	141,414.	127,222.	10,756.	3,436.						
С	IMPAIRMENT OF TRADEMARK	103,458.	69,401.	17,857.	16,200.						
d	EQUIPMENT	8,327.	1,010.	5,836.	1,481.						
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	8,408,296.	6,673,794.	995,563.	738,939.						
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)				5 990 (2221)						

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SAPREA

Form 990 (2021)
Part X Balance Sheet

Part	· X	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			153,260.	1	1,360,927
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		99,433.	4	1,146,744	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	ified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe		6			
g l	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			51,092.	9	164,227
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,171,364.			
	b	Less: accumulated depreciation		920,748.	405,716.	10c	250,616
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	337,307.	14	346,543		
	15	Other assets. See Part IV, line 11		23,838.	15	19,487	
_	16	Total assets. Add lines 1 through 15 (must equ			1,070,646.	16	3,288,544
	17	Accounts payable and accrued expenses		529,121.	17	534,177	
	18	Grants payable		18			
- 1	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		ı		20	
	21	Escrow or custodial account liability. Complete				21	
se 2	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
<u> a</u>		controlled entity or family member of any of the		22			
- '	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
3	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on line	s 1 <i>1-</i> 24).	Complete Part X	203,233.	25	91,409
١.	00	of Schedule D			732,354.	-	625,586
+	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che		<u> </u>	132,334.	26	023,300
ဖွ		and complete lines 27, 28, 32, and 33.	eck nere				
ğ	27				288,292.	27	2,637,958
<u>a</u>	27 28	Net assets without donor restrictions Net assets with donor restrictions			50,000.	28	25,000
<u> </u>	20	Organizations that do not follow FASB ASC 9	30,000.	20	23,000		
ᆵᅵ		and complete lines 29 through 33.	256, CHE	ck liere			
<u></u> 8	20	Capital stock or trust principal, or current funds				29	
ets :	29 30	Paid-in or capital surplus, or land, building, or e				30	
lss	30 31	Retained earnings, endowment, accumulated in				31	
ا ب	32	Total net assets or fund balances			338,292.	32	2,662,958
	32 33				1,070,646.	33	3,288,544
	JJ	rotal liabilities and het assets/fullu baidfices			1,0,0,040	33	5,200,344 Form 990 (202

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Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,73						
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,40						
3	Revenue less expenses. Subtract line 2 from line 1	3	2,32		<u>66.</u> 92.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	2,66	2,9	58.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?	,	2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin								
	Act and OMB Circular A-133?	-	3a		x				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2021)				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization 47-2535198 SAPREA Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6750131.	9147846.	8166029.	9348022.	9369923.	42781951.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6750131.	9147846.	8166029.	9348022.	9369923.	42781951.
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)						26093434.
6	Public support. Subtract line 5 from line 4.						16688517.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	6750131.	9147846.	8166029.	9348022.	9369923.	42781951.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		3,619.	5,602.	667.	3,994.	13,882.
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						42795833.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	587,036.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stor						>
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I		•			14	39.00 %
	Public support percentage from 2020					15	37 . 15 %
16a	33 1/3 % support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•	• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			=	•	VI how the organiz	zation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				•		
	organization meets the facts-and-circu						>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		, ,	, ,		1	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here	-					
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2020. If the	=	-	•			and
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2-		
	3a		
	3b		
	0.0		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	46.		
مار	10b	n 990)	2004
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Pa	Triv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	tion of type i capporang organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2021

SAPREA

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting orga	nization (see
	instructions).			•

Schedule A (Form 990) 2021

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(contini}	ued)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	-	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
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.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

2021.04012 SAPREA

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.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization Employer identification number \$\$APREA\$\$ 47-2535198

Organiz	rganization type (check one).							
Filers of	Filers of: Section:							
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization						
	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 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 501(c)(3) taxable private foundation ck if your organization is covered by the General Rule or a Special Rule . conly a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. For an organization filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
General	Rule							
	-							
Special	Rules							
X	sections 509(a)(1) a contributor, during	nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;						
	contributor, during literary, or educatio	the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year						
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 4,252,725.	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		\$ <u>1,525,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,161,531.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 1,056,764.	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
5		\$ 612,000.	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
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SAPREA

47-2535198

Schedule B (Form 990) (2021)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$101,520.	Person Payroll Noncash X (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
	ramo, address, and En 1 1	\$	Person Payroll Occash (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.)

Page 3

Name of organization Employer identification number

SAPREA

47-2535198

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	AMAZON STOCK		
		\$ 101,520.	11/03/21
(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
		\$	
123453 11-1	I	1 *	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **4**

Name of organization **Employer identification number** SAPREA 47-2535198 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

47-2535198 SAPREA Maintaining Donor Advised Funds or Other Similar Funds

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		illiar Fullus Or /	Accounts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held	d in donor advised fu	unds
	are the organization's property, subject to the organization's ex	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grar	nt funds can be used	d only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose conf	erring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes	on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a hi	storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribut	tion in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic struc			
d	Number of conservation easements included in (c) acquired aff			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release			
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	on, handling of	
	violations, and enforcement of the conservation easements it h	nolds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and	l enforcing conserva	ation easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enfo	orcing conservation	easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenu	ie and expense stat	ement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's f	inancial statements	that describes the
_	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of A		sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its rever	nue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education,	or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958,	, to report in its revenue	statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	research in furtherar	nce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
2	If the organization received or held works of art, historical treas	sures, or other similar ass	sets for financial gai	n, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			• \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions 1			Schedule D (Form 990) 2021

132051 10-28-21

47-2535198 Page 2 SAPREA Schedule D (Form 990) 2021 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

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

	<u> </u>	<u>, </u>	<i>,</i> ,	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		880,943.	691,456.	189,487.
e Other		290,421.	229,292.	61,129.
Total, Add lines 1a through 1e. (Column (d) must equa	I Form 990 Part X colun	on (R) line 10c)	•	250,616.

Schedule D (Form 990) 2021

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Part VII Investments - Other Securities. Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year	ar market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-yea	ar market value
	(b) Dook value	(5) Modified of Valuation, cost of charoffyer	. manor value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities.	5.)	>	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	· · · · · · · · · · · · · · · · · · ·		b) Book value
(1) Federal income taxes			-
(2) OPERATING LEASE LIABILITY			91,409
(3)			•
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Schedule D (Form 990) 2021

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	τχι	Reconciliation of Revenue per Audited Financial Statement	is wit	ın ı	revenue per Re	eturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Totalı	revenue, gains, and other support per audited financial statements				1	12,370,351.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net ur	nrealized gains (losses) on investments	2a				
b	Donat	ed services and use of facilities	2b		1,572,304.		
С	Recov	veries of prior year grants	2c				
d	Other	(Describe in Part XIII.)	2d	-	90,085.		
е	Add li	nes 2a through 2d				2e	1,662,389.
3	Subtra	act line 2e from line 1				3	10,707,962.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other	(Describe in Part XIII.)	4b	-	25,000.		
С	Add li	nes 4a and 4b				4c	25,000.
5	Totalı	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			<u></u>	5	10,732,962.
Par	t XII	Reconciliation of Expenses per Audited Financial Statemer	nts Wi	ith	Expenses per	Retur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total 6	expenses and losses per audited financial statements				1	10,070,685.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donat	ed services and use of facilities	2a		1,572,304.		
b		vear adjustments	2b				
С		losses	2c				
d		(Describe in Part XIII.)	2d		90,085.		
е	Add li	nes 2a through 2d				2e	1,662,389.
3		act line 2e from line 1				3	8,408,296.
4		nts included on Form 990, Part IX, line 25, but not on line 1:					
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a				
		(Describe in Part XIII.)					
С	Add li	nes 4a and 4b				4c	0.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)				5	8,408,296.
Par	t XIII	Supplemental Information.					
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition				4; Part	X, line 2; Part XI,
	_	ins, and rate with, interest and its. Allow complete time part to provide any addition	orial iiii	01111	acrorn.		
PAF	х тя	, LINE 2:					
		,					
AS	OF	DECEMBER 31, 2021 AND 2020, THE FOUNDATI	ON	ΗА	D NO UNCER	RTAI	N TAX
209	SITI	ONS THAT QUALIFY FOR EITHER RECOGNITION	OR :	DI	SCLOSURE 1	N T	HE
FIN	IANC	IAL STATEMENTS.					
PAF	RT X	I, LINE 2D - OTHER ADJUSTMENTS:					
REC	LAS	SIFICATION OF GALA EXPENSE FROM FUNCTION	IAL :	ΕX	P TO		
ვ ጥ ጆ	MΉΤΛ	ENT OF REVENUE					67,276.
							3,,2,0
KEC	LAS	SIFICATION OF COGS FROM FUNCTIONAL EXPEN	ISES	Т	O		
STA	TEM	ENT OF REVENUE					22,809.
гот	'AL	TO SCHEDULE D, PART XI, LINE 2D					90,085.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

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

Inspection

name of the organization SAPREA						47 – 2535	ntification number
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17		
required to complete this part			:: /				
1 Indicate whether the organization raisa Mail solicitations				overnment grants			
b Internet and email solicitations				nment grants			
c Phone solicitations	g Special						
d In-person solicitations	3		9				
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees,	or	
key employees listed in Form 990, P						Yes	☐ No
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursua	ant to a	agreer	ments under which th	ne fun	draiser is to be	
compensated at least \$5,000 by the	organization.						
		/:::\	Did		(v)	Amount paid	
(i) Name and address of individual	(ii) Activity	fundra have cu or con	aiser	(iv) Gross receipts	to (o	r retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) / lotivity	or con	trol of	from activity		undraiser ed in col. (i)	organization
		Yes	No				
		163	NO	-			
			<u> </u>				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontribu	utions	or has been notified	it is e	exempt from reg	gistration
-							
						<u> </u>	

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

Schedule G (Form 990) 2021

Pa	rt I	Fundraising Events. Complete if the	e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000						
		of fundraising event contributions and gro	oss income on Form 990-			s greater than \$5,000.						
			(a) Event #1 RECLAIM HOPE GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through						
			(event type)	(event type)	(total number)	- col. (c))						
Revenue	1	Gross receipts	323,922.			323,922.						
_	2	Less: Contributions	251,823.			251,823.						
	3	Gross income (line 1 minus line 2)	72,099.			72,099.						
	4	Cash prizes										
တ္	5 Noncash prizes											
bense	6	Rent/facility costs	18,616.			18,616.						
Direct Expenses	7	Food and beverages	27,377.			27,377.						
	8	Entertainment	21 202			21 202						
	9	Other direct expenses Direct expense summary. Add lines 4 through	- · · · · · · · · · · · · · · · · · · ·			21,283. 67,276.						
	10 11	Net income summary. Subtract line 10 from li	(/		_	4,823.						
Pa	rt I					•						
		\$15,000 on Form 990-EZ, line 6a.										
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))						
Re	1	Gross revenue										
es	2	Cash prizes										
irect Expenses	3	Noncash prizes										
Direct E	4	Rent/facility costs										
	5	Other direct expenses										
	6	Volunteer labor	Yes % No	Yes % No	Yes % No							
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>							
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming action," explain:	ctivities in each of these s			Yes No						
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No						
13208	2082 10-21-21 Schedule G (Form 990) 2021											

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Sch	edule G (Form 990) 2021 SAPREA 47-	- <u>2333</u>	TAO	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
а			Yes	☐ No
L	retain the state gaming license?	Ш	163	
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year > \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Oort III lir	200 0	0h 10h
· u	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III	165 9,	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			



SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

► Attach to Form 990.

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

2021

Open to Public Inspection

Internal Revenue Service Name of the organization

SAPREA Employer identification number 47-2535198

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			v
	The organization?	5a		X
a	Any related organization?	5b		Λ
_	If "Yes" on line 5a or 5b, describe in Part III.			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	6-		Х
	The organization?	6a		X
a	Any related organization?	6b		Λ
7	If "Yes" on line 6a or 6b, describe in Part III.			
′	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	,		-22
0		8		х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		
9		9		
	Regulations section 53.4958-6(c)?	IJ		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TRENT BELLISTON	i)	208,833.	0.	0.	0.	0.	208,833.	0.
CHIEF COMPLIANCE OFFICER AND GENERAL (i		0.	0.	0.	0.	0.	0.	0.
(2) ABRAM YOUNG	i)	153,951.	0.	0.	0.	0.	153,951.	0.
CHIEF FINANCIAL OFFICER AND VP OF AD (i	ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHNPAUL PARRAGA	i)	101,878.	0.	0.	0.	0.	101,878.	0.
DIRECTOR OF CLINICAL OPERATIONS (i		0.	0.	0.	0.	0.	0.	0.
	i)							
(i	ii)							
	i)							
(i	ii)							
	i)							
(i	ii)							
(i)							
(i								
	i)							
(i								
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	i) _							
	_							
	i)							
	i)							
(i	II)						l	L

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization Employer identification number SAPREA 47-2535198

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	30	101,520.	FAIR MARKET	VALUE	! !
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other \dots						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
<u>28</u> 29	Other () Number of Forms 8283 received by the organize	tation during	the tay year for a	antributions			
29	for which the organization completed Form 826	-	•				
	for which the organization completed form oze	55, i ait v, L	onee Acknowledg	ement [29]		Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it	103	110
oou	must hold for at least three years from the date						
	exempt purposes for the entire holding period?				i i	30a	х
b	If "Yes," describe the arrangement in Part II.					564	
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31	Х
	Does the organization hire or use third parties						
	contributions?			· ·		32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SAPREA

Employer identification number 47-2535198

FORM 990 - ORGANIZATION'S MISSION
SAPREA EXISTS TO LIBERATE INDIVIDUALS AND SOCIETY FROM CHILD SEXUAL
ABUSE AND ITS LASTING IMPACTS.
WE EMPOWER HEALING FOR INDIVIDUALS WHO WERE SEXUALLY ABUSED AS CHILDREN
OR ADOLESCENTS THROUGH RETREATS, SUPPORT GROUPS, AND ONLINE RESOURCES.
WE EDUCATE AND ENGAGE PARENTS AND CAREGIVERS TO PROTECT CHILDREN FROM
SEXUAL ABUSE THROUGH COMMUNITY AND ONLINE RESOURCES.
WE DRIVE AWARENESS TO MOTIVATE INDIVIDUALS TO TAKE ACTION AGAINST CHILD SEXUAL ABUSE.
FORM 990, PART VI, SECTION A, LINE 2:
SHELAINE MAXFIELD, BOARD CHAIR
DEREK MAXFIELD, BOARD MEMBER
SPOUSES
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY OFFICERS AND BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICTS ARE REQUIRED TO BE DISCLOSED WITH RECUSAL WHERE APPROPRIATE.
EODM 000 DADM VIT GEOMION D IING 15.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** SAPREA 47-2535198 FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL UNRELATED BOARD MEMBERS REVIEW MARKET SALARY DATA AND DETERMINE COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: NO SUCH DOCUMENTS AVAILABLE TO THE PUBLIC PART XII, LINE 2C THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization SAPREA					Er	mployer identific 47-25351	ation nu 98	ımber	
Part I	Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.						
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year		ts Direct contr		ntrolling	
Part II	Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34,	because it had one	or more	e related tax-exer	npt		
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Dire	(f) ect controlling entity	entity?		
								Yes	No	
		_								

Schedule R (Form 990) 2021 SAPREA 47 – 2535198 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	organization states as a particular year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule	part	ner?	ownership
		country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No	
YOUNIQUE PRODUCTS, LLC -												
37-1696374, 3400 W MAYFLOWER												
AVE, SUITE 500, LEHI, UT												
84043	SALES	UT	N/A	UNRELATED	0.			X	N/A		x	.00%
	_											
	1	l	1	1		l			1	1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec (i	i)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?		
		country)						Yes	No		
	1										
]										
	1										
	1										
		•	·				•	•			

SAPREA 47-2535198 Schedule R (Form 990) 2021 Page 3

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

b Gi	ft, grant, or capital contribution to related organization(s)				1b	X				
	ift, grant, or capital contribution from related organization(s)					X				
	pans or loan guarantees to or for related organization(s)					X				
e Lo	pans or loan guarantees by related organization(s)				1e	X				
	vidends from related organization(s)				1f	X				
	ale of assets to related organization(s)				1g	X				
h Pu	urchase of assets from related organization(s)				1h	X				
	change of assets with related organization(s)					X				
j Le	ease of facilities, equipment, or other assets to related organization(s)				1j	X				
						- V				
	ease of facilities, equipment, or other assets from related organization(s)					X				
	Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sr	naring of paid employees with related organization(s)				10	X				
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses										
r Ot	ther transfer of cash or property to related organization(s)				1r	X				
	ther transfer of cash or property from related organization(s)				1s	X				
2 If	the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered rela	tionships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved					
(1)										
(2)										
(2)										
(3)										
(4)										
(5)										
•										
(6)										
132163 11	-17-21			Schedul	e R (Form 9	90) 2021				

Schedule R (Form 990) 2021 SAPREA 47 – 2535198 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Gener mana partn	(Hal or Perce ping owne	k) entage ership
								Ochodolo			

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 47-2535198 SAPREA File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 4101 N. THANKSGIVING WAY, SUITE 100 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. LEHI, UT 84043 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Code Is For Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) SAPREA The books are in the care of ► 4101 N. THANKSGIVING WAY, SUITE 100 - LEHI, UT 84043 Telephone No. ▶ 385-256-9573 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)