Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1, 2021 and ending JUN 30,

A F	or the	2021 calendar year, or tax year beginning JUL	1, 2021 and	ل ending	<u>UN 30, 2022</u>	
Bc	heck if pplicable:	C Name of organization			D Employer identifi	cation number
Г	Address change	THOMAS M WERNERT CENTER				
	Name change	Doing business as			34-17233	05
	Initial return	Number and street (or P.O. box if mail is not delivere	ed to street address)	Room/suite	E Telephone numbe	
	Final return/	208 W WOODRUFF AVE			419-242-	
_	termin- ated	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	1,794,017.
느	Amende return	TOURDO, OU #300#	<u></u>		H(a) Is this a group re	
L	Applica- tion pending	F Name and address of principal officer: PATRI	CIA J. ROBB		for subordinates	? Yes X No
		SAME AS C ABOVE			H(b) Are all subordinates in	
			(insert no.) 4947(a)(1)	or 527	1	list. See instructions
		: ► WWW.WERNERTCENTER.ORG			H(c) Group exemption	
		rganization: X Corporation Trust Associa	ation Other >	L Year	of formation: 1991	M State of legal domicile: OH
Pe		Summary			DECOMEDIA C	EDITION NO
æ		riefly describe the organization's mission or most sign ERSONS LIVING WITH MENTAL I				
Ē	_	. 🚍				
ē		heck this box 🕨 🔛 if the organization discontinu umber of voting members of the governing body (Part			i _	13
ģ		umber of voting members of the governing body (Fari umber of independent voting members of the governi	, , , , , , , , , , , , , , , , , , , ,		3 4	13
જ		otal number of individuals employed in calendar year 2				29
ties		otal number of volunteers (estimate if necessary)				30
Activities & Governance	7 a Ta	otal unrelated business revenue from Part VIII, column			7a	0.
¥		et unrelated business taxable income from Form 990-				0.
			7,1 00 1,1 110 11		Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)	·····		1,797,706.	1,653,204.
Revenue					0.	0.
S S		vestment income (Part VIII, column (A), lines 3, 4, and			146.	-1,040.
ď		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,			27,306.	137,837.
		otal revenue - add lines 8 through 11 (must equal Part			1,825,158.	1,790,001.
	13 G	rants and similar amounts paid (Part IX, column (A), Iir	nes 1-3)		0.	0.
	14 B	enefits paid to or for members (Part IX, column (A), line	е 4)		0.	0.
ဖွ	15 S	alaries, other compensation, employee benefits (Part I	IX, column (A), lines 5-10)		962,438.	959,407.
Expenses	16a Pi	rofessional fundraising fees (Part IX, column (A), line 1	1e)		0.	0.
씱		otal fundraising expenses (Part IX, column (D), line 25)				
۳۱		ther expenses (Part IX, column (A), lines 11a-11d, 11f-			585,721.	730,163.
		otal expenses. Add lines 13-17 (must equal Part IX, co			1,548,159.	1,689,570.
		evenue less expenses. Subtract line 18 from line 12	***************************************		276,999.	100,431.
10 SI				1	ginning of Current Year	End of Year
let Assets ind Balang			***************************************		4,118,298. 982,516.	3,984,211.
닯		otal liabilities (Part X, line 26)			3,135,782.	747,998.
<□		et assets or fund balances. Subtract line 21 from line : Signature Block	20		3,133,762.	3,230,213.
		es of perjury, I declare that I have examined this return, inclu	ding accompanying schedules	and stateme	nts and to the hest of m	knowledge and helief it is
	•	and complete. Declaration of preparer (other than officer) is i			•	r knowledge und benef, it is
,	1001,001,	Soft S. Pall	DEGOGGE GIT WITH THE THE THE THE THE THE THE THE THE T	ion proparor	12-8	8-82
Sign	. 	Signature of officer		•	Date	<i>γ</i> (γ, γ, γ
Here	١,	PATRICIA J. ROBB, EXECUTI	VE DIRECTOR			
		Type or print name and title				
	P	rint/Type preparer's name Prep	parer's signature	Ţ.	Date Check	PTIN
Paid			NE E. PFEIFER	1	2/16/22 if self-employ	P00014949
Prop.	_	irm's name L CLARK, SCHAEFER, HA				31-0800053
Use (irm's address 1656 HENTHORNE DR.				
		MAUMEE, OH 43537			Phone no. 41	9-841-2848
Vlay	the IRS	discuss this return with the preparer shown above? 5	See instructions			X Yes No

Form 990 (2021) THOMAS M WER Part IV Checklist of Required Schedules

			Yes	Νo
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	_4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	i	X
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," complete Schedule C, Part III	5		
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	_9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	S.		
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	2 1		-41. 4 3
а		11a	х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		Х
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 167 If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f			,	37
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
128	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	-43	
~	If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ا ہے ا		v
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	<u>1</u> 5		<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>-</u>		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G, Part III	19		_ <u>X</u> _
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	government on that the general type of the test connuite of neutries, Parts Land II	41	000	,e, 3,

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	Continued			т
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	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			
04-	Schedule J	23	├	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1	ł	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		J 75
h	Schedule K. If "No," go to line 25a	24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		+
·		24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	╅
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		\vdash	+
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L., Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):		1	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
-	"Yes," complete Schedule L, Part IV	28c	<u> </u>	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			, .
31	contributions? <i>If</i> "Yes," complete Schedule M	30	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
U.Z.		ما		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22	1	х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_33	<u> </u>	<u> </u>
	Part V, line 1	34	1	х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		\Box	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
[B.=	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	· · · · · · · · · · · ·	<u></u>	<u>Ш</u>
	Enterthe number and deliberated by the control of t		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С			Х	\vdash
100004	(gambling) winnings to prize winners?	1c	990	(0004)

	g (continued)			
			Yes	No
2a	· · · · · · · · · · · · · · · · · · ·			
	filed for the calendar year ending with or within the year covered by this return 29	1.4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	1, "	<u> </u>	77
3a	• • • • • • • • • • • • • • • • • • • •	3 a		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			٦,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
b				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<u> </u>		77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a				\ _{*-}
	any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 4	-	37
а	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?	7 a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	4 1	2 1 3	
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		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		4.5
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			. 35
	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	
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	100	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		1000	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	d.		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
þ	Gross income from other sources. (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		in gr
	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.	1. 1. ×.		
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.		3- 3	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	4.4		
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	- 3	لندنيا	37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\vdash \vdash$	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_U
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	_		<u> </u>
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	 	
	If "Yes " complete Form 6069	5 7	4 1	

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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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply. X Upon request Other (explain on Schedule O) Own website ____ Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records TONALEE TUCKER - 419-242-3000 208 W WOODRUFF AVE, TOLEDO, OH 43604

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

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

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

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

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

(A)	(B)			((Pos			1001	(D)	(E)	(F)
Name and title	Average hours per		(do not check more than one		Reportable compensation	Reportable compensation	Estimated amount of			
	nours per week		, unie cer ar					from	from related	amount of other
	(list any	ector				i		the	organizations	compensation
	hours for	trustee or director	8			ated	ŀ	organization	(W-2/1099-MISC/	from the
	related organizations	ustee	Institutional trustee		99	npeus	ŀ	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	t land	ліопа	L	Key employee	st coll	<u> </u>	1099-1120)		organizations
	line)	Individual t	Institu	Officer	Key er	Highest compensated employee	F. E.			5
(1) PATRICIA ROBB	40.00									
EXECUTIVE DIRECTOR				X				73,650.	0.	6,827.
(2) DEBORAH RILEY-JACKSON	1.00									
PRESIDENT		X		X				0.	0.	0.
(3) LISA URRUTIA	1.00	1		.						
PAST PRESIDENT		X				L	<u> </u>	0.	0.	0.
(4) AMANDA DENNISS	1.00							_		
VICE PRESIDENT		Х		X			<u> </u>	0.	0.	0.
(5) GEORGE MONGER	1.00	ļ						_	_	
TREASURER		Х		Х				0.	0.	0.
(6) EVAMAE LAVOY	1.00				ļ	1				_
SECRETARY		Х		X			<u> </u>	0.	0.	0.
(7) JESSE JAMES-DEAN BAUM	1.00	l i								_
TRUSTEE	1 00	Х					ļ	0.	0.	0.
(8) TAYLOR BURNS	1.00	37						1		0
TRUSTEE (9) TIMOTHY CUMMINS	1.00	X			_	⊢	┝	0.	0.	0.
TRUSTEE	7.00	х						0.	0.	0
(10) WARREN FRARY	1.00	Δ.				<u> </u>	_	U .	U •	0.
TRUSTEE	1.00	х						0.	0.	0.
(11) GEORGIA HUMBARGER	1,00	4	 					<u></u>	<u> </u>	<u> </u>
TRUSTEE	1.00	х						l o.	0.	0.
(12) THERESA NELSON	1.00	Α.				 	├	<u> </u>	<u> </u>	
TRUSTEE	1.00	х						0.	0.	0.
(13) WENDY SHAHEEN	0.00						┢	•		
TRUSTEE	- 0.00	x						0.	0.	0.
(14) LUCY DIAZ	0.00	_					_			
TRUSTEE		X						0.	0.	0.

	t VII Section A. Officers, Directors, Trus	<u>tees, Key Em</u>	oloy	ees,	and	<u>i Hiş</u>	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(do	not c	Posi heck r ss per id a di	C) ition more son is	than o	one n an	(D) Reportable compensation from	(E) Reportable compensatio from related	(E) eportable Enpensation a		(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W·2/1099·MIS 1099·NEC)	s SC/	com fr org and	pensa om the anizati d relate anizatio	ə ion ed
	_													
														<u></u>
														
	Subtotal Total from continuation sheets to Part VII								73,650. 0.		0.		5,82	27.
d 2	Total (add lines 1b and 1c)							o re	73,650. ceived more than \$100,	000 of reportable	0.		5,82	
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	uch individual		•••••								3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? /f "Yes,	" coi	mple	te S	che	dule	J fo	or such Individual			4	8	Х
	rendered to the organization? If "Yes." com tion B. Independent Contractors								-	uai for services		5		X
1	Complete this table for your five highest cor the organization. Report compensation for t									•	ensat	ion fro	m	
	(A) Name and business			NE					(B) Description of s	Ī	С	(C omper) nsatior	1
									MUCHANICAL C					
								_						
								+						<i></i>
	Total number of independent contractors (in \$100,000 of compensation from the organiz		t lin	nited	to t	hose		ed a	above) who received mo	ore than		- 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1		

Form 990 (2021) THOMAS
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lir	e in this Part VIII			
				(A)	(B)	(C) Unrelated	(D) Revenue excluded
				Total revenue	Related or exempt function revenue	business revenue	from tax under
							sections 512 - 514
2 9	1 a	Federated campaigns 1a					
an'an	h	Membership dues 1b					
جَ ق	~	Fundraising events 1c	19,817.				
ξŞ		Related organizations 1d		1			
Contributions, Gifts, Grants and Other Similar Amounts			524,624.	1			
a, a	е	- · · · · · · · · · · · · · · · · · · ·	J24,024.	1			
rtio er (f	All other contributions, gifts, grants, and	100 762				
듗핖			<u>108,763.</u>				
ξĎ	g	Noncash contributions included in lines 1a-1f					
<u>0</u> 8	h	Total. Add lines 1a-1f	<u></u>	1,653,204.			
			Business Code				
ø	2 a						
Ϋ́	b	•					
Ser	c						
E 9	_		-				
gra Be	_						7
Program Service Revenue		All other program service revenue					
ш.					* ** ** ***		
_		Total. Add lines 2a-2f			War Karana a a a a a a a a a a a a a a a a a		
	3	Investment income (including dividends, intere		142			1 4 3
		other similar amounts)		143.			143.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
l		assets other than inventory 7a					
	h	Less: cost or other basis					
o l		and sales expenses7b	1.183.				
ᇎ	_	Gain or (loss) 7c	1,183. -1,183.				
Other Revenue				-1.183.	<u> </u>		-1,183.
۳		Net gain or (loss)		1,100.			
흫	ва	Gross income from fundraising events (not					
이		including \$ 19 , 817 . of					
		contributions reported on line 1c). See	_				
		Part IV, line 18 8a	0.				
		Less: direct expenses 8b	2,833.				
		Net income or (loss) from fundralsing events		-2,833.			-2,833.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	•			NAME OF STREET	
		and allowances 10a	1				
	h	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory			Tanta se		4. 1. 194.1.
	С	Mac income of floss) noni sales of inventory ***	Business Code	Programme and the second	· · · · · · · · · · · · · · · · · · ·	g wayata in it	
ध		EMPLOYER DEMENSION MAY		81,670.			01 670
8 a	11 a	EMPLOYEE RETENTION TAX	900099				81,670.
Miscellaneous Revenue	b	PROPERTY TAX REFUND	900099	59,000.			59,000.
<u>≅</u> હ	C						
ౢౖి	d	All other revenue					
	e	Total. Add lines 11a-11d		140,670.			
	12	Total revenue. See instructions		1,790,001.	0.	0.	136,797.

Form 990 (2021) THOMAS M WERN
Part IX Statement of Functional Expenses

Contribution amounts reported on fines 6b, 70, 86, 9b, and 106 of Part VIII. Total enganase Programmen	Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
Total expenses					1 /6:	75.
and domestic governments. See Part IV, line 21 2 Grants and other assistance to foreign organizations, foreign prometries, and foreign individuals. See Part IV, line 15 and 16 8 Benefits gat to or for members 5 Compensation of current officers, directors, trustees, and key employees 4 Compensation and the seed of the		8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to domestic inclividuals. See Part IV, Ine 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, line of 5 and 16 4 Banelits paid to or for members 5 Compensation of current officiens, directore, trustases, and key employees 6 Compensation inclinided above to disquisiffed persons (as offined under section 4958(f(1)) and persons disartised in seatler 4958(c(3)(3)) 7 Other salaries and wages 9 Other employee benefits 10 Payrol taxes 11 Fees for services (nonemployees): 12 Advantagement 12 Logal 13 Assignment 14 Logal 15 Accounting 10 Lobbyrig 16 Professional introlability services. See Part IV, line 17 If Investment management fees 17 April 18 Type services (nonemployees): 18 Other (If line 11g smount exceeds 10% of line 25, column (A), amont, list line 11g sponston color (and 112, 735). 18 Assignment 19 Other (If line 11g smount exceeds 10% of line 25, column (A), amont, list line 11g sponston sect on 112, 753. 18 April 18 Type services (nonemployees): 19 Other (If line 11g smount exceeds 10% of line 25, column (A), amont, list line 11g sponston sect on 112, 753. 18 April 18 Type section (and 112, 735). 19 Other (If line 11g smount exceeds 10% of line 25, column (A), amont, list line 11g sponston sect on 112, 753. 11 April 19 April 1	1	-				
Inchividuals, See Pent IV, line 22 Grents and other essistance to foreign organizations, foreign overminents, and foreign individuals. See Pent IV, lines 15 and 16	_	- ' ' ' '				
3 Grants and other assistance to foreign organizations, foreign presentations, foreign oversements, and foreign inclividuals. See Part IV, lines 16 and 16 4 Benefits paid to or for members Compensation of current officers, direction, trustees, and key employees Compensation of inclined about o disqualified persons (set defined under section 4958(1/10) and porsons (settled under section	2					
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 and 18 Benefits paid to or for members of compensation of current officers, directores, trustees, and key employees (and key employees) and key employees of defined under section 4958(f)(ii) and persons described in section 4958(f)(iii) and persons describe		***************************************				
Individuals. See Part IV, lines 15 and 16 Benefits paid to or for members See Part IV, lines 15 and 16 Benefits paid to or for members See Part IV, lines 17 See P	3	_				
4 Benefits paid to of for members 5 Compensation of current officers, directors, trustoes, and key employees 6 Compensation not included above to disqualified persons (as offided under section 4580(k)1) and persons described in section 450(k)1) and persons described in the following section 450(k)1) and persons described in the fo						
S Compensation of current officers, directors, trustees, and key employees 80,477. 78,175. 222. 2,080.	4					
toustees, and keye employees 6 Compensation not included above to disqualified persons (as defined under suction 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other saleries and weges 7 17, 449. 697, 387. 1, 938. 18, 124. 8 Pension plan accrusia and contributions (include section 401(k) and 403(t) employer contributions) 22, 390. 21, 959. 73. 358. 9 Other employee benefits 68, 207. 65, 785. 230. 2, 192. 10 Payrolt taxes 70, 884. 68, 584. 156. 2, 144. 11 Fees for services (nonemployees): a Management b Legal 51. 49. 2. Accounting 10, 600. 9, 964. 106. 530. d Lobbying Professional fundicisting services. See Part IV, life 17 finesterment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0), 142, 735. 134, 209. 300. 8, 226. 20 Office repenses 119, 753. 117, 026. 354. 2, 373. 110 Information technology 10 Cocupancy 157, 994. 149, 191. 1, 285. 7, 518. 17 Travel 18 Payments of trovel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 114, 760. 144, 760. 146, 103. 139, 291. 1, 759. 7, 053. 21 Payments to diffiliates Depreciation, epidetion, and amortization 148, 103. 139, 291. 1, 759. 7, 053. 23 Insurance 19 Other expenses Immize expenses on Schodule (I), and murance Immize expenses on Schodule (I), and Immire Immire expenses on Schodule (I), and Immire Immir						
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8) 7 Other salaries and wages 8 Pensino plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 6 R 2, 207 . 65, 785 . 230 . 2, 1922 . 10 Payroll taxes 70 , 884 . 156 . 2, 144 . 11 Fees for services (nonemployees): a Managament b Logal . 51 . 49 . 2 . c Accounting . 10, 600 . 9, 964 . 106 . 530 . d Lobbyring . 10, 600 . 9, 964 . 106 . 530 . e Professional fundicising services. See Part IV, line 17 investment management fees . 9 Other (Iffile 11) amount exceeds 10% of line 25, column (A), amount, list line 119 expenses on Sch 0, 142, 735 . 134, 209 . 300 . 8, 226 . 30 Office expenses . 119, 753 . 117, 026 . 354 . 2, 373 . 41 Information technology Royalties . 157 , 994 . 149, 191 . 1, 285 . 7, 518 . 17 Travel . 14, 760 . 14, 760 . 14, 760 . 18 Payments of travel or entertainment expenses for any federal, state, or local public officiate . 12, 665 19 Payrotts of fillates . 12, 665 10 Conferences, conventions, and meetings . 12, 665 11 Payments of fillates	•	·	80.477.	78,175.	222.	2.080.
persons (as defined under section 4986(r)(1)) and persons described in section 4986(c)(3)(8) 7 Other employee series (include section 4016) and 4036(c) (3)(8) 8 Pension plan accruais and contributions (include section 4016) and 4036(c) employer contributions) 9 Other employee benefits 16 Res 207. 65,785. 230. 2,192. 17 Peas for services (non-employees): a Management b Legal 51. 49. 2. Accounting 10,600. 9,964. 106. 530. d Lobbying 10,000. 9,964. 106. 530. d	6					270000
Persion plan accruais and wages 717, 449. 697, 387. 1,938. 18,124.		· · · · · · · · · · · · · · · · · · ·				
7 Other salaries and wages						
8 Pension plan accurais and contributions (include section 40 ft(k) and 403(b) employer (include s	7		717,449.	697,387.	1,938.	18,124.
9 Other employee benefits	8					
10 Payroll taxes			22,390.			
11 Fees for services (nonemployees): a Management	9					2,192.
a Management b Legal	10		70,884.	68,584.	156 <u>.</u>	2,144.
Description Section	11					
Comparison of the Company of the C	а			4.0		
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Seh O.) 12 Advertising and promotion 142,735. 134,209. 300. 8,2261. 30 Office expenses 119,753. 117,026. 354. 2,373. Information technology Royalties Cocupancy 157,994. 149,191. 1,285. 7,518. Travel 14,760. 14,760. Payments of travel or entertainment expenses for any federal, state, or local public officials. Interest 12,665. 12,665. Payments to affiliates 12,665. 12,665. Payments to affiliates 22 Depreciation, depletion, and amortization 148,103. 139,291. 1,759. 7,053. Insurance 39,688. 31,678. 6,457. 1,553. Other expenses. Itamize expenses on the 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a MTSCELLANEOUS 17,019. 14,175. 2,050. 794. b SMALL FURNISHINGS 2,637. 2,617. 3. 17. DUES & SUBSCRIPTIONS 2,584. 1,474. 10. 1,100. d All other expenses. Joint ests. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.					100	
Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 16, 157.			10,600.	9,964.	106.	530.
Content Cont				The second secon	Territoria de la composición della composición d	<u> </u>
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion		· · · · · · · · · · · · · · · · · · ·				
Column (A), amount, list line 11g expenses on Sch 0.) 16, 157. 14, 146. 97. 1,914.						<u></u>
12 Advertising and promotion	9	·	16.157.	14 146.	97.	1 914
13 Office expenses	12	· · ·	142.735	134.209.		8,226.
14		F	119,753.			
15 Royalties 157,994. 149,191. 1,285. 7,518. 17 Travel 14,760. 14,760. 14,760.		Information technology				
157,994. 149,191. 1,285. 7,518.	15					
17 Travel 14,760. 14,760.	16				1,285.	7,518.
for any federal, state, or local public officials 19	17		14,760.	14,760.		
19 Conferences, conventions, and meetings	18	Payments of travel or entertainment expenses	i			
Interest						
Payments to affiliates	19	Conferences, conventions, and meetings		44,256.		610.
22 Depreciation, depletion, and amortization 148,103. 139,291. 1,759. 7,053. 23 Insurance 39,688. 31,678. 6,457. 1,553. 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.) a MISCELLANEOUS 17,019. 14,175. 2,050. 794. b SMALL FURNISHINGS 2,637. 2,617. 3. 17. c DUES & SUBSCRIPTIONS 2,584. 1,474. 10. 1,100. d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	20	101100001110001110000110100001101000011010	12,665.		12,665.	
23 Insurance 39,688			140 100	100 001	4 854	D 0 = 0
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a MISCELLANEOUS 17,019 14,175 2,050 794. b SMALL FURNISHINGS 2,637 2,617 3. 17. c DUES & SUBSCRIPTIONS 2,584 1,474 10. 1,100. d All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,689,570 1,604,726 28,256 56,588. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
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.) a MISCELLANEOUS B SMALL FURNISHINGS C DUES & SUBSCRIPTIONS All other expenses 25 Total functional expenses. Add lines 1 through 24e All other expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			37,000.	<u>31,0/8.</u>	0,45/.	1,553.
line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a MISCELLANEOUS	24	above. (List miscellaneous expenses on line 24e. If				
## MISCELLANEOUS		line 24e amount exceeds 10% of line 25, column (A),				
b SMALL FURNISHINGS 2,637. 2,617. 3. 17. c DUES & SUBSCRIPTIONS 2,584. 1,474. 10. 1,100. d All other expenses Total functional expenses. Add lines 1 through 24e 1,689,570. 1,604,726. 28,256. 56,588. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	а		17.019.	14 175	2.050.	794
C DUES & SUBSCRIPTIONS 2,584. 1,474. 10. 1,100. e All other expenses Total functional expenses. Add lines 1 through 24e 1,689,570. 1,604,726. 28,256. 56,588. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,689,570. 1,604,726. 28,256. 56,588. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	C					
All other expenses Total functional expenses. Add lines 1 through 24e 1,689,570. 1,604,726. 28,256. 56,588. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	_					
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		All other expenses				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25	Total functional expenses. Add lines 1 through 24e	1,689,570.	1,604,726.	28,256.	56,588.
educational campaign and fundraising solicitation.	26					
			i			
Check here if following SOP 98-2 (\$SC 958-790)		. —				
199040 49 90 94		Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to		(A)		(B)
_				Beginning of year		End of year
	1			499,072.	1	456,860
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		0.	4	1,361
	5	Loans and other receivables from any current or form	·		10.7	
		trustee, key employee, creator or founder, substantia			٠.	i i
	Î	controlled entity or family member of any of these pe			5	
	6	Loans and other receivables from other disqualified p				
		under section 4958(f)(1)), and persons described in se			6	
धु	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
٩	9			321.	9	8,399
	10a	Land, buildings, and equipment: cost or other	4 050 004			
	•	basis. Complete Part VI of Schedule D10		0 645 055		2 54 5 244
- 1	b	Less: accumulated depreciation10		3,617,355.	10c	3,516,041
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		4 550	14	4 550
	15	Other assets. See Part IV, line 11		1,550.	15	1,550
	16	Total assets. Add lines 1 through 15 (must equal line		4,118,298.	16	3,984,211
	17	Accounts payable and accrued expenses		86,254.	17	46,109
	18	Grants payable			18	
	19	Deferred revenue			19	
ı	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part I			21	
မွ	22	Loans and other payables to any current or former of			- 4	
Liabilities		trustee, key employee, creator or founder, substantia				
흅		controlled entity or family member of any of these per	***************************************	565 554	22	656 004
-	23	Secured mortgages and notes payable to unrelated the		767,571.	23	676,024
	24	Unsecured notes and loans payable to unrelated third			24	ļ
i	25	Other liabilities (including federal income tax, payable				
		parties, and other fiabilities not included on lines 17-2	4). Complete Part X	400 604		05 065
		of Schedule D		128,691.		25,865
_	26	Total liabilities. Add lines 17 through 25		982,516.	26	747,998.
,		Organizations that follow FASB ASC 958, check he	ere X			
Š		and complete lines 27, 28, 32, and 33.		2 435 500		2 225 242
	27		******	3,135,782.	_27	3,236,213
	28	Net assets with donor restrictions		The state of the s	28	
Ĭ		Organizations that do not follow FASB ASC 958, cl				
Net Assets of Fund Dalances	_	and complete lines 29 through 33.		* * .		
3	29	Capital stock or trust principal, or current funds		29		
2	30	Paid-in or capital surplus, or land, building, or equipm			30	
5	31	Retained earnings, endowment, accumulated income		2 405 500	31	0.000.005
ž	32	Total net assets or fund balances	***************************************	3,135,782.	32	3,236,213.
	33	Total liabilities and net assets/fund balances		4,118,298.	33	3,984,211. Form 990 (2021

Forn	1 990 (2021) THUMAS M WERNERT CENTER	34-	1/23305) Pa	ige 12
Pa	rt XI Reconciliation of Net Assets		<u>~</u>	•	
	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	1,79		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,68		
3	Revenue less expenses. Subtract line 2 from line 1	3		0,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,13	35,7	82.
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	3,23	<u> 36,2</u>	<u> 13.</u>
Pa	rt XII Financial Statements and Reporting				·····
	Check if Schedule O contains a response or note to any line in this Part XII				X
			<u> </u>	Yes	No
1	Accounting method used to prepare the Form 990:			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	<u> </u>	<u> </u>	<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	 	Х
	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:				3.7
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	1	. 4
b			2b	X	
	If "Yes," check a box below to Indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		<u> 2 1 a</u>	<u> </u>	1.24
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			.	
	review, or compilation of its financial statements and selection of an independent accountant?			X	, 19a
_	If the organization changed either its oversight process or selection process during the tax year, explain on Scho			3 7 7	
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
ı.	Act and OMB Circular A-133?	السناه	<u>3a</u>	+-	X
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require			1	}
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			, gan	(2021)
			rorr	11 000	(2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer Identification number

THOMAS M WERNERT CENTER 34-1723305 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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 university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s). iv) is the organization listed (iii) Type of organization (v) Amount of monetary (i) Name of supported (ii) EIN (vi) Amount of other <u>in your governing doc</u>ument? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		and documentation and an ex-				
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2560688.	1056772.	1404289.	1803340.	1653204.	8478293.
2	Tax revenues levied for the organ-						,
	ization's benefit and elther 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	2560688.	1056772.	1404289.	1803340.	1653204.	8478293.
5	The portion of total contributions						
	by each person (other than a					Lagran State	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						8478293.
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	2560688.	1056772.	1404289.	1803340.	1653204.	8478293.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,259.	1,394.	410.	146.	143.	3,352.
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.)	14,727.	21,672.	21,672.	21,672.	137,837.	217,580.
11	Total support. Add lines 7 through 10						8699225.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, i	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						>
	ction C. Computation of Publi					-	
14	Public support percentage for 2021 (li	ne 6, column (f), di	ivided by line 11, c	olumn (f))	***************************************	14	97.46 %
	Public support percentage from 2020	•				15	98.93 <u>%</u>
16a	33 1/3% support test - 2021. If the o	-			l4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2020. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	• •		***************************************			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts					VI how the organiz	ation
_	meets the facts-and-circumstances tes	-		, ,,	•		
b	10% -facts-and-circumstances test	_				•	10% or
	more, and if the organization meets th		•		•		, r——
40	organization meets the facts-and-circu					****	
18	Private foundation. If the organization	n ald not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2021

Schedule A (Form 990) 2021 THOMAS M WERNERT CENTER

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.)
A. Public Support

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
a	Total. Add lines 1 through 5			<u> </u>		<u></u>	
	Amounts included on lines 1, 2, and						
7 8	3 received from disqualified persons	i					
h	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					i	
c	Add lines 10a and 10b		·				
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	e organization's fi-	ret eacand third t	ourth or fifth tour	Veer as a coeffee 5	01/0)/3\ 02001-041-	.n
1-7	check this box and stop here	s organization s Tir	or, socona, triira, i	ourui, or mai tax ț	year as a section t	o nojo) organizatio	···,
Sec	ction C. Computation of Public	Support Per	centage	***************************************			
	Public support percentage for 2021 (li			volumn (fl)		15	%
	Public support percentage from 2020		-		***************************************	16	<u>%</u>
	tion D. Computation of Inves					16	70
	Investment income percentage for 20			ne 13. column (A)		17	04
	Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2021. If the	-					
	more than 33 1/3%, check this box an						IS HOL
h	33 1/3% support tests - 2020. If the	•	-			***************************************	
IJ	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						
-77		rior orioon a r		, or row, or rook tr	NON WIND DOO INC		

132023 01-04-22

Yes No

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.).

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	'	- 1	
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		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.000	1 L	
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	100	2000	
	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		100	L
	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	0		
	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	1		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			100
	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	7		
	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	8-1		
	significant voice in the organization's investment policies and in directing the use of the organization's	1000		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
7	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see instructions)	}.		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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	137.65		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		1	
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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		

132025 01-04-22

Schedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	nizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mus						
Sect	tion 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	174.4					
	instructions for short tax year or assets held for part of year):	£1.					
а	Average monthly value of securities	1a		" .			
b	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):		ែក្នុងជំនាក់ម៉ង់ង្គង់				
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			
<u> </u>	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-functional	ily integra	ited Type III supporting organ	ization (see			
	instructions).						

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Schedule B

(Form 990)

➤ Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

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

Schedule of Contributors

Employer identification number

THOMAS M WERNERT CENTER 34-1723305									
Organization type (chec	erganization type (check one):								
Filers of:	Section:								
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
• •	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See Instructions							
Hotel Only a accion as	(O), (C), O) (TO) Organization out officers bottom to boar the distribution and a opposite	Taiol Goo modadana							
General Rule									
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota my one contributor. Complete Parts I and II. See instructions for determining a contribu	• • •							
Special Rules									
For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990 EZ, line 1. Complete Parts I and II.									
contributor, duri literary, or educ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
year, contributio is checked, ente purpose. Don't e	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990 EZ or on its Form 990 PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).									

Name of c	rganization		Employer Identification number
THOMA	S M WERNERT CENTER		34-1723305
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1	MENTAL HEALTH AND RECOVERY SERVICES 701 ADAMS STREET TOLEDO, OH 43604	\$ 1,502,9	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
2	OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES 30 E BROAD ST COLUMBUS, OH 43215	\$ 21,6	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution

123452 11-11-21

(Complete Part II for noncash contributions.)

Type of contribution

Person Payroll Noncash

Employer Identification number

THOMAS M WERNERT CENTER

34-1723305

Part II	Noncash Property (see instructions). Use duplicate copies of Part III	if additional space is needed.	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(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
		- - - - - \$	
100450 11-11	.91	·	Schodulo B (Form 000) (2021)

Name of organization Employer identification number THOMAS M WERNERT CENTER 34-1723305 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.) \$5. Use duplicate copies of Part III if additional space is needed. 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (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
2021
Open to Public Inspection

Name of the organization

THOMAS M WERNERT CENTER

Employer identification number 3.4-1.7.2.3.3.0.5

Pa		Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) ponor advisod fanos	(b) I direct and called accounted
2	Total number at end of 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 w	riting that the assets held in donor advise	ad funde
•	are the organization's property, subject to the organization's e	*	
6	Did the organization inform all grantees, donors, and donor ad		
٠	for charitable purposes and not for the benefit of the donor or		
	• •	donor advisor, or for any other purpose of	
Pa	til Conservation Easements. Complete if the orga		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	****
	Preservation of land for public use (for example, recreati	· · · · · · · · · · · · · · · · · · ·	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	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			1 1
c	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structui	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	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, handling of	
	violations, and enforcement of the conservation easements it h	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	ervation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	- ,	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial stateme	nts that describes the
FDo	organization's accounting for conservation easements. † III Organizations Maintaining Collections of A	Art Historical Transuras or Oth	or Similar Accoto
Fai	Complete if the organization answered "Yes" on Form 9		ier Similar Assets.
10	If the organization elected, as permitted under FASB ASC 958,		nd halance sheet works
IG	of art, historical treasures, or other similar assets held for publi		
	service, provide in Part XIII the text of the footnote to its finance		-
h	If the organization elected, as permitted under FASB ASC 958,		
	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:	salionory addoction of 1000ct of in factor	station of public datation,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treas		
_	the following amounts required to be reported under FASB AS		3m, p. 01100
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

3	4 –	1	7	2	3	3	0	5	Page	;

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
2) Closely held equity interests	**************************************		
3) Other			
(A)			
(B)			
(C)			
(D)	·		· · · · · · · · · · · · · · · · · · ·
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of Investment	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
(1)			
(2)			
(3)	•		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		Barrian Commission Commission	er
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	
18) 1	Jescription		
	occompany .	,	(b) Book value
(1)	- Supremental Control of the Control		(b) Book value
(1) (2)	3337(7.13)	,	(b) Book value
(1) (2) (3)	2001ptor	,	(b) Book value
(1) (2) (3) (4)	Secretaria de la companya della companya della companya de la companya della comp	,	(b) Book value
(1) (2) (3) (4) (5)		`	(b) Book value
(1) (2) (3) (4) (5) (6)			(b) Book value
(1) (2) (3) (4) (5) (6) (7)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) [otal. (Column (b) must equal Form 990, Part X, col. (B) line		· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	44	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	15.)	11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the properties of th	15.)	11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the complete in the organization of liability (1) Federal income taxes	15.)	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE	<i>15.</i>) n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value 23,421
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) BENEFIT FORFEITURES PAYABLE	<i>15.</i>) n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) BENEFIT FORFEITURES PAYABLE (4)	<i>15.</i>) n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value 23,421
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the complete in the organization of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) BENEFIT FORFEITURES PAYABLE (4) (5)	<i>15.</i>) n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value 23,421
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the income taxes (2) REFUNDABLE ADVANCE (3) BENEFIT FORFEITURES PAYABLE (4) (5) (6)	<i>15.</i>) n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value 23,421
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the income taxes (2) REFUNDABLE ADVANCE (3) BENEFIT FORFEITURES PAYABLE (4) (5) (6) (7)	<i>15.</i>) n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value 23,421
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) BENEFIT FORFEITURES PAYABL (4) (5) (6) (7) (8)	<i>15.</i>) n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value 23,421
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) BENEFIT FORFEITURES PAYABLE (4) (5) (6) (7)	<i>15.</i>) n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value 23,421 2,444
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) BENEFIT FORFEITURES PAYABL (4) (5) (6) (7) (8)	15.)		(b) Book value 23,421 2,444

	edule D (Form 990) 2021 THOMAS M WERNERT CENTER				L723305 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			1 000 100
1		•••••		1	1,802,120.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		4.4	
a	Net unrealized gains (losses) on investments		0 000		
b	Donated services and use of facilities		9,286.		
C	Recoveries of prior year grants		0 000		
d	1 / ///////////////////////////////////	2d	2,833.		10 110
е	Add lines 2a through 2d			2e	12,119.
3	Subtract line 2e from line 1			3	1,790,001.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		5 1 5	
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b				100	0
C				4c	<u> </u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,790,001.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		:xpenses per i	teturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	1,701,689.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a	Donated services and use of facilities		9,286.		
b	Prior year adjustments	2b			
C	Other losses				
d	Other (Describe in Part XIII.)		2,833.		
е	Add lines 2a through 2d			2e	12,119.
3	Subtract line 2e from line 1		*	3	1,689,570.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		187	_
C	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	1,689,570.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			; Part x	,, line 2; Part XI,
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
FUI	NDRAISING COSTS			<u></u>	2,833.
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
<u>FU1</u>	IDRAISING COSTS				2,833.
					# · # · · · · · · · · · · · · · · · · ·

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

THOMAS M WERNERT CENTER 34-1723305								
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
Indicate whether the organization rais	sed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual eart VII) or entity in connection with p	tion of tion of fundra (includ	non-g gover alsing ling of onal fi	overnment grants nment grants events ifficers, directors, trus undraising services?	tees, or Yes			
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did (undraiser have custody or control of contributions? (iv) Gross receipts from activity (vi) Amount paid to (or retained by) fundraiser listed in col. (i)								
		Yes	No					
		-						
			<u> </u>					
Ist all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	l gistration		
					· · · · · · · · · · · · · · · · · · ·			

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

Schedule G (Form 990) 2021

34-1723305 Page 2 THOMAS M WERNERT CENTER Schedule G (Form 990) 2021 Part II Fundralsing Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col. (a) through HEART SOUL col. (c)) (event type) (total number) (event type) 15,751. 4,066. 19,817. 1 Gross receipts 15,751 4,066. 19,817. 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes _____ 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 2,833. <u>2,833.</u> 9 Other direct expenses 2,833. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes <u>Direct</u> Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2021

b If "Yes," explain:

132082 10-21-21

	34-1723305 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
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:	
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	
14 Enter the name and address of the person who prepares the organization's gaining/special events books and records	5.
Name ►	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	unt
of gaming revenue retained by the third party 🕨 💲	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided 🕨	
	·
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes L No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
	

Schedule G (Form 990) THOMAS M WERNERT CENTER	34-1723305 Page 4
Part IV Supplemental Information (continued)	
Continued)	
	
	•

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THOMAS M WERNERT CENTER 34-1723305 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND ADVOCACY. FORM 990, PART VI, SECTION A, LINE 6: THE WERNERT CENTER IS A MEMBERSHIP ORGANIZATION. THE MEMBERS HAVE RIGHTS WITH RESPECT TO GOVERNANCE, BUT NONE OF THE INCOME OR ASSETS OF THE WERNERT CENTER ARE PASSED TO THE MEMBERS AT ANY TIME. FORM 990, PART VI, SECTION A, LINE 7A: ACCORDING TO THE ORGANIZATION'S BY-LAWS, AT LEAST 51 PERCENT OF THE BOARD MUST BE COMPRISED OF MEMBERS. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE COMMITTEES OF ITS GOVERNING BODY WITH AUTHORITY TO ACT ON BEHALF OF THE FULL BOARD. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S SIGNING OFFICER SCANS THE 990 FOR COMPLETENESS PRIOR TO SIGNATURE, IN ADDITION TO RELYING UPON THE INDEPENDENT ACCOUNTANT AND INTERNAL ACCOUNTANT FOR ACCURACY. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990 PART XII LINE 2C

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 THOMAS M WERNERT CENTER	Employer identification number 34-1723305
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILI	TY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SEI	ECTION OF THE
INDEPENDENT AUDITOR.	
	-,

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

____, 2021, and ending $\underline{JUN~30}$, 20 $\underline{22}$ For calendar year 2021, or fiscal year beginning $\underline{\hspace{1.5cm} JUL\hspace{1.5cm} 1}$

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Name of filer	EIN or SSN
THOMAS M WERNERT CENTER	34-1723305
Name and title of officer or person subject to tax PATRICIA J. ROBB	
EXECUTIVE DIRECTOR	
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check or 10a below, and the amount on that line for the return being filed with this form was blank, then leav whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on than one line in Part I.	k the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, re line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, the applicable line below. Do not complete more
1a Form 990 check here ▶ K b Total revenue, if any (Form 990, Part VIII, column (
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b L b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, I	
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item	
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038	9b
Part II Declaration and Signature Authorization of Officer or Person Subj	3-CP, Part III, line 22) 10b
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person	
of entity), (EIN)	• • •
of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate entry to the financial institution account indicated in the tax preparation software for payment of the fe financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treater than 2 business days prior to the payment (settlement) date. I also authorize the financial institution payment of taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) as my signature for the electronic return and, if applicable, the content of the electronic return and if applicable, the content of the electronic return and its applicable. I authorize CLARK, SCHAEFER, HACKETT & CO.	ederal taxes owed on this return, and the easury Financial Agent at 1-888-353-4537 no ons involved in the processing of the electronic related to the payment. I have selected a
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the tax year 2021 electronically filed return. If I have indicated within this with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authon the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my sig return. If I have indicated within this return that a copy of the return is being filed with a state IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	norize the aforementioned ERO to enter my PIN nature on the tax year 2021 electronically filed
Signature of officer or person subject to tax	Date >
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
	8088522 enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed resulting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Info Business Returns.	
ERO's signature CLARK, SCHAEFER, HACKETT & CO. Date of the control of the contr	te <u>12/16/22</u>
ERO Must Retain This Form - See Instruction	ons
Do Not Submit This Form to the IRS Unless Request	
LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.	Form 8879-TE (2021)

102521 01-11-22

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

Contracts	ed below with the exception of Form 8870, Information I s, for which an extension request must be sent to the IRS ils form, visit www.irs.gov/e-file-providers/e-file-for-chari	3 in paper	format (see instructions). For more de				
Automa	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
All corpor	rations required to file an income tax return other than Fo	orm 990-T	(Including 1120-C filers), partnerships	, REMICs	s, and trusts		
must use	Form 7004 to request an extension of time to file incom	e tax retur	ms.				
Type or print	Name of exempt organization or other filer, see instructions. Tax		Taxpayer	xpayer identification number (TIN)			
Print	THOMAS M WERNERT CENTER			34-1723305			
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 208 W WOODRUFF AVE						
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TOLEDO, OH 43604						
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
ls For		Code	ls For			Code	
	or Form 990-EZ	01	Form 1041-A			08	
	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	T (sec. 401(a) or 408(a) trust)	04 05	Form 5227 Form 6069			10	
	T (trust other than above)	06	Form 8870				
	-T (corporation)	07	FOIII 6070			12	
Teleph	TONALEE TUCKER 208 W WOODRUFF one No. ► 419-242-3000 organization does not have an office or place of business s for a Group Return, enter the organization's four digit (I if it is for part of the group, check this box ►	in the Un Group Exe	Fax No. ited States, check this box	this is for	r the whole group, o		
1 I request an automatic 6-month extension of time until							
	is application is for Forms 990-PF, 990-T, 4720, or 6069, nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.	
	is application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and				
esti	mated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.	
c Bala	ance due. Subtract line 3b from line 3a. Include your pa	yment witl	n this form, if required, by				
	g EFTPS (Electronic Federal Tax Payment System). See		***	3c	\$	0.	
Caution: nstruction	If you are going to make an electronic funds withdrawal ns.	(direct det	oit) with this Form 8868, see Form 84	53-TE and	d Form 8879-TE for	payment	
LHA Fo	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form 8868 (R	ev. 1-2022)	