Form 99	U
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Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public

OMB No. 1545-0047 2021

	nal Revenue				lrs.gov/Form990 for Instru						mopee	
Α	For the 2	2021 calen	dar year, or ta	year begir	ining	, 2021, and	d endin	g			, 20	
в	Check if ap	plicable:	С						D Employ	yer iden	tification numb	er
	Addres	ss change	OSHER LIE	'ELONG I	EARNING INSTITU	TE			54-	1583	3254	
	Name	change			UNIVERSITY			Γ	E Teleph	one num	nber	
	Initial	return	4210 ROBE						(70	3) 5	03-3384	:
	Final ret	turn/terminated	FAIRFAX,	VA 2203	2			F		- / -		
		ded return							G Gross	receipts	\$ 5	80,291.
		ation pending	F Name and add	ress of principa	l officer:			H(a) Is this a				Yes X No
	, the plue	ation penaing	SAME AS C					H(b) Are all s	ubordinates	s include	ed?	Yes No
.		mpt status:	X 501(c)(3)	501(c) ()◀ (insert no.)	4947(a)(1) or	527	If "No," a	attach a list	. See in	structions.	
<u> </u>	Websi) * (IIISETT 110.)	4347(a)(1) 01	-					
			W.OLLI.GM					H(c) Group e				573
ĸ		organization:	X Corporation	Trust	Association Other ►	L Year	of formation	on: 1991	IVI S	State of	legal domicile:	VA
Pa		Summar	y		· · · · · · · · · · · · · · · · · · ·				TROPIL			
					ion or most significant a							
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lan		<u>ETIREME</u> CTIVITI			INCLUDE COURSE:	S, CLUBS, 3	<u>SPECI</u>	AL EVE	<u>NIS A</u>	<u>ud 5</u>		
ler		CIIVIII neck this bo							0/ of ito			
90					n discontinued its opera rning body (Part VI, line					net as	ssels.	16
8			-	-	s of the governing body					4		<u> 16</u> 16
ies					n calendar year 2021 (Pa					5		18
Activities & Governance					necessary)					6		784
Act					Part VIII, column (C), lin					7a		0.
					from Form 990-T, Part I					7b		0.
								Pr	ior Year		Currei	nt Year
	8 Co	ontributions	and grants (P	art VIII, line	1h)				121,9	968.		51,107.
Revenue					e 2g)				480,		4	38,262.
vel	10 Inv	vestment ir	ncome (Part VI	I, column (A), lines 3, 4, and 7d)				96,4			88,914.
Å	11 Ot	her revenu	e (Part VIII, co	lumn (A), li	nes 5, 6d, 8c, 9c, 10c, a	nd 11e)				517.		2,008.
	12 To	tal revenue	e – add lines 8	through 11	(must equal Part VIII, c	olumn (A), line 1	12)		700,		5	80,291.
	13 Gr	ants and s	imilar amounts	paid (Part	IX, column (A), lines 1-3	8)			25,1	L50.		50,250.
	14 Be	enefits paid	to or for mem	bers (Part I	X, column (A), line 4)							
	15 Sa	alaries, othe	er compensatio	n, employe	e benefits (Part IX, colur	mn (A), lines 5-1	10)		383,3	356.	3	370,063.
Expenses			•		column (A), line 11e)		-		00070			
en:			-									
Щ					lumn (D), line 25) ►		756.					
_					nes 11a-11d, 11f-24e)				172,0			44,546.
		•		-	equal Part IX, column (A				580,6			64,859.
		evenue less	s expenses. Su	btract line 1	8 from line 12				120,1			15,432.
Net Assets or Fund Balances								Beginning				of Year
alar	20 To		•						812,9			32,168.
t As Nd B	21 To	ital liabilitie	s (Part X, line	26)					273,9	975.	2	277,790.
				. Subtract I	ne 21 from line 20	<u></u>	<u></u> .		538,9	946.	5	54,378.
Pa	rt II	Signatur	e Block									
Unde	r penalties	of perjury, I de	eclare that I have ex	amined this ret	urn, including accompanying sch all information of which preparer	edules and statements	ts, and to t	he best of my	knowledge	and be	lief, it is true, co	orrect, and
comp	olete. Decla	ration of prepa	arer (other than offic	er) is based on	all information of which preparer	r has any knowledge.						
Sig	jn	Signatu	re of officer					Date	9			
He	re		NIFER DIS					EXECU	TIVE I	DIRE	CTOR	
. <u> </u>		Type or	print name and title)								
		Print/Type p	oreparer's name		Preparer's signature	Da	ate		Check	if	PTIN	
Pai	id	MARK C	J. RHODES,	CPA					self-employ	ed	P007349	909
	eparer	Firm's name			MP & RHODES, PLO	C						
	e Only	Firm's addre			ELD CORPORATE DI		05		Firm's EIN	▶ 54	1972062	
	-			ILLY, V		,			Phone no.		6318940	
Ma	the IRS	discuss th			shown above? See inst	ructions					X Yes	No
-					the separate instruction			A0101L 09/2	2/21			1 990 (2021)

Form	n 990	(2021)	OSHER L	IFELONG I	EARNING I	NSTITUTE	2				54-1	5832	54	P	age 2
Par	t III				vice Accom										
					response or not	te to any line	e in this P	art III							
1		-	-	nization's miss											
					AND CULTUR										
					NTS IN THE		<u>REMENT</u>	YEARS.	THES	E INCL	UDE	COUR	<u>SES,</u>	CLU	BS,_
	<u>SP</u> I	ECIAL	EVENTS A	AND SOCIA	L ACTIVITI	ES.									
2	Did t	ho organ	vization undert		ant program ser	vices during	the year wi	nich word n	at listad or	the prior					
2		-				-	-						Yes	Х	No
				w services on S								·· 🗌	ies	Λ	NO
3					or make signifi	cant change	s in how i	t conducts	any proc	ıram servi	res?		Yes	Х	No
J				anges on Sched		ount onlango			, any prog			Ц	105	Л	no
4				-	rvice accomplis	hments for a	each of its	three larg	est progra	am service	es, as r	neasur	ed by i	expen	ses.
	Sect	tion 501	(c)(3) and 50	1(c)(4) organiz	ations are requ	ired to repo	rt the amo	ount of gran	nts and al	locations	to othe	rs, the	total e	xpens	es,
	and	revenue	e, it any, for e	each program s	service reported	l.									
۸	(Coc	do:		enses \$	200 000	including	arapte of	¢) (Rev		\$			````
4 a					<u>398,268.</u>				WET COM				ΠO)
					AND CULTUR NTS IN THE										
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4 c	l Othe	er progra	am services (l	Describe on S	chedule O.)										
	(Exp	benses	\$		including grar	nts of \$) (Rever	nue \$)	
4 e	Tota	al progra	m service exp	penses 🕨	398	,268.								000	(0001)

Form 990 (2021) OSHER LIFELONG LEARNING INSTITUTE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> .	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D</i> , <i>Part VI</i>	11 a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		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 16? <i>If 'Yes,' complete Schedule D, Part IX</i>	11 d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	Х	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
BAA	TEEA0103L 09/22/21		990	(2021)

Form 990 (2021)

54-1583254

TEEA0103L 09/22/21

 Form 990 (2021)
 OSHER
 LIFELONG
 LEARNING
 INSTITUTE

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	105	X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
		23		Л
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ł	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	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? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
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):			
ā	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ł	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	1 If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u>.</u> .	
			Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1 a0b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1 b0			
C	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-	17	
	(gambling) winnings to prize winners?	1 c	X 000 ((0001)

Page 4 54-1583254

Form	990 (2021) OSHER LIFELONG LEARNING INSTITUTE 54-1583254	ł	F	age 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
2 -	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3 b		21
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	55		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If 'Yes,' enter the name of the foreign country			
5 -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 a		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7.		X
h	services provided to the payor?	7a 7b		Λ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	70		
	Form 8282?	7 c	_	Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7.		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/1		Λ
5	as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10 a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 13c	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14a 14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10		
IJ	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16	_	Х
17	Section 501(c)(21) organizations. Did the trust, any disgualified person, or mine operator engage in any			
-	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If 'Yes,' complete Form 6069.	17		

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

 X

 Section A. Governing Body and Management

 Х

Jet	aion A. Governing Bouy and Management				Yes	No
1a	• Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad	1a	16		Tes	NO
	authority to an executive committee or similar committee, explain on Schedule O.					
ł	Enter the number of voting members included on line 1a, above, who are independent		16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under th of officers, directors, trustees, or key employees to a management company or other persor	ne dire 1?	ct supervision	3		Х
4	Did the organization make any significant changes to its governing documents					
	since the prior Form 990 was filed?			4		Х
5	Did the organization become aware during the year of a significant diversion of the organiza	tion's	assets?	5		Х
6	Did the organization have members or stockholders?			6	Х	
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?SEESCHEDULEO			7 a	Х	
ł	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?	mbers	^{S,} SEE SCH O	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following:					
á	a The governing body?			8 a	Х	
ł	Each committee with authority to act on behalf of the governing body?			8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>			9		Х
Sec	tion B. Policies (This Section B requests information about policies not requests			eveni	ie Co	
			,		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?			10 a		Х
ł	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?			10 b		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			11 a	Х	
ł	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	S	EE SCHEDULE O			
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	0		12a		Х
ł	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?			12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " Schedule O how this was done			12 c		
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and de	al by i cision	ndependent ?			
	The organization's CEO, Executive Director, or top management official			15a		Х
k	Other officers or key employees of the organization			15b		Х
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.					
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?			16 a		X
ł	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalua participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safe	eguard the	16 b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable available for public inspection. Indicate how you made these available. Check all that apply.	e), 990	, and 990-T (Section 50	01(c)(3)s or	nly)
		ier <i>(ex</i>	plain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p the public during the tax year. SEE SCHEDULE O	olicy, a	nd financial statements availa	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ai	nd records ►			
	JENNIFER DISANO 4210 ROBERTS ROAD FAIRFAX VA 22032 703-50					
BAA				Form	99 0 ((2021)

54-1583254

Form 990 (2021) OSHER LIFELONG LEARNING INSTITUTE	54-1583254	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	st Compensated Employe	es, and
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 Compens	ated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year endin organization's tax year.	ng with or within the	

• 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.

		(C)							
(A) Name and title	(B) Average hours	Average is both an officer and a hours director/trustee) comp		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other			
	wook	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) JENNIFER DISANO	40								
EXECUTIVE DIR.	0		2	X			95,604.	0.	0.
(2) TONI ACTON	7								
DIRECTOR	0	Х					0.	0.	0.
(3) CAMILLE HODGES	7								
DIRECTOR	0	Х					0.	0.	0.
(4) BOB_HEYER	7								
DIRECTOR	0	Х					0.	0.	0.
(5) DEBBY MOSSBURG	7								
DIRECTOR	0	Х					0.	0.	0.
(6) LILLIAN BROOKS	7								
PRESIDENT	0	Х	2	X			0.	0.	0.
(7) PAUL HOWARD	7								
DIRECTOR	0	Х					0.	0.	0.
(8) RICHARD CRAWFORD	7								
DIRECTOR	0	Х					0.	0.	0.
(9) MARILYN HARRIMAN	7								
DIRECTOR	0	Х					0.	0.	0.
(10) BONNIE NELSON	7								
SECRETARY	0	Х					0.	0.	0.
(11) ZACHARY TEICH	7								
DIRECTOR	0	Х					0.	0.	0.
(12) MICHELLE ROMANO	7								
DIRECTOR	0	Х			_		0.	0.	0.
(13) GLORIA LOEW	7								
SECRETARY	0	Х		X			0.	0.	0.
(14) MEL RUSSELL	7								
VICE PRESIDENT	0	Х		X			0.	0.	0.
BAA	TEEA0	107L	09/22/2	21					Form 990 (2021)

54-1583254

Page 8

Pa	t VII Section A. Officers, Directors, Tru	stees,	Key	Em	plo	bye	es, a	anc	d Highest Com	pensated Emp	oyees (continued)
		(B)			(C	•					
	(A) Name and title	Average hours per week	box offi	, unles cer an	ss pe d a d	erson lirect	e than o is both or/trust	n an tee)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		(list any hours for related	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest employe	Former	(W-Ž/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
		organiza - tions	tor	onalt		ploye	comp	-			J.
		below dotted line)	istee	rustee		e	Highest compensated employee				
(15)	PETER ANSOFF	7	X						0	0	0
(16)	DAVID OSTERMAN	7	A						0.	0.	0.
	TREASURER	0	Х		Х				0.	0.	0.
(17)	CAROLYN WYATT DIRECTOR	7	Х						0.	0.	0.
(18)									0.	0.	0.
(19)											
(20)											
			•								
(21)											
(22)											
(23)											
(24)											
(25)											
<u></u>											
	Subtotal						· · · ·	•	95,604.	0.	0.
	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c).							•	0. 95,604.	0.	0.
	Total number of individuals (including but not limited							ved			
	from the organization b 0										
3	Did the organization list any former officer, direct	or tructe		av or	nnlo		orl	hiat	ast companyated	employee	Yes No
3	on line 1a? If 'Yes,' complete Schedule J for such										. 3 <u>X</u>
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$1	50,0	00?	lf 'Y	'es,	' com	iplei	te Schedule J for		. 4 X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	e compen	satio	on fro	om a	anv	unre	late	d organization or	individual	
Sec	tion B. Independent Contractors	,									
1	Complete this table for your five highest compensation from the organization. Report compensation	sated inde sation for	epen the c	dent alenc	cor dar y	ntra vear	ctors endir	tha ng w	t received more the transferred to the termination of term	nan \$100,000 of ganization's tax year	
	(A) Name and business addr				<u> </u>			3	(B) Description of	Ē.	(C) Compensation
2	Total number of independent contractors (including b		ited t	o tho	se li	isteo	abov	ve) v	who received more	than	
	\$100,000 of compensation from the organization	- 0									

Form 990 (2021) OSHER LIFELONG LEARNING INSTITUTE

Part VIII Statement of Revenue

54-1583254

Page 9

	• • •	Check if Schedule O contains a response or note to a	ny line in this Part VI	11		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
tts,	1 a	Federated campaigns 1 a				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1 b				
s, o An	С	Fundraising events 1 c	_			
Gifi Nilar	d	I Related organizations 1d				
Sin'	e f	e Government grants (contributions) 1 e All other contributions, gifts, grants, and	_			
utio Ter		similar amounts not included above 1f 51,107.				
đĐ	g	Noncash contributions included in				
Con	h	lines 1a-1f	F1 107			
		Business Code	51,107.			
Program Service Revenue	2 a	MEMBERSHIP 611600	438,262.	438,262.		
Rev	b		10072021	10072021		
ice	с	;				
šerv	d	1				
ŝ	е	,				
ogre		All other program service revenue				
P	g		438,262.			
	3	Investment income (including dividends, interest, and other similar amounts)	88,914.			88,914.
	4	Income from investment of tax-exempt bond proceeds				00,914.
	5	Royalties	•			
		(i) Real (ii) Personal				
	6 a	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 (i) Securities (ii) Other				
		sales of assets other than inventory 7a				
	b	b Less: cost or other basis and sales expenses 7b				
		c Gain or (loss) 7c	-			
		Net gain or (loss)	•			
¢)		Gross income from fundraising events				
Other Revenue	00	(not including \$				
eve		of contributions reported on line 1c).				
r Ŗ		See Part IV, line 18				
the		Less: direct expenses				
Ò		Net income or (loss) from fundraising events				
	9 a	a Gross income from gaming activities. See Part IV, line 19				
	b	b Less: direct expenses 9b				
	с	Net income or (loss) from gaming activities	•			
	10 a	Gross sales of inventory, less				
		Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory	►			
Shi	11 -	Business Code	0.000	0.000		
Miscellaneous Revenue	11 a b c d	MISCELLANEOUS_INCOME	2,008.	2,008.		
llai ven		<				
Re	d d	All other revenue				
Ψ		• Total. Add lines 11a-11d	2,008.			
		Total revenue. See instructions	► 580,291.	440,270.	0.	88,914.

Form 990 (2021) OSHER LIFELONG LEARNING INSTITUTE

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX.....

Consta and alther assistance to domestic degraduations and domestic set Part IV, line 22. Constant of the assistance to domestic and domestic set Part IV, line 22. Constant of the assistance to domestic and domestic and domestic set Part IV, line 22. Constant of the assistance and domestic and dome assistance to foreign and provide the assistance to foreign and and the assistance to foreign and provide the assistance and assistance assistant addition and assistance and assistance assistant addition and assistance and assistance assistant addition addition addition assistant addition addit addition addit addition addit addition addition addition additi		not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
organizations and domestic governments. See Part V, Inne 21				expenses	general expenses	expenses
individuals. See Part IV, line 22	1	organizations and domestic governments. See Part IV, line 21	49,500.	49,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16	2	Grants and other assistance to domestic individuals. See Part IV, line 22	750.	750.		
5 Compensation of current officers, directors, trustees, and key employees. 93, 949. 46, 035. 38, 519. 9, 395. 6 Compensation not included above to disqualified persons, 68 defined under section 4956(n)(1) and persons described in a described in second and personsen and persons described in section 4	3	organizations, foreign governments, and for-				
trustes, and key employees 93,949. 46,035. 38,519. 9,395. 6 Composition not include above to disqualified persons (as defined under section 488(0)(3)(6). 0.	4					
6 Compensation not included above to disqualified persons (as defined under section 4956(n)(0)) and persons described in section 4956(n)(0)). 0.	5		93,949.	46,035.	38,519.	9,395.
n section 4958(C)(3)(5) 0.	6	disqualified persons (as defined under section 4958(f)(1)) and persons described				
8 Persion plan accruais and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits.		in section 4958(c)(3)(B)				0.
oriclude sector 401(k) and 403(b) employer contributions). original 9 Other employee benefits 26,604. 17,965. 7,682. 957. 10 Payroll taxes 26,604. 17,965. 7,682. 957. 11 Fees for services (nonemployees): a Management. 26,604. 17,965. 7,682. 957. a Management. 327. 327. 6,075. 6,076. 6,076. 6,076. 6,076. 6,076.	7	Other salaries and wages	249,510.	185,268.	61,183.	3,059.
10 Payroll taxes 26, 604. 17, 965. 7, 682. 957. 11 Fees for services (nonemployees): 327. 327. 327. a Management. 327. 327. 6, 075. 6, 075. d Lobbying. 6, 075. 6, 075. 6, 075. e Professional fundraising services. See Part IV, line 17. 6, 075. 6, 075. 6, 075. f Investment management fees. 9 9 1, 000. 1, 000. 1, 000. (A) amount, list line 11g expenses on Schedule 0.) 1, 000. 1, 000. 1, 000. 1, 000. 13 Office expenses 1, 196. 100. 1, 096. 1 14 Information technology. 8, 500. 8, 500. 9 1 16 Occupancy. 8, 500. 8, 500. 1 1 1 17 Travel. 296. 296. 296. 1 <t< th=""><th>8</th><th>(include section 401(k) and 403(b) employer contributions)</th><th></th><th></th><th></th><th></th></t<>	8	(include section 401(k) and 403(b) employer contributions)				
11 Fees for services (nonemployees): a Management a Management bLegal 327. 327. c Accounting. 6,075. 6,075. dLobbying.	9					
a Management 327. 327. b Legal 327. 327. c Accounting 6,075. 6,075. d Lobbying 6,075. 6,075. e Professional fundraising services. See Part N, line 17. 9 9 f Investment management fees. 9 9 g Other. (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g appenses on Schedule 0.) 1, 000. 1, 000. 12 Adventsing and promotion 1, 196. 100. 1, 000. 13 Office expenses 1, 196. 100. 1, 096. 14 Information technology. 8, 500. 8, 500. 0 15 Royatties. 296. 296. 10 16 Occupancy. 8, 500. 296. 10 17 Travel. 296. 296. 10 19 Conferences, conventions, and meetings. 20 10 10 21 Payments to affiliates. 5, 112. 5, 112. 5, 112. 20 Depreciation, depletion, and amortization. <th>10</th> <th>Payroll taxes</th> <th>26,604.</th> <th>17,965.</th> <th>7,682.</th> <th>957.</th>	10	Payroll taxes	26,604.	17,965.	7,682.	957.
b Legal 327. 327. c Accounting 6,075. 6,075. d Lobbying 6,075. 6,075. e Professional fundraising services. See Part IV, line 17. 6 6 g Other. (file 11g anometesceds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) 1,000. 1,000. 12 Advertising and promotion. 1,196. 100. 1,096. 14 Information technology. 1,196. 100. 1,096. 15 Royalties. 8,500. 8,500. 1 16 Occupancy 8,500. 296. 296. 17 Travel. 296. 296. 296. 12 Conferences, conventions, and meetings. 1 1 1 20 Interest 40,763. 34,649. 6,114. 21 Payments to affiliates. 5,112. 5,112. 5,112. 20 Other expenses in thiscellaneous expenses on time 24e. If line 24e amount exceeds 10% of line 24e. 5,112. 5,112. 21 Payments on Schedule O.) 12,533. 110. 12,423. a EQUIPMENT 17,571. 13,622. 3,949. <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
c Accounting 6,075 6,075 d Lobbying 6,075 6,075 e Professional fundrating services. See Part IV, line 17 6 6 f Investment management fees 9 9 9 g Other, (If line 11g amount exceeds 10% of line 25, oolumin (A), amount, list line 11g expenses on Schedule 0.) 1,000. 1,000. 12 Advertising and promotion 1,196 100. 1,096. 13 Office expenses 1,196. 100. 1,096. 14 Information technology 8,500. 8,500. 296. 15 Occupancy 8,500. 8,500. 296. 16 Occupancy 8,500. 8,500. 296. 17 Travel. 296. 296. 296. 19 Conferences, conventions, and meetings. 1 1 1 20 Interest to affiliates. 2 2 1 2 21 Payments to affiliates. 2 5,112. 5,112. 2 22 Optication, depletion, and amortization 40,763. 34,649. 6,114. 23 Insurance 5,112. 5,112. 5,112. 5,112. 24 Other expenses on Schedule 0.) <th></th> <th>5</th> <th></th> <th></th> <th></th> <th></th>		5				
d Lobbying D D D D e Professional fundraising services. See Part IV, line 17. Image Professional fundraising services. See Part IV, line 17. f Investment management fees. 9 g Other. (ff line 11g amount exceds 10% of line 25, column 1, 000. 1, 000. 12. Advertising and promotion 1, 000. 13. Office expenses. 1, 196. 100. 14. Information technology. Image Professional fundraising services. 1, 196. 16. Occupancy. 8, 500. 8, 500. 17. Travel. 296. 296. 18. Payments of travel or entertainment expenses for any federal, state, or local public officials. 10 19. Conferences, conventions, and meetings. 10 10 20. Interest. 10 14. 21. Payments to affiliates. 10 10 22. Depreciation, depletion, and amortization 40, 763. 34, 649. 6, 114. 23. Insurance. 5, 112. 5, 112. 112. 112. 24. Other expenses. Itemize expenses not covered above. (List miscellareous expenses on line 24e. If line 24e amount exceeds 10% of line 25e. Othurn (A), amount, list line 24e expenses on Schedule O, 17, 571. 13, 622. </th <th>ł</th> <th>Legal</th> <th>327.</th> <th></th> <th>327.</th> <th></th>	ł	Legal	327.		327.	
e Professional fundraising services. See Part IV, line 17 Image: Construct of the Professional fundraising services. See Part IV, line 17 g Other, (f) fine 1] gaugement sceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0 1, 000. 1, 000. 12 Advertising and promotion 1, 196. 100 1, 000. 13 Office expenses. 1, 196. 100 1, 000. 14 Information technology 8, 500. 8, 500. 100 15 Royatties. 8, 500. 8, 500. 296. 16 Occupancy 8, 500. 296. 296. 17 Travel. 296. 296. 296. 19 Conferences, conventions, and meetings. 296. 296. 296. 10 Interest 90 Interest. 100 10 10 10 Interest control depletion, and amortization 40, 763. 34, 649. 6, 114. 11 Insurance 5, 112. 5, 112. 5, 112. 20 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on of line 24 5, 112. 5, 112. 21 Payments to affiliates 20 20 10	C	Accounting	6,075.		6,075.	
f Investment management fees 1,000 9 Other, (ff line 11g amount exceeds 10% of line 25, column (A), amount, list line 124 1,000 12 Advertising and promotion 1,196 13 Office expenses 1,196 14 Information technology 1 15 Royatties 1 16 Occupancy 8,500 17 Travel. 296 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 296 10 Interest. 296 11 Payments to affiliates. 296 12 Payments to affiliates. 1 13 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount, exceeds 10% of line 24e. Glume A), amount, list line 24e expenses on Schedule O). 40,763. 14 EQUIPMENT 17,571. 13,622. 16 Advert. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 24e. Glume A), amount, list line 24e expenses on Schedule O). 5,112. 16 Advert. (List Miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 24e. John CAND PUBLICATIONS 12,912. 16 Advert. (List Miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 24e. John CAND PUBLICATIONS 12,912. 17 ELECOMMUNICATIONS 12,912. 14,321. <th></th> <th>, .</th> <th></th> <th></th> <th></th> <th></th>		, .				
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 1,000. 1,000. 12 Advertising and promotion. 1,196. 100. 1,000. 13 Office expenses. 1,196. 100. 1,096. 14 Information technology. 1 1 1 15 Royalties. 8,500. 8,500. 1 16 Occupancy. 8,500. 8,500. 1 17 Travel. 296. 296. 1 19 Conferences, conventions, and meetings. 1 1 1 10 Interest. 2 1 2 1 21 Payments to affiliates. 5,112. 5,112. 1 20 Interest. 5,112. 5,112. 1 21 Payments to affiliates. 5,112. 5,112. 1 20 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on of line 24. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0. 1 17,571. 13,622. 3,949. b BANK. CHARGES 16,441. 14,536. 1,144. 761. c Very Public ATIONS 12,912. 1 1,242.	e	Professional fundraising services. See Part IV, line 17				
(A) aniount, list line 11g expenses on Schedule 0.) 1,000. 1,000. 12 Advertising and promotion 1,196. 100. 1,000. 13 Office expenses 1,196. 100. 1,096. 14 Information technology 1,196. 100. 1,096. 15 Royalties 296. 296. 16 Occupancy 8,500. 8,500. 17 Travel 296. 296. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 100. 100. 19 Conferences, conventions, and meetings. 112. 100. 114. 20 Interest. 100. 114. 100. 114. 21 Payments to affiliates. 100. 114. 114. 114. 22 Depreciation, depletion, and amortization 40,763. 34,649. 6,114. 114. 23 Insurance 5,112. 5,112. 5,112. 114. 114. 114. 114. 114. 114. 114. 114. 114. 114. 114. 114.	f	Investment management fees				
13 Office expenses 1,196. 100. 1,096. 14 Information technology. 8,500. 8,500. 16 Occupancy. 8,500. 8,500. 17 Travel. 296. 296. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 296. 296. 19 Conferences, conventions, and meetings. 1 1 296. 296. 11 Payments to affiliates. 20 296. 296. 296. 10 Conferences, conventions, and meetings. 1 1 1 1 11 Payments to affiliates. 20 20 6,114. 20 11 Payments to affiliates. 20 20 5,112. 20 12 Depreciation, depletion, and amortization 40,763. 34,649. 6,114. 20 12 Insurance 5,112. 5,112. 5,112. 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20<	-	(A), amount, list line 11g expenses on Schedule 0.)	1,000.			1,000.
14 Information technology. 27.000 27.000 15 Royalties. 8,500. 8,500. 16 Occupancy. 8,500. 8,500. 17 Travel. 296. 296. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 296. 296. 19 Conferences, conventions, and meetings. 1 1 20 Interest. 2 2 21 Payments to affiliates. 40,763. 34,649. 6,114. 22 Depreciation, depletion, and amortization. 40,763. 34,649. 6,114. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on Schedule O.). 5,112. 5,112. 24 Other expenses on Schedule O.). 5,112. 5,112. 6 4 EQUIPMENT 17,571. 13,622. 3,949. 6 4 EQUIPMENT 17,571. 13,622. 3,949. 6 4 EQUIPMENT 17,571. 13,622. 3,949. 6 5 BANK CHARGES 16,441. 14,536.			1 196	100	1 096	
15 Royalties			1,150.	100.	1,050.	
16 Occupancy		05				
17 Travel		-	8 500	8 500		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 20 Interest. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization 40, 763. 34, 649. 6, 114. 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, collumn (A), amount, list line 24e expenses on Schedule O.) 4 EQUIPMENT 17, 571. 13, 622. 3, 949. 4 EQUIPMENT 16, 441. 14, 536. 1, 144. 761. C PRINTING AND PUBLICATIONS 12, 912. 12, 912. 12, 912. 12, 912. 12, 913. 10. 12, 423. e All other expenses. 21, 820. 14, 321. 5, 915. 1, 584. 25 Total functional expenses. Add lines 1 through 24e. 564, 859. 398, 268. 149, 835. 16, 756. 26 Joint costs. Complete this line only if the organization reported in column (B)				0,500.	296	
20 Interest		Payments of travel or entertainment expenses for any federal, state, or local	250.		230.	
22 Depreciation, depletion, and amortization 40,763. 34,649. 6,114. 23 Insurance		-				
23 Insurance 5,112. 5,112. 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.). 5,112. 5,112. a EQUIPMENT 17,571. 13,622. 3,949. b BANK_CHARGES 16,441. 14,536. 1,144. 761. c PRINTING AND PUBLICATIONS 12,912. 12,912. 12,423. d TELECOMMUNICATIONS 12,533. 110. 12,423. e All other expenses. Add lines 1 through 24e. 564,859. 398,268. 149,835. 16,756. 26 Joint costs. Complete this line only if the organization reported in column (B) 16,756. 16,756. 16,756.	21	Payments to affiliates				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 17,571. 13,622. 3,949. a EQUIPMENT 17,571. 13,622. 3,949. b BANK CHARGES 16,441. 14,536. 1,144. 761. c PRINTING AND PUBLICATIONS 12,912. 12,912. 12,912. d TELECOMMUNICATIONS 12,533. 110. 12,423. e All other expenses. Add lines 1 through 24e. 564,859. 398,268. 149,835. 16,756. 26 Joint costs. Complete this line only if the organization reported in column (B) 16 14 149,835. 16,756.	22	Depreciation, depletion, and amortization	40,763.	34,649.	6,114.	
expenses on Schedule O.) image: constraint of the organization reported in column (B) a EQUIPMENT 17,571. 13,622. 3,949. b BANK CHARGES 16,441. 14,536. 1,144. 761. c PRINTING AND PUBLICATIONS 12,912. 12,912. 12,423. d TELECOMMUNICATIONS 12,533. 110. 12,423. e All other expenses. 21,820. 14,321. 5,915. 1,584. 25 Total functional expenses. Add lines 1 through 24e. 564,859. 398,268. 149,835. 16,756.		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	5,112.		5,112.	
b BANK CHARGES 16,441. 14,536. 1,144. 761. c PRINTING AND PUBLICATIONS 12,912. 12,912. 12,912. d TELECOMMUNICATIONS 12,533. 110. 12,423. e All other expenses. 21,820. 14,321. 5,915. 1,584. 25 Total functional expenses. Add lines 1 through 24e. 564,859. 398,268. 149,835. 16,756. 26 Joint costs. Complete this line only if the organization reported in column (B) 6 6 6 6		expenses on Schedule O.)				
b BANK_CHARGES 16,441. 14,536. 1,144. 761. c PRINTING AND PUBLICATIONS 12,912. 12,912. 12,912. 12,912. d TELECOMMUNICATIONS 12,533. 110. 12,423. 1,584. e All other expenses. 21,820. 14,321. 5,915. 1,584. 25 Total functional expenses. Add lines 1 through 24e. 564,859. 398,268. 149,835. 16,756. 26 Joint costs. Complete this line only if the organization reported in column (B) Expenses Expenses Expenses					3,949.	
d TELECOMMUNICATIONS 12,533. 110. 12,423. e All other expenses. 21,820. 14,321. 5,915. 1,584. 25 Total functional expenses. Add lines 1 through 24e. 564,859. 398,268. 149,835. 16,756. 26 Joint costs. Complete this line only if the organization reported in column (B) 64 <th64< th=""> <th64< th=""> 64 <t< th=""><th></th><th>BANK_CHARGES</th><th></th><th></th><th>1,144.</th><th>761.</th></t<></th64<></th64<>		BANK_CHARGES			1,144.	761.
e All other expenses. 21,820. 14,321. 5,915. 1,584. 25 Total functional expenses. Add lines 1 through 24e. 564,859. 398,268. 149,835. 16,756. 26 Joint costs. Complete this line only if the organization reported in column (B) 6 6 6 14			12,912.	12,912.		
25 Total functional expenses. Add lines 1 through 24e 564,859. 398,268. 149,835. 16,756. 26 Joint costs. Complete this line only if the organization reported in column (B) 6 6 149,835. 16,756.						
26 Joint costs. Complete this line only if the organization reported in column (B)						1,584.
the organization reported in column (B)	25	Total functional expenses. Add lines 1 through 24e	564,859.	398,268.	149,835.	16,756.
joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following				
	BAA					Form 990 (2021)

Form 990 (2021) OSHER LIFELONG LEARNING INSTITUTE Part X Balance Sheet

				(A)		(B) End of year	
				Beginning of year			
1	Cash – non-interest-bearing.		-	88,213.	1	92,810	
2	Savings and temporary cash investments	497,042.	2	540,049			
3	Pledges and grants receivable, net			10.000	3	0.001	
4	Accounts receivable, net			10,000.	4	3,225	
5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per		5				
6	Loans and other receivables from other disqualified position 4958(f)(1)), and persons described in section	•	r i i i i i i i i i i i i i i i i i i i		6		
7	Notes and loans receivable, net				7		
8	Inventories for sale or use		-		8		
8 9	Prepaid expenses and deferred charges			19,946.	9	19,444	
10:	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1					
	b Less: accumulated depreciation		328,290.	197,720.	10 c	176,640	
11					11		
12	Investments – other securities. See Part IV, line 11.				12		
13	Investments – program-related. See Part IV, line 11.				13		
14	Intangible assets.				14		
15	Other assets. See Part IV, line 11	assets. See Part IV, line 11.					
16	Total assets. Add lines 1 through 15 (must equal line	33)		812,921.	16	832,168	
17	Accounts payable and accrued expenses			10,850.	17	29,278	
18	Grants payable			·	18		
19	Deferred revenue			253,788.	19	242,587	
20	Tax-exempt bond liabilities				20		
21	Escrow or custodial account liability. Complete Part I				21		
21 22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu controlled entity or family member of any of these per	ficer, direc utor, or 35 rsons	tor, trustee, %		22		
23	Secured mortgages and notes payable to unrelated th				23		
24	Unsecured notes and loans payable to unrelated third	•			24		
25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			9,337.	25	5,925	
26	Total liabilities. Add lines 17 through 25			273,975.	26	277,790	
27 28 29 30 31 32 33	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e► X					
27	Net assets without donor restrictions			501,130.	27	524,229	
28	Net assets with donor restrictions		k	37,816.	28	30,149	
	Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ►					
29	Capital stock or trust principal, or current funds				29		
30	Paid-in or capital surplus, or land, building, or equipm	nent fund.			30		
31	Retained earnings, endowment, accumulated income,	, or other f	unds		31		
32	Total net assets or fund balances			538,946.	32	554,378	
33	Total liabilities and net assets/fund balances		-	812,921.	33	832,168	

54-1583254

Forn	n 990 (2021) OSHER LIFELONG LEARNING INSTITUTE 54	1-1583254	:	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	5	80,2	291.
2	Total expenses (must equal Part IX, column (A), line 25).	. 2		-	359.
3	Revenue less expenses. Subtract line 2 from line 1	. 3			132.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4			946.
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	5	54,3	378.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				· 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	on Schedule O.				
23	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	_	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie separate basis, consolidated basis, or both:	wed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		20		
	basis, consolidated basis, or both:	liate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au	dit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3:	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	<u>د</u>			
	Audit Act and OMB Circular A-133?		3a		Х
I	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 09/22/21		Form	990	(2021)

		Public Charity Status and Public Support					OMB No. 1545-0047	
	IEDULE A n 990)	Corr	plete if the organizat	tion is a section 501(c) (1) nonexempt charita	(3) orgai	nization		2021
			► Atta	Open to Public				
Depar Interna	tment of the Treasury al Revenue Service	► (► Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection
Name			LONG LEARNING MASON UNIVERSI				Employer identifica 54-158325	
Par				rganizations must				ctions.
1 2 3 4	A church, conv X A school deso A hospital or	vention of church cribed in sectio a cooperative h search organiza	es, or association of cl n 170(b)(1)(A)(ii). (Att lospital service organ tion operated in conju	For lines 1 through 12, nurches described in sec ach Schedule E (Form ization described in se unction with a hospital	tion 170(990).) ction 17(describe	b)(1)(A)()(b)(1)(A d in sec	i).)(iii). tion 1 70(b)(1)(A)(iii) . E	inter the hospital's
5	An organizati		the benefit of a colle	ge or university owned				escribed in
6 7	An organizatio	n that normally r	eceives a substantial p	ental unit described in s part of its support from a				blic described
8			Complete Part II.)	A)(vi). (Complete Part	11. \			
9	An agricultura	l research organi	zation described in sec	tion 170(b)(1)(A)(ix) oper (see instructions). Enter	ated in c			
10	investment in	come and unre	y receives (1) more tl exempt functions, sub lated business taxabl 509(a)(2). (Complete l	nan 33-1/3% of its supp ject to certain exceptic e income (less section Part III.)	port from ons; and 511 tax)	contrib (2) no r from bi	utions, membership fe nore than 33-1/3% of i usinesses acquired by	es, and gross receipts ts support from gross the organization after
11	An organizati	on organized ar	nd operated exclusive	ly to test for public saf	ety. See	section	i 509(a)(4).	
12 a	or more publicities 12a through the second s	cly supported o ough 12d that de orting organization the power to re triv, Sections A	rganizations describe escribes the type of s on operated, supervise gularly appoint or elect A and B.	ly for the benefit of, to d in section 509(a)(1) of upporting organization d, or controlled by its sup a majority of the directo	or sectio and com oported o rrs or trus	n 509(a) plete lir rganizati tees of t	(2). See section 509(a nes 12e, 12f, and 12g. ion(s), typically by giving he supporting organizati)(3). Check the box on I the supported on. You must
t	management	oporting organiz of the supporting te Part IV, Sect i	organization vested in	ontrolled in connection the same persons that c	with its control or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You
c				ion operated in connectio				
	functionally in instructions).	ntegrated. The c You must com	organization generally plete Part IV, Section	anization operated in col must satisfy a distribu s A and D, and Part V.	ition reqi	uiremen	t and an attentiveness	requirement (see
e f	integrated, or	^r Type III non-fu	nctionally integrated	en determination from supporting organizatior	า.		51 51 51	e III functionally
ç	Provide the follo	wing information	n about the supported	d organization(s).				
	(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
<u>(E)</u>								
Tota	I							
								L.L. A /E 000\ 0001

54-1583254

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

Section A. Public Support

ndar year (or fiscal year nning 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.')						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3						
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
Public support. Subtract line 5 from line 4						
tion B. Total Support		•	•			
ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Amounts from line 4						
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
Net income from unrelated business activities, 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 7 through 10						
Gross receipts from related activ	vities, etc. (see in	structions)			12	
						►
		•••••••				%
						%
33-1/3% support test-2020. If the and stop here. The organization	ne organization die qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	check this box
or more, and if the organization	meets the facts-a	and-circumstances	s test. check this I	box and stop here	. Explain in Part	VI how
or more, and if the organization	meets the facts-a	and-circumstances	s test, check this I	box and stop here	. Explain in Part	VI how the
Private foundation. If the organized						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	ning in) ► (0) 2017 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'). Image: Contributions and membership fees received. (Do not include any 'unusual grants'). Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. Image: Contributions and the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4 Public support. Storal Support ndar year (or fiscal year nining in) ► (a) 2017 Amounts from line 4 (a) 2017 Amounts from line 4 (b) 2017 Amounts from unrelated business activities, whether or not the business is regularly carried on. (c) a) 2017 Amounts from unrelated business activities, whether or not the business is regularly carried on. (c) a) 2017 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) (c) a) 2017 Total support. Add lines 7 (c) computation of Public Support F Public support percentage for 2020 Schedule A 33-1/	mining in) - (b) EST (b) EST Gifts, grants, contributions, and membership fees received. (Do not include any funusual grants.)	Inite, prints, contributions, and membership fees received. (Q0 not include any lunusual grants.). Image: Control (C)	Initing in) > (b) EXX (b) EXX (b) EXX (b) EXX (c), EXX (b) EXX (b) EXX (b) EXX (b) EXX (c), EXX (c), EXX (c), EXX (c), EXX (c), EXX (c), EXX (c), EXX (c), EXX (c), EXX (c), EXX Tax revenues levied for the organization's benefit and either paid to or expended on its behaft. (c), EXX (c), EXX (c), EXX The value of services or fracilities furnished by a governmental unit to the organization's unit but to the organization's power for total contributions by each person (c) (c) the mount of total contributions by each person (c) (c) the arround shown on line 1, column (f). (c) EXX (c) EXX (d) EXX Public support. (a) 2017 (b) 2018 (c) 2019 (d) 2020 Amounts from line 4 (a) 2017 (b) 2018 (c) 2019 (d) 2020 Amounts from line 4 (a) 2017 (b) 2018 (c) 2019 (d) 2020 Amounts from line 4 (a) 2017 (b) 2018 (c) 2019 (d) 2020 Amounts from line 4 (a) 2017 (b) 2018 (c) 2019 (d) 2020 Attractic support. (a) 2017 (b) 2018 (c) 2019 (d) 2020 <tr< th=""><th>Initing in) ► (a) EXT (b) EXT (b) EXT (c) EXT</th></tr<>	Initing in) ► (a) EXT (b) EXT (b) EXT (c) EXT

Schedule A (Form 990) 2021

54-1583254

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calenc	lar 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						
2	Gross receipts from activities						
3	that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1,						
	2, and 3 received from						
	disqualified persons.						
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year.						
	Add lines 7a and 7b.						
-							
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		(4) = 0 : 0	(0) = 0 : 0	(4) ====	(*) === :	(1) 10101
	Gross income from interest, dividends,						
iva	payments received on securities loans,						
	rents, royalties, and income from						
h	similar sources Unrelated business taxable						
D.	income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
-	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						
12	Other income. Do not include gain or loss from the sale of						
	čapital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
1/	First 5 years. If the Form 990 is	for the organization	n's first second	third fourth or f	ifth tay year as a	section 501(c)(2)	
14	organization, check this box and	stop here					►
Sec	tion C. Computation of Pu	blic Support F	Percentage				
15	Public support percentage for 20	021 (line 8, colum	n (f), divided by li	ne 13, column (f))	15	00
16	Public support percentage from	2020 Schedule A	Part III, line 15.			16	0/0
Sec	tion D. Computation of Inv	vestment Incol	ne Percentag	9		II	
17	Investment income percentage f				umn (f))	17	010
18	Investment income percentage f	-		-			00
	33-1/3% support tests-2021. If						
ı Jd	is not more than 33-1/3%, check						
b	33-1/3% support tests-2020. If		• •			-	
	line 18 is not more than 33-1/39	6, check this box	and stop here. Th	e organization qu	alifies as a public	ly supported organ	nization 🕨
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, c	check this box and	I see instructions	· · · · · · · · · · · · · · · · · · ·

Page 4

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, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 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 2 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. 3a **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. 3b 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. 3c 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. 4a **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. Δh **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. 4c 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). 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 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). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990). 8 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. 9a **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**. 9b 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. 9c 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. 10a **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.) 10b

Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
the governing body of a supported organization?	11a		
b 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 detail in Part VI.	11c		

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2021

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If 'No,' describe in Part VI how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 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.*

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a 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 instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If 'Yes' or 'No,' provide details in Part VI.*
- **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.

2a

2b

3a

Yes

No

54-1583254

Page 5

Yes

1

2

No

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			183234 Faye
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir	n Part VI). See through F.
Sec	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		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	I Total (add lines 1a, 1b, and 1c)	1d		
e	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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Schedule A (Form 990) 2021

Par		upporting Organiza	tions (continue	ed)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu		1		
2	Amounts paid to perform activity that directly furthers exempt purposes	S,	2		
	in excess of income from activity		2		
<u>3</u> 4	Administrative expenses paid to accomplish exempt purposes of su	apported organizations		4	
	Amounts paid to acquire exempt-use assets	dataile in Rout VA		5	
<u>5</u> 6	Qualified set-aside amounts (prior IRS approval required – <i>provide</i> Other distributions (describe in Part VI). See instructions.	e details in Part VI)		6	
-	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati	on is responsive (provide	details		
•	in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ons	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
	From 2017				
	From 2018				
d	From 2019				
e	From 2020				
1	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021	OSHER LIFEL	ONG LEARNING	INSTITUTE	54-1583254	Page 8
B, lines 1 and 2; Part	IV, Section C, line 1; ne 1; Part V, Section E	Part IV, Section D, I 8, line 1e; Part V, Se	ines 2 and 3; Part IV ction D, lines 5, 6, a	ne 10; Part II, line 17a or 17b; Part and 11c; Part IV, Section V, Section E, lines 1c, 2a, 2b, and 8; and Part V, Section E, uctions.)	

SCHEDULE C		OMB No. 1545-0047			
(Form 990)	For	Organizations Exempt From Income Tax	Under section 501(c)	and section 527	2021
Department of the Treasury Internal Revenue Service	► Com	Plete if the organization is described belo ► Go to www.irs.gov/Form990 for instruc	w. ► Attach to Form tions and the latest	990 or Form 990-EZ. information.	Open to Public Inspection
 Section 501(c)(3) d Section 501(c) (oth Section 527 organi 	organization ner than sec zations: Co	on Form 990, Part IV, line 3, or Form 990-EZ, is: Complete Parts I-A and B. Do not comp tion 501(c)(3)) organizations: Complete Part mplete Part I-A only. on Form 990, Part IV, line 4, or Form 990-EZ,	elete Part I-C. arts I-A and C below.	Do not complete Part I	
 Section 501(c)(3) or 	ganizations t	that have filed Form 5768 (election under sec is that have NOT filed Form 5768 (election	ion 501(h)): Complete	Part II-A. Do not complete	
If the organization ans (Proxy Tax) (See sepa	rate instruc	, ' on Form 990, Part IV, line 5 (Proxy Tax) tions), then rganizations: Complete Part III.	(See separate instru	ctions) or Form 990-EZ,	Part V, line 35c
		LONG LEARNING INSTITUTE MASON UNIVERSITY		Employer identification 54-158325	
		rganization is exempt under secti	on 501(c) or is a		
1 Provide a descrip	otion of the	organization's direct and indirect political of nof 'political campaign activities.'	, ,		
		xpenditures. See instructions			
	-	rganization is exempt under secti			
-		ise tax incurred by the organization under		ې ♦	0
	-	cise tax incurred by organization managers		•	
		a section 4955 tax, did it file Form 4720 for			
4 a Was a correction b If 'Yes,' describe					Yes No
Part I-C Complet	e if the o	rganization is exempt under secti	on 501(c) , excer	ot section 501(c)(3).	
1 Enter the amoun	t directly ex	pended by the filing organization for section	on 527 exempt functi	on activities > \$	
2 Enter the amoun 527 exempt func	t of the filin tion activitie	g organization's funds contributed to other	organizations for se	ction ►\$	
		ditures. Add lines 1 and 2. Enter here and			
4 Did the filing orga	anization file	e Form 1120-POL for this year?			Yes No
amount of political	l contribution	and employer identification number (EIN) s. For each organization listed, enter the a is received that were promptly and directly de al action committee (PAC). If additional sp	livered to a separate p	olitical organization, such	as a separate
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
BAA For Paperwork Re	duction Act	Notice, see the Instructions for Form 990 or	990-EZ.	Schee	lule C (Form 990) 2021

Schedule C (Form 990) 2021		LONG LEARNING INST		54-158	
Part II-A Complete if section 501(the organizati (h)).	on is exempt under se	ction 501(c)(3) and	d filed Form 576 <mark>8</mark> (e	lection under
A Check ► if the filin address,	ng organization belo EIN, expenses, a	ngs to an affiliated group (and ind share of excess lobbying necked box A and 'limited co	expenditures).		lė,
(The term	Limits on Lob 'expenditures' m	bying Expenditures eans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence	oublic opinion (grassroots lot	bying)		
b Total lobbying expendit	ures to influence	a legislative body (direct lob	oying)		
c Total lobbying expendite	ures (add lines 1a	and 1b)			
	•				
e Total exempt purpose e	expenditures (add	lines 1c and 1d)			
		mount from the following tak			
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
		% of line 1f)			
		ess, enter -0 ss, enter -0			
		,			
j If there is an amount other section 4911 tax for this	er than zero on eith s year?	er line 1h or line 1i, did the org	janization file Form 4/2	D reporting	····· Yes No
(Som	ne organizations t columns l	4-Year Averaging Period L hat made a section 501(h) el below. See the separate inst	ection do not have to	complete all of the five hrough 2f.)	
	Lol	obying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021

54-1583254 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(á	(a)		(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Am	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?		Х			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?		Х			
e Publications, or published or broadcast statements?		Х			
f Grants to other organizations for lobbying purposes?		Х			
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i Other activities?		Х			
j Total. Add lines 1c through 1i.					0.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or			
section 501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior y	ear?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	a Current year	2a	
	a Carryover from last year	2 b	
	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	
D -			

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D	Supplemental Financial Statements						45-0047	
(Form 990)	► Comple	Complete if the organization answered 'Yes' on Form 990, 2021 IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.						
Department of the Treasury Internal Revenue Service	► Go to www.irs	Attach to Form 990. s.gov/Form990 for instructions and	the latest inform	inspection				
Name of the organization					Employer id	lentification num	ber	
AT GEORGE MAS					54-158	3254		
Part I Organiz Complet	ations Maintaining Done e if the organization ans	or Advised Funds or Other S wered 'Yes' on Form 990, Pa	Similar Funds art IV, line 6.	s or Ac	counts.			
	-	(a) Donor advised fund	s	(b) F	unds and	other accoun	ts	
1 Total number at	t end of year							
2 Aggregate value of c	contributions to (during year)							
3 Aggregate value of g	grants from (during year)							
4 Aggregate value	e at end of year							
5 Did the organization of	ation inform all donors and do ation's property, subject to the	nor advisors in writing that the asse organization's exclusive legal cont	ets held in dono rol?	r advisec	funds	Yes	No	
6 Did the organiza for charitable pu	ation inform all grantees, dong urposes and not for the benefi	ors, and donor advisors in writing th t of the donor or donor advisor, or t	at grant funds of for any other pu	can be us rpose co	ed only]Yes	No	
		· · · · · · · · · · · · · · · · · · ·				Tes	NO	
Complet		wered 'Yes' on Form 990, Pa						
		y the organization (check all that a						
	of land for public use (for exam	ple, recreation or education)	Preservation		5 1		rea	
	of natural habitat		Preservation	of a certi	fied histori	c structure		
	n of open space							
2 Complete lines 2 last day of the t		held a qualified conservation contribut	ion in the form o					
• Total number of	conconvation assomants			2a	Held at the	End of the T	ax rear	
		ements.		2 a 2 b				
-	-	ified historic structure included in (a		2 c				
d Number of cons	ervation easements included	in (c) acquired after 7/25/06, and no	ot on a historic	2 d				
	5	nsferred, released, extinguished, or te			on during th	e		
· · · · ·	where property subject to cons	ervation easement is located ►						
5 Does the organi	zation have a written policy re	egarding the periodic monitoring, in nts it holds?				Yes	No	
							_	
7 Amount of expen ►\$	ses incurred in monitoring, insp	ecting, handling of violations, and enfo	orcing conservation	on easem	ents during	the year		
and section 170	0(h)(4)(B)(ii)?	n line 2(d) above satisfy the require				Yes	No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.								
Part III Organiz Complet	ations Maintaining Colle e if the organization ans	ections of Art, Historical Tre wered 'Yes' on Form 990, Pa	asures, or O f art IV, line 8.	ther Sir	nilar Ass	ets.		
historical treasu	ires, or other similar assets he	er FASB ASC 958, not to report in it eld for public exhibition, education, al statements that describes these i	or research in fu	ment and urtherand	d balance s e of public	heet works o service, prov	f art, /ide in	
historical treasur following amour	es, or other similar assets held f nts relating to these items:	er FASB ASC 958, to report in its re for public exhibition, education, or rese	earch in furtheran	ice of pub	lic service,	t works of an provide the	• ;	
	nue included on Form 990, Part VIII, line 1►\$							
• •					-			
		historical treasures, or other similar as ASC 958 relating to these items:				owing		
		e 1						
		e Instructions for Form 990.			···· •	ule D (Form	990) 2021	
			122A33012 08/	00121	Juneu			

Schedule D (Form 990) 2021 OSHE					54-1583		Page 2
Part III Organizations Mainta	ining Colle	ctions of Art,	Historica	I Treasures, or	Other Similar Ass	ets (contini	ied)
3 Using the organization's acquisition items (check all that apply):	i, accession, ai	nd other records, o	check any of	the following that ma	ke significant use of its	collection	
a Public exhibition		d	Loan or ex	change program			
b Scholarly research		e	Other				
c Preservation for future gener	ations						
4 Provide a description of the organiz Part XIII.			-	-			
5 During the year, did the organiza to be sold to raise funds rather t	tion solicit or	receive donation	is of art, his	torical treasures, or	other similar assets	Yes	No
Part IV Escrow and Custodia							-
line 9, or reported an						111 990, 1 al	
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	n or other interm	ediary for c	ontributions or othe	r assets not included	Yes	No
b If 'Yes,' explain the arrangement					L	L	
						Amount	
c Beginning balance					1c		
d Additions during the year					1d		
e Distributions during the year							
f Ending balance							
2 a Did the organization include an a							No
b If 'Yes,' explain the arrangement	in Part XIII. (Check here if the	explanation	has been provided	I on Part XIII	· · · · · · · · · · · L	
Part V Endowment Funds. C	ananlata if					- 10	
Part V Endowment Funds. C	(a) Current		On answe Prior year	(c) Two years back	(d) Three years back	(e) Four year	ra haak
1 a Beginning of year balance	(a) Guirein	year (D)	FIIUI yeai	(C) TWO years back	(u) Three years back	(e) Four year	S DACK
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
q End of year balance							
2 Provide the estimated percentag		nt year end bala	nce (line 1g	column (a)) held a	s:		
a Board designated or quasi-endowm		90					
b Permanent endowment	010						
c Term endowment ►	010						
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.					
3 a Are there endowment funds not in t	he nossession	of the organizatio	n that are he	ld and administered t	for the		
organization by:						Yes	No
(i) Unrelated organizations						3a(i)	
(ii) Related organizations						3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	-		•			3b	
4 Describe in Part XIII the intended		-	ndowment fu	nds.			
Part VI Land, Buildings, and			F 00		11 0 5 00		10
Complete if the organ	ization ansi	wered Yes o				· · ·	
Description of property		(a) Cost or other (investment	basis (b :)) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land							
b Buildings.							
c Leasehold improvements				334,515.	198,024.		,491.
d Equipment				162,686.	127,995.		,691.
e Other				7,729.	2,271.		,458.
Total. Add lines 1a through 1e. (Colum	nn (d) must ea	qual ⊦orm 990, P	art X, colun	nn (B), line 10c.)			<u>,640.</u>
BAA					Schedu	ule D (Form 99	u) 2021

Part VII	Investments – Other Securities.		N/A	
	Complete if the organization answered			
	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
	al derivatives.			
., ,	held equity interests.			
(3) Other				
$\frac{(A)}{(B)}$				
(B)				
(C)				
(D) (E)				
<u>(E)</u>				
<u>(F)</u>				
<u>(G)</u> (H)				
(l)				
	n (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
	Investments – Program Related.		N/A	
Part VIII	Complete if the organization answered	l 'Yes' on Form 990), Part IV, line 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets. Complete if the organization answered	N/A Ves' on Form 990) Part IV line 11d See Form 90	0 Part X line 15
		scription		(b) Book value
(1)	(
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, column (R) line 15)	►	
Part X	Other Liabilities.	<i>D) iiile telj</i>		
I	Complete if the organization answered 'Yes' on F	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1.		iption of liability		(b) Book value
	al income taxes			
	RUED PAYROLL LIABILITY			5,925.
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Colum	n (b) must equal Form 990, Part X, column (B) line 25.)	·····	····· •	5,925.

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

Schedule D (Form 990) 2021 OSHER LIFELONG LEARNING INSTITUTE	54-1583254	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,045,843.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities	52.	
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d	2e	465,552.
3 Subtract line 2e from line 1	3	580,291.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	580,291.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,030,411.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		, ,
a Donated services and use of facilities	52.	
b Prior year adjustments	<u> </u>	
c Other losses. 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	2e	465,552.
3 Subtract line 2e from line 1	3	564,859.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	564,859.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FASB ASC 740 FOOTNOTE

UNCERTAIN TAX POSITIONS - AS OF DECEMBER 31, 2021, THE INSTITUTE HAD NO UNCERTAIN

TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL

THE TAX YEARS SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES ARE THE STATEMENTS.

YEARS ENDED DECEMBER 31, 2018 THROUGH 2020.

Schedule D (Form 990) 2021

SCHEDULE E	Schools	0	MB No. 1	545-004	47				
(Form 990)	Form 990) Complete if the organization answered 'Yes' on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.								
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	O Ir	pen to specti	Publ	ic				
	JOHER FILEFONG FERRING INSTITUTE	ployer identification nu	mber						
Part I	T GEORGE MASON UNIVERSITY 54	4-1583254							
				YES	NO				
1 Does the organize governing instrum	ation have a racially nondiscriminatory policy toward students by statement in its char nent, or in a resolution of its governing body?	ter, bylaws, other	1	Х					
2 Does the organize catalogues, and other	ation include a statement of its racially nondiscriminatory policy toward students in all written communications with the public dealing with student admissions, programs, and scholarships?	its brochures,	2	Х					
at all times durin through newspap it has no solicitat	on publicized its racially nondiscriminatory policy on its primary publicly accessible Internet h g its taxable year in a manner reasonably expected to be noticed by visitors to the hor er or broadcast media during the period of solicitation for students, or during the regis ion program, in a way that makes the policy known to all parts of the general commun	mepage, or stration period if nity it serves?							
THE NONDISC	escribe. If 'No,' please explain. If you need more space, use Part II CRIMINATORY_POLICY_IS_DISCLOSED_IN_THE_CATALOGUES,_ON_ ND_IN_OUR_LITERATURE.	THE	3	X					
4 Does the organiz	ation maintain the following?								
-	g the racial composition of the student body, faculty, and administrative staff?		4 a		Х				
	nting that scholarships and other financial assistance are awarded on a racially / basis?		4 b		Х				
	ogues, brochures, announcements, and other written communications to the public dealing w ns, programs, and scholarships?		4 c	х					
	erial used by the organization or on its behalf to solicit contributions?			X					
If you answered '	No' to any of the above, please explain. If you need more space, use Part II.								
	ation discriminate by race in any way with respect to:								
a Students' rights o	or privileges?		5a		Х				
b Admissions polici	ies?		5 b		Х				
c Employment of fa	aculty or administrative staff?		5 c		Х				
d Scholarships or c	ther financial assistance?		5 d		Х				
e Educational polic	ies?		5 e		Х				
f Use of facilities?.			5 f		Х				
g Athletic programs	\$?		5 g		Х				
	ular activities?		5 h		Х				
6 a Does the organiz	ation receive any financial aid or assistance from a governmental agency?		6 a		Х				
	tion's right to such aid ever been revoked or suspended?		6 b		Х				
	es' on either line 6a or line 6b, explain on Part II. ation certify that it has complied with the applicable requirements of sections 4.01 thro	ough 4.05 of							
Rev. Proc. 75-50	, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' explain on Part II		7	Х					
BAA For Paperwork R	reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule E	(Forn	n 99 0)	2021				

- (Form 990) 2

 Schedule E (Form 990) 2021
 OSHER LIFELONG LEARNING INSTITUTE
 54-1583254

 Part II
 Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.
 State of the explanation of the explanation of the explanation of the explanation of the explanation.
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SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States							OMB No. 1545-0047	
		Comple	Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.						
Department of the Treasury Internal Revenue Service				rs.gov/Form990 for the				Open to Public Inspection	
Name of the organization C	SHER LIFELON	G LEARNING INS	STITUTE				Employer identific	cation number	
		ON UNIVERSITY					54-158325	54	
		rants and Assista							
the selection crite	eria used to award th	he grants or assistanc	e?	assistance, the grantees		or assistance, and		X Yes No	
	8	,	, ,	nds in the United States.					
Part II Grants and Form 990,				and Domestic Gov nore than \$5,000. I					
1 (a) Name and addr or gove	ress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) GEORGE MASON_UN 4400_UNIVERSITY FAIRFAX, VA 220		54-1603842		49,500.	0.			SCHOLARSHIPS	
(2)									
(3)									
(4)									
(5)									
<u>(6)</u>									
(7)									
 (8)									
2 Enter total number		(3) and government or	nanizations listed	in the line 1 table				0	
							·····	<u> </u>	
BAA For Paperwork R	8				TEEA3901L	07/12/21	Sched	lule I (Form 990) 2021	

Schedule I (Form 990) 2021 OSHER LIFELONG LEARNING INSTITUTE

54-1583254

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

 Name of the organization
 OSHER
 LIFELONG
 LEARNING
 INSTITUTE
 Employer identification number

 AT
 GEORGE
 MASON
 UNIVERSITY
 54-1583254

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

OLLI IS A MEMBERSHIP ORGANIZATION WITH AN 16-PERSON BOARD OF DIRECTORS ELECTED BY

THE MEMBERSHIP TO THREE-YEAR TERMS. ONE-THIRD OF THE BOARD IS ELECTED EACH YEAR.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

THE MEMBERS MUST VOTE TO APPROVE ANY PROPOSED CHANGES TO OLLI BY LAWS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE RETURN IS REVIEWED BY THE FINANCE COMMITTEE AND APPROVED BY THE BOARD OF

DIRECTORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE.