PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 2367330

## **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

<u>A 1</u>	or th	2021 calendar year, or tax year beginning	anu	enaing	7				
<b>B</b> c	heck if pplicab	C Name of organization			D Employer ident	ification number			
	Addre	e LARN INC.							
	Name	e Doing business as SAVERLIFE			91-217267	6			
	]Initial returr	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numl	per			
	Final returr	235 MONTGOMERY STREET	·	1050	415.503.98	18			
	termii ated		ZIP or foreign postal code		<b>G</b> Gross receipts \$ 6,096,745				
	_Amer	SAN FRANCISCO, CA 94104			H(a) Is this a group return				
	Appli- tion pendi	F Name and address of principal officer: ΔΕΙΘΕ	PHILLIPS		for subordinat	es? Yes X No			
	•	SAME AS C ABOVE			<b>H(b)</b> Are all subordinate	s included? Yes No			
				or 527	1 '	a list. See instructions			
_		te: WWW.SAVERLIFE.ORG			H(c) Group exemp	<u> </u>			
	orm o	organization: X Corporation Trust As Summary	sociation Other	<b>L</b> Year	of formation: 2001	M State of legal domicile; CA			
_	1	Briefly describe the organization's mission or most	significant activities: SAVERL	IFE ENVIS	SIONS A WORLD				
Governance		WHERE EVERY AMERICAN CAN EXPERIENCE EC							
rna	2	Check this box  if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net a	assets.			
ove.	3	Number of voting members of the governing body	Part VI, line 1a)			9			
Ğ	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)		<u> </u>	9			
es &	5	Total number of individuals employed in calendar y				5 0			
ξ	6	Total number of volunteers (estimate if necessary)				6 9			
Activities &		Total unrelated business revenue from Part VIII, col				<u>0</u> .			
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	·····		<b>b</b> 0.			
e					Prior Year	Current Year			
	8				8,157,780	<del></del>			
Revenue	9				269,808 1,432	<u> </u>			
Rev	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)						
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		9,414					
	12	Total revenue - add lines 8 through 11 (must equal			8,438,434	<del>'</del> '			
	13	Grants and similar amounts paid (Part IX, column (A		3,854,823					
	14	Benefits paid to or for members (Part IX, column (A			2,436,452	<u> </u>			
ses	15	Salaries, other compensation, employee benefits (F				3,221,468.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)	393		0.			
Εχρ	D	Total fundraising expenses (Part IX, column (D), line	'		2,412,074	2,755,051.			
	18	Other expenses (Part IX, column (A), lines 11a-11d, Total expenses. Add lines 13-17 (must equal Part IX			8,703,349				
	19	Revenue less expenses. Subtract line 18 from line			-264,915				
	13	Trevenue less expenses. Subtract line 10 from line			ginning of Current Yea	· · · · · · · · · · · · · · · · · · ·			
ets c	20	Total assets (Part X, line 16)		50	4,248,823				
Assu	21	Total liabilities (Part X, line 26)			550,731				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	line 20		3,698,092				
	rt II	Signature Block		•		•			
Und	er pen	Ities of perjury, I declare that I have examined this return,	including accompanying schedules	and stateme	ents, and to the best of	my knowledge and belief, it is			
true,	corre	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge.				
Sigi	n	Signature of officer			Date				
Her	е	LEIGH PHILLIPS, CEO							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	[	Date Check	X PTIN			
Paid		BRIAN YACKER	BRIAN YACKER	1:	1/15/22 self-em	ployed P00401346			
Prep	arer	Firm's name BAKER TILLY US, LLP		Firm's EIN ▶ 3					
Use	Only	Firm's address 18500 VON KARMAN AVE, 10	TH FLOOR						
		IRVINE, CA 92612			Phone no. 9	19.222.2999			
May	the I	RS discuss this return with the preparer shown above	/e? See instructions			X Yes No			

	1990 (2021) EARN INC.	91-2172676	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	SAVERLIFE (FORMERLY EARN) IS A NONPROFIT ON A MISSION TO INSPIRE,		
	INFORM, AND REWARD THE MILLIONS OF AMERICANS WHO NEED HELP SAVING		
	MONEY. THROUGH ENGAGING TECHNOLOGIES AND STRATEGIC PARTNERSHIPS, WE		
	GIVE WORKING PEOPLE THE METHODS AND MOTIVATION TO TAKE CONTROL OF		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	es 🗓 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	es 🗓 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	e\$	78,487.
	(COMMUNITY)		
	THE SAVERLIFE COMMUNITY AND TECHNOLOGY PLATFORM IS DESIGNED TO HELP		
	LOW-INCOME INDIVIDUALS DEVELOP A HABIT OF SAVING AND LASTING FINANCIAL		
	STABILITY. OUR 600,000+ MEMBERS 80% ARE WOMEN, 65% ARE SINGLE		
	PARENTS, AND 60% IDENTIFY AS A PERSON OF COLOR JOIN A COMMUNITY OF		
	LIKE-MINDED PEOPLE TO PARTICIPATE IN SAVINGS CHALLENGES THAT HELP THEM		
	MEET SPECIFIC OBJECTIVES, LIKE REACHING A SAVINGS DOLLAR GOAL OR		
	BUILDING A CONSISTENT SAVINGS HABIT. THEY ALSO GAIN ACCESS TO		
	ACTIONABLE FINANCIAL EDUCATION CONTENT, COMMUNITY FORUMS, INSPIRING		
	STORIES, AND ADDITIONAL PRIZES AND REWARDS FOR SAVING.		
4b	(Code:) (Expenses \$958,829. including grants of \$50,000. ) (Revenue	e\$	<u>11,380.</u> )
	(SOLUTIONS)		
	SAVERLIFE SOLUTIONS LEVERAGES THE UNDERLYING TECHNOLOGY AND PROVEN		
	SAVINGS INCENTIVES OF THE SAVERLIFE PLATFORM TO BUILD THE BROADER FIELD		
	OF FINANCIAL WELLNESS THROUGH PARTNERSHIPS. WE PARTNER WITH EMPLOYERS,		
	CREDIT UNIONS, AND NONPROFITS TO PROVIDE SAVERLIFE'S SAVINGS PRODUCTS,		
	COMBINED WITH CUSTOMIZED SAVINGS CHALLENGES TO THEIR COMMUNITY MEMBERS		
	AND EMPLOYEES. SAVERLIFE SOLUTIONS OFFERS CUSTOM VERSIONS OF OUR		
	INNOVATIVE SAVING PLATFORM, ADDING BOTH GENUINE VALUE AND PROVEN		
	BUSINESS INCENTIVES TO THE PEOPLE OUR PARTNERS SERVE AND EMPLOY.		
	THROUGH INTEGRATIONS OF OUR PLATFORM, WE PROVIDE A PROVEN BENEFIT FOR		
	EMPLOYEES, CLIENTS, AND CONSTITUENTS, AND A LEADERSHIP ROLE FOR		12 440 \
4c	(Code:) (Expenses \$	e\$	13,449.
	OTHER PROGRAM ACTIVITIES.		
	Other program conject (Describe on Schedule O.)		
4d	7	14,334.)	
40	4 020 700	,~~_,	
<u>4e</u>	Total program service expenses		222

# Form 990 (2021) EARN INC. 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	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
_	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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		Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_
ıza	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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? If "Yes," complete Schedule H	20a		Х
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	

Form		-2172676	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's currently	nt		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of t	he		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		<del></del>
D				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee	,		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contributor or employee thereof.	olled		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II	/ <b>27</b>		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30		20		x
0.4	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		A
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١,,,
	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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 organizations.	<b>I</b>		
	If "Yes," complete Schedule R, Part V, line 2	l l		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	, , ,			<del></del>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Da	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rd				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	37		

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable \_\_\_\_\_

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

0

(gambling) winnings to prize winners?

91-2172676 Pag

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		<u> </u>	age •
	continued)		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	NO
Zu		0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
А	T	70		
e	Did the considering of the district of the dis	7e		х
f	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?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	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	IZa		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

If "Yes," complete Form 6069.

2172676 Page **6** 

91-2172676

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 Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website \_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CHARLES BELLEVILLE - 415-503-9818

94104

235 MONTGOMERY STREET #1050, SAN FRANCISCO, CA

Form 990 (2021) EARN INC. 91-2172676 Page **7** 

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

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

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

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

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

• 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 r	(B)	(C)					Sau	(D)	(E)	(F)
Name and title	Average	١,,		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	than o	n an	compensation	compensation	amount of
	week		cer an	id a di	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	99			sated		organization	(W-2/1099-MISC/	from the
	related organizations	ruste	l trus		ee/	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	E-	10001120)		organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(1) LEIGH PHILLIPS	40.00									
CEO				Х				230,482.	0.	21,500.
(2) DAVID DERRYCK	40.00									
CHIEF IMPACT OFFICER				Х				226,000.	0.	11,995.
(3) ASHLEY SHERWIN	40.00									
<u>coo</u>				Х				163,250.	0.	23,028.
(4) NEHA GUPTA	40.00									
VP OF MARKET DEVELOPMENT	1				Х			159,500.	0.	14,642.
(5) TIM LUCAS	40.00	1								
VP OF RESEARCH & ANALYTICS						Х		136,505.	0.	8,552.
(6) SHANA BEAL	40.00	-								
DIRECTOR OF COMMUNICATIONS						Х		135,250.	0.	7,170.
(7) RADHA SESHAGIRI	40.00									
DIRECTOR, POLICY & SYSTEMS CHANGE						Х		130,523.	0.	6,000.
(8) CAROL KASTEN	32.00	-							_	
CHIEF INFORMATION SECURITY OFFICER	ļ					Х		108,000.	0.	23,139.
(9) JOSEPH HARRINGTON	40.00	-							_	
DIRECTOR, BUSINESS DEVELOPMENT	ļ					Х		111,500.	0.	16,098.
(10) NICK EATON	1.00									
BOARD CHAIR	1 00	Х		Х				0.	0.	0.
(11) PRESTON DODD	1,00	ł								
TREASURER	1 00	Х	_	Х				0.	0.	0.
(12) TIFFANY TENG SECRETARY	1.00			ļ				0.	,	_
	1 00	Х		Х				0.	0.	0.
(13) DON BAYLOR, JR. DIRECTOR	1.00	х						0.	0.	_
(14) JAKE FUENTES	1.00	Λ	$\vdash$					0.	٠.	0.
DIRECTOR	1.00	Х						0.	0.	_
(15) BEN MANGAN	1.00	Λ	$\vdash$	<u> </u>		$\vdash$		1	· ·	0.
DIRECTOR	1.00	Х						0.	0.	0.
(16) ANDY PEAY	1.00	Λ						0.	· · · · · · · · · · · · · · · · · · ·	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(17) IDA RADEMACHER	1.00							· · · · · ·	· · ·	
DIRECTOR	1.00	х						0.	0.	0.
<u> </u>		-22		<u> </u>				1 0.	<u> </u>	5 QQQ (2221)

Form 990 (2021) Page 8 EARN INC. 91-2172676

Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per	box	not c , unle:	Pos heck ss per	more rson i	than o	n an	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation		( <b>F</b> ) Estima n amour		
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer D		Highest compensated schl		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	is SC/	fr org an	other opensation the ganizate d relate anizati	ation ne tion ted
(18) KARIN MEYER	1.00												
DIRECTOR		Х						0.		0.			0.
		•											
1b Subtotal							<b></b>	1,401,010.		0.		132,	124.
c Total from continuation sheets to Part VI								0.		0.		122	0.
d Total (add lines 1b and 1c)							<u> </u>	1,401,010.	000 of roportoble	0.		132,	124.
compensation from the organization	ot illflited to th	ose	IISLE	u al	oove	;) vvi i	O IE	eceived more than \$100,	ooo or reportable	5			9
compensation from the enganization												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу є	empl	loye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for si											3		Х
4 For any individual listed on line 1a, is the su	•							•	•		_	х	
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											4	A	
rendered to the organization? If "Yes," com	•				•			•	idal for 3ct vices		5		х
Section B. Independent Contractors	piete deriedan	<i>3</i> 0 7.	<i>01                                    </i>	, CII	5075	<i>O</i> 11 .							
1 Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of com	pensa	tion fro	om	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A) Name and business	address							(B) Description of s	ervices	С	ompe	C) nsatio	n
TELOS LABS, LLC 3230 UNIVERSITY AVENUE, BERKELEY, CA	94704							SOFTWARE PROGRAMMI	NC			178	19/
TEAL MEDIA, 7457 FRANKLIN ROAD, SUITI							$\dashv$						194.
BLOOMFIELD HILLS, MI 48301	,							MARKETING AND DESI	GN SERVICES			172	500.
STANTON PUBLIC RELATIONS & MARKETING	, 880							PUBLIC RELATIONS AND MARKETING					
THIRD AVENUE, 4TH FLOOR, NEW YORK, NY SERVICES 143,							034.						

Name and business address	Description of services	Compensation
TELOS LABS, LLC		
3230 UNIVERSITY AVENUE, BERKELEY, CA 94704	SOFTWARE PROGRAMMING	478,194.
TEAL MEDIA, 7457 FRANKLIN ROAD, SUITE 218,		
BLOOMFIELD HILLS, MI 48301	MARKETING AND DESIGN SERVICES	172,500.
STANTON PUBLIC RELATIONS & MARKETING, 880	PUBLIC RELATIONS AND MARKETING	
THIRD AVENUE, 4TH FLOOR, NEW YORK, NY	SERVICES	143,034.
2 Total number of independent contractors (including but not limited		

3

\$100,000 of compensation from the organization

91-2172676

Form 990 (2021) EARN INC.

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a res	sponse	or note to any lin	e in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>ω</b> ω	1 2	Federated campaigns	1	<u> </u>					300110113 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts	b								
جَ ق				c					
fts,		Related organizations							
ig ig				e	749,416.				
Sin		All other contributions, gifts, gi		+	, , , , , , , , , , , , , , , , , , , ,				
e ţi	•	similar amounts not included a			5,225,128.				
흥판	g			g \$	7 7 7				
S E	_	Total. Add lines 1a-1f		<b>9</b> ΙΨ	<b></b>	5,974,544.			
		Totali / Ga iii ioo Ta Ti			Business Code	, ,			
ø.	2 a	PROGRAM SERVICE FEES			900099	117,650.	117,650.		
Š.	b					,	,		
Program Service Revenue	c								
E S	d								
Be	е								
P.	f	All other program service re	evenue						
	g	Total. Add lines 2a-2f				117,650.			
	3	Investment income (includir	ng dividend	s, intere	st, and				
		other similar amounts)				885.			885.
	4	Income from investment of							
	5	Royalties			<b>&gt;</b>				
			(i) R	leal	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
		Net rental income or (loss)			<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Sec	urities	(ii) Other				
		, F	7a						
_	b	Less: cost or other basis							
nue			7b						
Revenue		Gain or (loss)							
Ä		Net gain or (loss)			<b></b>				
ther	8 a	Gross income from fundraising		_					
0		including \$		т					
		contributions reported on li	-	8a					
	h	Part IV, line 18 Less: direct expenses							
		Net income or (loss) from fu							
		Gross income from gaming	_						
	- 4	Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from ga							
		Gross sales of inventory, les							
		and allowances		10a					
	b	Less: cost of goods sold							
		Net income or (loss) from sa			<b>•</b>				
<u>"</u>					Business Code				
o a	11 a	MISCELLANEOUS REVENU	Е		900099	3,666.			3,666.
ane	b								
Miscellaneous Revenue	С								
Mis		All other revenue							
		Total. Add lines 11a-11d				3,666.	445 455	-	
	12	Total revenue. See instruction	IS			6,096,745.	117,650.	0.	4,551.

91-2172676

### 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).

Do not include amounts reported on incise for, 28, 89, 90, and 500 of Port VIII.	00011	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				
Totals and other assistance to domestic organizations and domestic governments. See Part IV, line 21   50,000   50,000	Do I		(A)	(B)	(C)	(D)
and domestic governments. See Part IV, line 21		•	lotal expenses			
2 Grants and other assistance to domestic inclividuals. See Part IV, line 22 inclined as a second of the companion organizations, foreign governments, and foreign inclividuals. See Part IV, line 17 inclined as a second of the companion organizations, foreign governments, and foreign inclividuals. See Part IV, line 17 inclined as a second of the companion of current of companion of current of companion of current of companion of current of curren	1	Grants and other assistance to domestic organizations				·
individuals. See Part IV, line 12 3 Grants and other assistance to foreign organizations, foreign governments, and foreign governments and was governments and was governments and governments governments governments governments governments governments governments governments governments governments, and foreign governments governments governments governments governments governments, and foreign governments, and foreign governments, an		and domestic governments. See Part IV, line 21	50,000.	50,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and to freely individuals. Size Part IV, lines 15 and 18  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation in included above to disqualified persons (as defined under section 4588(ff)) and approximate foreign in section 4588(ff)) and approximate foreign in section 4588(ff)) and approximate foreign in section 4588(ff)) and 458(ff)	2	Grants and other assistance to domestic				
Comparizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   Semeths paid to or for members		individuals. See Part IV, line 22				
Individuals. See Part IV, lines 15 and 16   4   Benefits paid to or for members   5   Compensation of current officers, directors, trustees, and key employees   850,398   458,814   152,665   238,919   1   152,665   238,919   1   152,665   1   152,665   1   152,665   1   152,665   1   1   152,665   1   1   1   1   1   1   1   1   1	3	Grants and other assistance to foreign				
## Baerlist paid to or for members   Scriptors   Scrip		organizations, foreign governments, and foreign				
Society   Compensation of current officers, directors, trustees, and key employees   Society		individuals. See Part IV, lines 15 and 16				
trustaese, and Keye employees (Compensation not included above to disqualified persons is defined under section 4958(pt)1) and persons described in section 4958(pt)3(8) (Physical State	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 4908(t)(1)) and persons described in section 4908(t)(1)) and persons described in section 4908(t)(1)) and persons described in section 4908(t)(3)(8).  7 Other salaries and wages  8 Pension place acruals and contributions (include section 401(t)) and 403(t) employer contributions)  9 Other employee benefits  1 Payor 1 Rate (1) Pa	5	Compensation of current officers, directors,				
persons (as defined under section 4986(r)(1)) and persons described in section 4986(s)(3)(8)  7 Other solaries and wages  8 Pension plan accurates and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  117,301, 87,382, 13,366, 16,553, 90,100 payroll taxes  10 Payroll taxes  11 Fees for services (nonemployees):  11 Fees for services (nonemployees):  12 Advantagement  12 Legal 9,350, 7,065, 1,765, 520, 67,72, 67,065, 1,765, 520, 7,065, 1,765, 1,765, 520, 7,065, 1,765, 1,		trustees, and key employees	850,398.	458,814.	152,665.	238,919.
persons described in section 4958(c)(3)(B) 7	6	Compensation not included above to disqualified				
7 Other salaries and wages   1,829,198   1,537,321   152,558   139,219.     8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions     9 Other employee benefits   221,550   165,041   25,244   31,265     10 Payroll taxes   223,021   151,238   23,333   28,650     11 Fees for services (nonemployees):   a Management		persons (as defined under section 4958(f)(1)) and				
8 Pension plan accruals and contributions (include section 40 (K) and 403(b) employer contributions) 9 Other employee benefits 117, 301. 87, 382. 13, 366. 16, 553. 10 Payroll taxes 221, 550. 165, 041. 25, 244. 31, 265. 11 Fees for services (nonemployees): a Management b Legal 9, 350. 7, 065. 1, 765. 520. c Accounting 121, 719. 91, 971. 22, 976. 6, 772. d Lobbying Pricessional fundraising services. See Part IV, line 17 investment management fees 9 9 Other. (If line 11g amount exceeds 10% of line 25, 200 unn) (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 447, 921. 420, 823. 27, 098. 13 Office expenses 44, 681. 25, 362. 9, 736. 9, 583. 14 Information technology 161, 510. 154, 146. 5, 688. 1, 676. 16 Cocupancy 235, 641. 181, 605. 26, 917. 27, 119. 17 Travel 5, 819. 64. 803. 4, 952. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials of correct convertions, and meetings interest 21 Payments to affiliates 29 Depreciation, depletion, and amortization 325, 049, 323, 206. 954. 889. 20 Interest 21 Payments to affiliates 29 Depreciation, depletion, and amortization 325, 049, 323, 206. 954. 889. 21 Payments to taxel or entertainment expenses for any federal, state, or local public officials 100 of the expenses in line 246, 18 and 39, 265. 31, 034. 3, 998. 4, 233. 21 Insurance 39, 265. 31, 034. 3, 998. 4, 233. 22 Other expenses. Itemize expenses on towered above, (List miscolaleneus expenses on time of the control of t						
Section 40 ((k) and 403(b) employer contributions)   117, 301, 87, 382, 13, 366, 16, 553.   17, 555.   17, 5	7		1,829,198.	1,537,321.	152,658.	139,219.
9 Other employee benefits	8					
10 Payroll taxes					· · · · · ·	
11 Fees for services (nonemployees):  a Management b Legal						· · · · · · · · · · · · · · · · · · ·
a Management b Legal 9,350. 7,065. 1,765. 520. c Accounting 121,719. 91,971. 22,976. 6,772. d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 495,410. 374,334. 93,514. 27,562. lourn (A), amount, list line 11g expenses on Sch 0.) 495,410. 374,334. 93,514. 27,562. lourn (A), amount, list line 11g expenses on Sch 0.) 495,410. 374,334. 93,514. 27,562. lourn (A), amount, list line 11g expenses on Sch 0.) 495,410. 374,334. 93,514. 27,562. lourn (A), amount, list line 11g expenses on Sch 0.) 495,410. 374,334. 93,514. 27,562. lourn (B), amount exceed 10% of line 25, oclumn (A), amount, list line 24e expenses. Itemize expenses on line 24e. If line 24e expenses on line			203,021.	151,238.	23,133.	28,650.
b Legal 9,350, 7,065, 1,765, 520. c Accounting 121,719, 91,91,91, 22,976, 6,772. d Lobbying 2 Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 495,410, 374,334, 93,514, 27,562. d Advertising and promotion 447,921, 420,823, 27,098.  12 Advertising and promotion 44,79,21, 420,823, 27,098.  13 Office expenses 44,681, 25,362, 9,736, 9,583. 14 Information technology 161,510, 154,146, 5,688, 1,676. 15 Royalties 9 Cocupancy 235,641, 181,605, 26,917, 27,119. Travel 5,819, 64, 803, 4,952. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 10 Interest 19 Payments to affiliates 19 Depreciation, depletion, and amortization 325,049, 323,206, 954, 889. Insurance 39,265, 31,034, 3,998, 4,233. 18 Insurance 39,265, 31,034, 3,998, 4,233. 20 Interest 19 Depreciation, depletion, and amortization 325,049, 323,206, 954, 889. 21 Insurance 39,265, 31,034, 3,998, 4,233. 23 Insurance 74,800, 74,800, 74,800, 6,871. 24 Other expenses Interior expenses on Covered above, (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 25 SAVER INCENTIVES 166,220, 166,220, 166,220. 26 OVID ASSISTANCE 74,800, 74,800, 19,800. 27 SAVER INCENTIVES 16,002, 166,220. 28 Joint costs. Complete this line only if the organization reported in column (B) joint costs form a combined educational campaign and fundraising solicitation. Check fee  1 Intolowing SOP 892 485 598-720)						
C Accounting 121,719. 91,971. 22,976. 6,772.  d Lobbying Professional fundraising services. See Part IV, line 17	а	I	0.250	T 065	1 565	
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  495,410. 374,334. 93,514. 27,562.  447,921. 420,823. 27,098.  447,921. 420,823. 27,098.  10 Office expenses 44,681. 25,362. 9,736. 9,583.  11 Information technology 161,510. 154,146. 5,688. 1,676.  12 Royalties 235,641. 181,605. 26,917. 27,119.  13 Travel 5,819. 64. 803. 4,952.  14 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 325,049. 323,206. 954. 889.  23 Insurance 39,265. 31,034. 3,998. 4,233.  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, Ist line 24e expenses on Schedule 0.)  4 WB-BASED SERVICES 166,220. 166,220.  50 SAVER INCENTIVES 166,220. 166,220.  50 SURVEY INCENTIVES 71,248. 54,964. 13,666. 2,618.  41 Other expenses. Add lines 1 through 24e 6,026,519. 4,838,798. 638,338. 549,383.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check thee  1 Intellowing 500 962,2405 988-720)			•			
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Solumn (A), amount, list line 11g expenses on Sch 0.)   495,410.   374,334.   93,514.   27,562.	_	· · · · · · · · · · · · · · · · · · ·				
Column (A), amount, list line 11g expenses on Sch 0.)   495,410.   374,334.   93,514.   27,562.						
12 Advertising and promotion 447,921. 420,823. 27,098.  13 Office expenses 44,681. 25,362. 9,736. 9,583.  14 Information technology 161,510. 154,146. 5,688. 1,676.  15 Royalties 57,819. 57,	g	,	495 410	374 334	93 514	27 562
13 Office expenses	40	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			<u>'</u>	27,502.
14     Information technology     161,510.     154,146.     5,688.     1,676.       15     Royalties			•	· · · · · ·		9 583
15 Royalties  16 Occupancy 235,641. 181,605. 26,917. 27,119.  17 Travel 5,819. 64. 803. 4,952.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials (Conferences, conventions, and meetings)  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization 325,049. 323,206. 954. 889.  23 Insurance  4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  a WEB-BASED SERVICES  b SAVER INCENTIVES  c COVID ASSISTANCE 74,800. 74,800.  d SURVEY INCENTIVES  All other expenses. Add lines 1 through 24e  All other expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here						
16 Occupancy 235,641. 181,605. 26,917. 27,119.  17 Travel 5,819. 64. 803. 4,952.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization 325,049. 323,206. 954. 889.  21 Payments to affiliates 39,265. 31,034. 3,998. 4,233.  23 Insurance 39,265. 31,034. 3,998. 4,233.  24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  a WEB-BASED SERVICES 50,014m (A), amount, list line 24e expenses on Schedule 0.)  b SAVER INCENTIVES 166,220. 166,220.  c COVID ASSISTANCE 74,800. 74,800.  d SURVEY INCENTIVES 71,248. 54,964. 13,666. 2,618.  e All other expenses 53,961. 41,629. 10,350. 1,982.  Total functional expenses. Add lines 1 through 24e 6,026,519. 4,838,798. 638,338. 549,383.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)			101,310.	131,110.	3,000.	1,070.
17 Travel 5,819. 64. 803. 4,952.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest		l de la companya de	235 641	181 605	26 917	27 119
Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings Interest Payments to affiliates  Depreciation, depletion, and amortization Insurance  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  WEB-BASED SERVICES  COVID ASSISTANCE COVID ASSISTANCE All other expenses. Add lines 1 through 24e  All other expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here   If following SOP 98-2 (ASC 958-720)						
for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  28 WEB-BASED SERVICES  29 COVID ASSISTANCE  20 COVID ASSISTANCE  21 All other expenses. Add lines 1 through 24e  22 All other expenses. Add lines 1 through 24e  23 Insurance  24 Other expenses on Schedule 0.)  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  25 Check here			-,			
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 325,049. 323,206. 954. 889. 23 Insurance 39,265. 31,334. 3,998. 4,233.  24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  a WEB-BASED SERVICES 502,457. 441,779. 53,807. 6,871.  b SAVER INCENTIVES COVID ASSISTANCE 74,800. 74,800.  d SURVEY INCENTIVES 71,248. 54,964. 13,666. 2,618. e All other expenses 53,961. 41,629. 10,350. 1,982.  25 Total functional expenses. Add lines 1 through 24e 6,026,519. 4,838,798. 638,338. 549,383.	10					
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21 Payments to affiliates  22 Depreciation, depletion, and amortization  325,049. 323,206. 954. 889.  23 Insurance  39,265. 31,034. 3,998. 4,233.  24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  a WEB-BASED SERVICES  502,457. 441,779. 53,807. 6,871.  b SAVER INCENTIVES  166,220. 166,220.  C COVID ASSISTANCE  74,800. 74,800.  d SURVEY INCENTIVES  All other expenses  53,961. 41,629. 10,350. 1,982.  25 Total functional expenses. Add lines 1 through 24e  6,026,519. 4,838,798. 638,338. 549,383.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)		· · · · · · · · · · · · · · · · · ·				
22 Depreciation, depletion, and amortization 325,049. 323,206. 954. 889.  23 Insurance 39,265. 31,034. 3,998. 4,233.  24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  a WEB-BASED SERVICES 502,457. 441,779. 53,807. 6,871.  b SAVER INCENTIVES 166,220. 166,220.  c COVID ASSISTANCE 74,800. 74,800.  d SURVEY INCENTIVES 71,248. 54,964. 13,666. 2,618.  e All other expenses 53,961. 41,629. 10,350. 1,982.  25 Total functional expenses. Add lines 1 through 24e 6,026,519. 4,838,798. 638,338. 549,383.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  in following SOP 98-2 (ASC 958-720)		·····				
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Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  a WEB-BASED SERVICES  b SAVER INCENTIVES  c COVID ASSISTANCE  d SURVEY INCENTIVES  All other expenses  All other expenses. Add lines 1 through 24e  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here		la a company	·		3,998.	4,233.
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  a WEB-BASED SERVICES  502,457. 441,779. 53,807. 6,871.  b SAVER INCENTIVES  166,220. 166,220.  COVID ASSISTANCE  74,800. 74,800.  SURVEY INCENTIVES  71,248. 54,964. 13,666. 2,618.  e All other expenses  53,961. 41,629. 10,350. 1,982.  Total functional expenses. Add lines 1 through 24e  6,026,519. 4,838,798. 638,338. 549,383.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here in following SOP 98-2 (ASC 958-720)			·	·		·
amount, list line 24e expenses on Schedule 0.)  WEB-BASED SERVICES  502,457.  441,779.  53,807.  6,871.  b SAVER INCENTIVES  166,220.  COVID ASSISTANCE  74,800.  74,800.  SURVEY INCENTIVES  71,248.  54,964.  13,666.  2,618.  e All other expenses  53,961.  41,629.  10,350.  1,982.  25 Total functional expenses. Add lines 1 through 24e  6,026,519.  4,838,798.  638,338.  549,383.  549,383.						
### WEB-BASED SERVICES    502,457.						
C COVID ASSISTANCE       74,800.       74,800.         d SURVEY INCENTIVES       71,248.       54,964.       13,666.       2,618.         e All other expenses       53,961.       41,629.       10,350.       1,982.         25 Total functional expenses. Add lines 1 through 24e       6,026,519.       4,838,798.       638,338.       549,383.         26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)       4,838,798.       638,338.       549,383.	а		502,457.	441,779.	53,807.	6,871.
d       SURVEY INCENTIVES       71,248.       54,964.       13,666.       2,618.         e       All other expenses       53,961.       41,629.       10,350.       1,982.         25       Total functional expenses. Add lines 1 through 24e       6,026,519.       4,838,798.       638,338.       549,383.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)       If following SOP 98-2 (ASC 958-720)	b	SAVER INCENTIVES	166,220.	166,220.		
All other expenses 53,961. 41,629. 10,350. 1,982.  Total functional expenses. Add lines 1 through 24e 6,026,519. 4,838,798. 638,338. 549,383.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here Infollowing SOP 98-2 (ASC 958-720)	С	COVID ASSISTANCE	74,800.	74,800.		
Total functional expenses. Add lines 1 through 24e 6,026,519. 4,838,798. 638,338. 549,383.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)	d	SURVEY INCENTIVES	71,248.	54,964.	13,666.	2,618.
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)	е	All other expenses	53,961.	41,629.	10,350.	1,982.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720)	25	Total functional expenses. Add lines 1 through 24e	6,026,519.	4,838,798.	638,338.	549,383.
educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720)	26	Joint costs. Complete this line only if the organization				
Check here if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined				
		educational campaign and fundraising solicitation.				
		Check here if following SOP 98-2 (ASC 958-720)				5 <b>990</b> (2224)

## Form 990 (2021) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any li	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		2,140,014.	1	2,368,746.	
	2	Savings and temporary cash investments			1,001.	2	1,001.
	3	Pledges and grants receivable, net		1,592,723.	3	1,131,780.	
	4	Accounts receivable, net	14,911.	4	49,783.		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, so	tributor, or 35%				
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq	ualified perso	ns (as defined			
		under section 4958(f)(1)), and persons descr	bed in section	n 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Donate de la companya del companya de la companya del companya de la companya de			53,714.	9	63,407.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	2,639,567.			
	b	Less: accumulated depreciation	415,434.	10c	575,267.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	31,026.	15	476,029.		
	16	Total assets. Add lines 1 through 15 (must		4,248,823.	16	4,666,013.	
	17	Accounts payable and accrued expenses		479,150.	17	724,117.	
	18	Grants payable	44,081.	18	19,018.		
	19	Deferred revenue	27,500.	19	68,333.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	Schedule D		21		
Se	22	Loans and other payables to any current or	ormer officer,	director,			
Liabilities		trustee, key employee, creator or founder, so	ubstantial con	tributor, or 35%			
iab		controlled entity or family member of any of	these persons	s		22	
_	23	Secured mortgages and notes payable to ur		·····		23	
	24	Unsecured notes and loans payable to unrel	ated third par	ties		24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	ines 17-24). C	complete Part X			
		of Schedule D			0.	25	86,227.
	26	Total liabilities. Add lines 17 through 25		·	550,731.	26	897,695.
w		Organizations that follow FASB ASC 958,	check here	► X			
Š		and complete lines 27, 28, 32, and 33.			1 400 200		1 005 145
<u>a</u>	27	Net assets without donor restrictions			1,480,329.	27	1,985,147.
Ä	28	Net assets with donor restrictions			2,217,763.	28	1,783,171.
Ĕ		Organizations that do not follow FASB AS	C 958, check	here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
its c	29	Capital stock or trust principal, or current fur				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Ϋ́	31	Retained earnings, endowment, accumulate			2 600 000	31	2 760 210
Ž	32	Total net assets or fund balances			3,698,092.	32	3,768,318.
	33	Total liabilities and net assets/fund balances			4,248,823.	33	4,666,013.

Form **990** (2021)

EARN INC. 91-2172676 Page **12** Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 6,096,745. Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 6,026,519, 2 70,226. Revenue less expenses. Subtract line 2 from line 1 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,698,092. 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 10 3,768,318. column (B)) Part XII Financial Statements and Reporting Х Check if Schedule O contains a response or note to any line in this Part XII Yes No 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. Х **2a** Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

Both consolidated and separate basis

Form **990** (2021)

Х

2c

За

consolidated basis, or both:

X Separate basis

Consolidated basis

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** 91-2172676 EARN INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### Schedule A (Form 990) 2021 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,955,389.	4,069,827.	6,318,475.	8,157,780.	5,974,544.	28,476,015.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,955,389.	4,069,827.	6,318,475.	8,157,780.	5,974,544.	28,476,015.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						11,944,492.
6	Public support. Subtract line 5 from line 4.						16,531,523.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	3,955,389.	4,069,827.	6,318,475.	8,157,780.	5,974,544.	28,476,015.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				1,432.	885.	2,317.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				9,414.	3,666.	13,080.
11	<b>Total support.</b> Add lines 7 through 10						28,491,412.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	1,635,445.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Sec	ction C. Computation of Publi					Г	
14	Public support percentage for 2021 (I					14	58.02 %
15	Public support percentage from 2020					15	59.40 %
16a	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the						
	and <b>stop here.</b> The organization qual		• •				
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	· ·		, ,,			
b	10% -facts-and-circumstances test	ū				•	U% or
	more, and if the organization meets the		•		•		<b>_</b>
	organization meets the facts-and-circu						<b>P</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	i, 16b, 1/a, or 17b	, cneck this box a	na see instructions	<b>_</b>

Page 2

# Schedule A (Form 990) 2021 EARN INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Page 3

Schedule A (Form 990) 2021 EARN INC. 91-2172676 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 and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

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

		Yes	No
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ŀ	3a		
ł	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
ļ	5c		
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	8		
	9a		
-	9b		
}	9c		
	10a		
	10b		

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization expects for the bonefit of any supported expenization other than the supported.	•		
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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	Tion 6. Type it 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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	_1		
360	tion b. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990) 2021 EARN INC. 91-2172676 Page **6** 

Part '	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 [	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations may		•	
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
<b>2</b> R	lecoveries of prior-year distributions	2		
3 0	Other gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
<b>5</b> D	Depreciation and depletion	5		
<b>6</b> P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	Discount claimed for blockage or other factors			
	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	subtract line 2 from line 1d.	3		
<b>4</b> C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	fultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
8 M	finimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
<b>1</b> A	djusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
3 M	finimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exer		1						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported								
	organizations, in excess of income from activity		2						
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.			8					
_9_	Distributable amount for 2021 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
		(i)	(ii)		(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021		Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
_3_	Excess distributions carryover, if any, to 2021								
a	From 2016								
b	From 2017								
c	From 2018								
d	From 2019								
е	From 2020								
f	Total of lines 3a through 3e								
<u>g</u>	Applied to underdistributions of prior years			_					
<u>h</u>	Applied to 2021 distributable amount								
<u>_i</u>	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: \$								
<u>a</u>	Applied to underdistributions of prior years								
b	Applied to 2021 distributable amount								
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
	and 4c.								
_8_	Breakdown of line 7:								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								
е	Excess from 2021								

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

E <i>I</i>	91-2172676	
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(c	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor	•
Special Rules		
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an og the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Z, line 1. Complete Parts I and II.	d that received from any one
For an organization	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one
literary, or educat	ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e (b) instead of the contributor name and address), II, and III.	
year, contributior is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled may here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it bole, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF or requirements of Schedule B (Form 990).	•
LHA For Paperwork Reduc	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)

Name of organization

EARN INC.

Employer identification number

91-2172676

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$431,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$352,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

EARN INC. 91-2172676

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7		\$351,095.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9		\$322,004.	Person X Payroll				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization

EARN INC.

ETMPloyer identification number

91-2172676

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	ganization		Employer identification number
EARN INC			91-2172676
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) I dipose of gift	(6) 036 01 911	(a) Description of now girl is need
		(e) Transfer of giff	<u> </u>
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	 
	Transferee's name, address, ar		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization **Employer identification number** EARN INC. 91-2172676

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds				
	are the organization's property, subject to the organization's exclusive legal control?						
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring				
	impermissible private benefit?		Yes No				
Pa	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).					
	Preservation of land for public use (for example, recreati	ion or education) Preservation o	f a historically important land area				
	Protection of natural habitat	Preservation o	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b							
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c				
d	Number of conservation easements included in (c) acquired af						
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rele						
	year▶						
4	Number of states where property subject to conservation ease	ement is located					
5	Does the organization have a written policy regarding the period						
	violations, and enforcement of the conservation easements it l	holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, h						
	<b>&gt;</b>						
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	ition easements during the year				
	<b>▶</b> \$						
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the				
	organization's accounting for conservation easements.						
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.				
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works				
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in fu	urtherance of public				
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.				
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenue statement and	balance sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtl	herance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical trea-						
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
	Assets included in Form 990 Part X		<b>▶</b> \$				

Sche	dule D (Form 990) 2021 EARN INC.							91-217		Pa	age 2
Par	t III   Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simi	lar Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t make s	ignifica	nt use of its			
	collection items (check all that apply):	,	•	,	ŭ		Ü				
а	Public exhibition	d	ı 🗀 ı	oan or exc	change progra	am					
b Scholarly research e Other											
c Preservation for future generations											
_									VIII		
4									AIII.		
5					*				7		1
Dai	t IV Escrow and Custodial Arran								Yes		No
Fai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Pa		ete if the	organizatio	on answered	"Yes" or	ı Form s	990, Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custodi								٦		1
	on Form 990, Part X?							L	<b>」Yes</b>		. No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amoun	t	
С	Beginning balance						10				
d	Additions during the year						10	d			
е	Distributions during the year						10	Э			
f	Ending balance						<u>1</u>	f	_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or co	ustodial acco	unt liabi	lity?	<u></u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	n has been	provided on l	Part XIII					
Par	t V Endowment Funds. Complete	if the organization an	swered '	"Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back	( <b>d</b> ) Thre	ee years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
·											
	Administrative expenses										
g	End of year balance		. /:		)) bald as:						
2	Provide the estimated percentage of the curr	•	. •	, column (a	)) neid as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		_%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administer	red for th	ne orgar	nization	ſ	1	
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV,	, line 11a. S	See Form 990	, Part X,	line 10				
	Description of property	(a) Cost or o basis (investr		` '	t or other (other)		Accumul epreciati		(d) Boo	k valu	Э
1a	Land			_							
	Buildings										
	Leasehold improvements										
	Equipment	I			55,426.		4	8,297.		7.	129.
	Other	I		2	,584,141.			6,003.		568,	
	. Add lines 1a through 1e. (Column (d) must e		V 001::			<u> </u>				575,	
TOLA	- Aud iiiles Ta tillougit Te. (Column (a) must e	equal Form 990, Part	∧, coium	п (В), Ilne 1	UC.)					J. J,	

Schedule D (Form 990) 2021 EARN INC.			91-2172676	Page 3
Part VII Investments - Other Securities.	on Form 000 Boot IV line	11h Coo Form 000 Port V line 10		
Complete if the organization answered "Yes" of  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	ad of year market	. valuo
	(b) Book value	(c) Method of Valuation. Cost of el	id-or-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C) (D)				
(E) /(E)				
(F) (G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market	value
(1)	(-)	(0,000	<b>,</b>	
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.	•			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a) [	Description		(b) Book	value
(1) REFUNDABLE DEPOSITS				32,680.
(2) VENDOR CREDIT				13,505.
(3) ERC RECEIVABLE				427,412.
(4) OTHER ASSETS				2,432.
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		•	476,029.
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.	
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) ADVANCES				86,227.
(3)				
(4)				
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 ... 

X

(8) (9)

Page 4

Par	Reconciliation of Revenue per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line		evenue per Re	turn.	
1	Takaharan and alkaran and alkaran and the same and the sa			1	6,293,547.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				7
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		196,802.		
c	Recoveries of prior year grants		,		
d	Other (Describe in Part XIII.)	1			
	Add lines <b>2a</b> through <b>2d</b>			2e	196,802.
3	Subtract line <b>2e</b> from line <b>1</b>			3	6,096,745.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	0.
5				5	6,096,745.
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  t XII Reconciliation of Expenses per Audited Financial State	ements With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	6,223,321.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	196,802.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	196,802.
3	Subtract line 2e from line 1			3	6,026,519.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	4b			0
	Add lines 4a and 4b			4c	6,026,519.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIII Supplemental Information.			5	0,020,519.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			; Part X, lir	ne 2; Part XI,
PART	X, LINE 2:				
THE	ORGANIZATION IS A TAX-EXEMPT ORGANIZATION UNDER THE PROVIS	IONS OF THE			
INTE	RNAL REVENUE CODE, SECTION 501(C)(3), AND THE CALIFORNIA R	EVENUE AND			
TAXA	TION CODE, SECTION 23701(D). ACCORDINGLY, NO PROVISION FOR	FEDERAL AND			
STAT	E INCOME TAXES HAS BEEN REFLECTED IN THESE FINANCIAL STATE	MENTS.			
MANA	GEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONC	LUDED THAT			
THE	ORGANIZATION HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAS	TAKEN NO			
UNCE	RTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCI.	АL			
STAT	EMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TA	XES HAS BEEN			
INCL	UDED IN THE FINANCIAL STATEMENTS.				

Schedule D (Form 990) 2021 Part XIII Supplemental Info	EARN INC.		91-2172676	Page 5
Part XIII Supplemental Info	rmation (continued)			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2021
Open to Public

Inspection

Name of the organization							Employer identification number
EARN INC.							91-2172676
Part I General Information on Grants a	nd Assistance						
<b>1</b> Does the organization maintain records		•	,	,	•	,	
criteria used to award the grants or assis	stance?						Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(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
TENNESSEE FOOD ON FOOT FOUNDATION INC - 105 SCENIC VIEW DR - TALBOTT, TN 37877	22-3969109	501(C)(3)	10,000.	0.			TO BENEFIT SAVERLIFE IMPACT HUB COMMUNITIES.
GOODWILL INDUSTRIES OF KANAWHA  VALLEY - 215 VIRGINIA STREET WEST  - CHARLESTON, WV 25302	55-0380828	501(C)(3)	10,000.	0.			TO BENEFIT SAVERLIFE IMPACT HUB COMMUNITIES.
YOU IN FLOOD CITY 3798 MENOHER ROAD JOHNSTOWN, PA 15905	83-3491228	501(C)(3)	10,000.	0.			TO BENEFIT SAVERLIFE IMPACT HUB COMMUNITIES.
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-		e line 1 table				3. 0.

Schedule I (Form 990) 2021 EARN INC. 91-2172676 Page 2

Part III Grants and Other Assistance to Domestic Individuals  Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
GRANTS PAID TO NEIGHBORHOOD TRUST FINANCIAL PARTNE	RS DURING 202	1 WERE			
CONTRACTUALLY REQUIRED SUBGRANT PAYMENTS. AS PART (	OF OUR PROCES	SS TO			
SUBGRANT, WE ISSUED NTFP A SUBGRANT AGREEMENT. THE	AGREEMENT ST	PIPULATED			
THAT ALL FUNDS WERE TO BE USED AS OUTLINED IN THE 1	PROJECT PLAN	AND BUDGET			
APPROVED BY THE FUNDER. ASIDE FROM THE AFOREMENTION	NED AGREEMENT	, SAVERLIFE			
DID NOT MONITOR THE SPECIFIC USE OF THESE GRANT FU	NDS OR REQUIR	RE FINANCIAL			
REPORTING.					

EARN INC. 91-2172676 Schedule I (Form 990) Page 2 Part IV Supplemental Information SAVERLIFE MADE TWO UNRESTRICTED GRANTS TO ORGANIZATIONS IN COMMUNITIES WHERE WE HAVE GEOGRAPHICALLY-FOCUSED PROGRAMMATIC ACTIVITY. THESE GRANTS WERE UNRESTRICTED COMMUNITY SUPPORT TO OTHER NONPROFITS AND THE USE OF FUNDS WAS NOT MONITORED. SAVER INCENTIVES AND PRIZES PAID TO INDIVIDUALS WERE MADE IN RECOGNITION OF INDIVIDUALS WHO MET SAVINGS GOALS OR ENGAGED WITH THE SAVERLIFE TECHNOLOGY PLATFORM OR COMMUNITY. THE VARIOUS TYPES OF PRIZES AND REWARDS WERE BASED ON A WIDE RANGE OF ACTIVITIES AND ELIGIBILITY WAS DETERMINED PRIOR TO PAYMENTS BEING MADE. COVID ASSISTANCE PAYMENTS WERE UNRESTRICTED PAYMENTS TO INDIVIDUALS PRE-SCREENED TO MEET VARIOUS FUNDERS' REQUIREMENTS BE THEY GEOGRAPHIC OR NEED-BASED. NO EFFORT TO MONITOR THE USE OF THESE FUNDS WAS NECESSARY.

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** 

Internal Revenue Service Name of the organization

Department of the Treasury

EARN INC.

Employer identification number 91-2172676

OMB No. 1545-0047

Inspection

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

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 EARN INC. 91-2172676 Page 2

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		other deferred ben	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LEIGH PHILLIPS	(i)	200,482.	30,000.	0.	6,000.	15,500.	251,982.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID DERRYCK	(i)	216,000.	10,000.	0.	6,000.	5,995.	237,995.	0.
CHIEF IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ASHLEY SHERWIN	(i)	161,250.	2,000.	0.	6,000.	17,028.	186,278.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NEHA GUPTA	(i)	157,500.	2,000.	0.	6,000.	8,642.	174,142.	0.
VP OF MARKET DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021 EARN INC.	91-2172676	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required	for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	

### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EARN INC.

**Employer identification number** 91-2172676

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXISTING FINANCIAL SYSTEM IS NOT DESIGNED TO ADDRESS THE NEEDS OF
LOW-TO-MODERATE INCOME INDIVIDUALS. SAVERLIFE BELIEVES THAT FINANCIAL
STABILITY AND ECONOMIC MOBILITY ARE ACHIEVED THROUGH A COMBINATION OF
INDIVIDUAL AGENCY AND ACTION WITH THE ERADICATION OF ENTRENCHED
SYSTEMIC BARRIERS. WE KNOW THAT THE ABILITY TO SAVE MONEY AND INVEST IN
YOURSELF AND YOUR FAMILY IS A KEY INDICATOR OF FINANCIAL WELLBEING AND
A CRITICAL WEALTH-BUILDING TOOL. SAVERLIFE'S PROVEN MODEL ADDRESSES
BOTH SIDES OF THIS EQUATION BY HELPING OUR MEMBERS INCREASE THEIR
SAVINGS RATES, WHILE SIMULTANEOUSLY LEVERAGING DATA AND SCALE TO
ADDRESS THE SYSTEMIC BARRIERS THAT HINDER MOBILITY. OUR 600,000
MEMBERS ARE WORKING INDIVIDUALLY AND COLLECTIVELY TO IMPROVE THEIR
FINANCIAL HEALTH BY ACTIVELY INCREASING THEIR SAVINGS RATES BY 4.8X.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THEIR FINANCIAL FUTURE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
IN JOINING SAVERLIFE, OUR MEMBERS HAVE TAKEN A DEFINITIVE STEP TO
IMPROVE THEIR FINANCIAL LIVES. THEY ARE TYPICALLY NEW SAVERS, MEANING
THAT THEY ARE NOT SAVING WHEN THEY JOIN (67%), AND HAVE MONTHLY
EXPENSES THAT EXCEED THEIR INCOME (49%). SAVERLIFE'S IMPACT IS CLEAR:
ON AVERAGE, OUR MEMBERS INCREASE THEIR SAVINGS RATE BY 4.8X AND 55% OF
OUR MEMBERS DEPOSIT \$500 INTO SAVINGS WITHIN SIX-MONTHS.

Schedule O (Form 990) 2021 Page 2

**Employer identification number** Name of the organization EARN INC. 91-2172676 ORGANIZATIONS LOOKING TO PROMOTE MEANINGFUL SOCIAL CHANGE. IN PARTICULAR, SAVERLIFE LEVERAGES THE OUTSIZE ROLE OF EMPLOYERS TO EXPAND ACCESS TO SAVINGS BENEFITS. THE EMPLOYMENT SYSTEM IS A KEY DRIVER OF FINANCIAL HEALTH FOR WORKING FAMILIES. EMPLOYEE BENEFITS, BEYOND JUST SALARY, PROVIDE CRITICAL WEALTH-BUILDING SUPPORT FOR ALL WORKERS. YET, THERE IS A SIGNIFICANT GAP IN EMPLOYER-OFFERED BENEFITS FOR LOW-WAGE WORKERS. MANY LOW-WAGE WORKERS DO NOT HAVE ACCESS TO RETIREMENT BENEFITS AND. DESPITE THE CLEAR IMPACT OF EMERGENCY SAVINGS ON FINANCIAL WELL-BEING FOR LOW-TO-MODERATE INCOME INDIVIDUALS. TOO FEW EMPLOYERS OFFER THESE PRODUCTS FOR WORKERS. SAVERLIFE SOLUTIONS FILLS THIS GAP BY PARTNERING WITH EMPLOYERS TO PROVIDE OUR EFFECTIVE AND RESPONSIVE TECHNOLOGY AS A BENEFIT OFFERING, MAKING OUR SAVINGS PLATFORM ACCESSIBLE TO THOUSANDS OF LOW-WAGE WORKERS ACROSS A RANGE OF INDUSTRIES, FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: (VOICE) DESPITE THE SUCCESS OF SAVERLIFE IN INCREASING SAVINGS RATES AT THE INDIVIDUAL LEVEL, PERVASIVE BARRIERS TO ECONOMIC MOBILITY (SUCH AS DEBT, INCOME VOLATILITY, HOUSING COSTS, ETC.) MUST BE SOLVED AT BROADER SYSTEMIC LEVELS. IN ORDER TO DESIGN AND ADOPT POLICIES THAT WILL BENEFIT THOSE LIVING WITH LOW-INCOMES AND REBUILD A MORE EQUITABLE ECONOMY, IT IS CRITICAL THAT GOVERNMENT, POLICYMAKERS, BUSINESSES, AND SOCIAL SERVICE ORGANIZATIONS USE DATA AND EVIDENCE - NOT ASSUMPTIONS -TO UNDERSTAND BOTH HOW THE EXISTING FINANCIAL SYSTEM HAS FAILED THESE COMMUNITIES AND HOW THE CURRENT CRISIS IS IMPACTING THEM.

Schedule O (Form 990) 2021 Page 2

**Employer identification number** Name of the organization EARN INC. 91-2172676 SAVERLIFE VOICE IS UNIQUELY POSITIONED TO BRING TO LIGHT THE REAL FINANCIAL STRUGGLES OF WORKING AMERICANS AND TO PROVIDE DATA AND EVIDENCE TO GUIDE INCLUSIVE PROGRAM AND POLICY SOLUTIONS. OUR SAVINGS PLATFORM PROVIDES UNIQUE ACCESS TO REAL-TIME, HOUSEHOLD-LEVEL FINANCIAL TRANSACTIONS AND DATA THAT WE USE TO MEASURE CHANGES IN INCOME, SPENDING, DEBT, AND SAVINGS AND TO DETERMINE THE EFFICACY OF POLICY INTERVENTIONS AT THE HOUSEHOLD LEVEL. IN TANDEM, WE RAPIDLY GATHER PERSPECTIVES FROM OUR MEMBERS THROUGH SURVEYS AND INTERVIEWS TO UNDERSTAND HOW INDIVIDUALS AND FAMILIES ARE FARING IN A RAPIDLY SHIFTING ECONOMIC ENVIRONMENT AND ENGAGE THEM DIRECTLY TO SHARE THEIR THOUGHTS AND FEELINGS ON CURRENT AND PROPOSED POLICY SOLUTIONS. THIS COMBINATION OF DATA AND VOICES GIVES SAVERLIFE VOICE A UNIQUE ABILITY TO ENGAGE THOSE MOST AFFECTED BY AN INEQUITABLE FINANCIAL SYSTEM IN THE DEVELOPMENT OF EFFECTIVE SOLUTIONS. BY GATHERING EVIDENCE AND LIFTING UP THE VOICES OF LOW-WAGE, "ESSENTIAL" WORKERS, SAVERLIFE IS HELPING WRITE A COUNTER-NARRATIVE THAT PUSHES BACK AGAINST ILL-INFORMED STEREOTYPES ABOUT FINANCIAL NEED IN THE U.S. EXPENSES \$ 781,227. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,334. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 WAS REVIEWED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM WAS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT AND AT LEAST ONE MEMBER OF THE BOARD OF DIRECTORS. THIS GROUP OF INDIVIDUALS THEN DISCUSSED THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW (WITH MODIFICATION WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN WAS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT OR THE BOARD SIGNED AND THE OUTSIDE TAX PROFESSIONAL

Schedule O (Form 990) 2021 Page 2

**Employer identification number** Name of the organization EARN INC. 91-2172676 ELECTRONICALLY FILED THE RETURN TO THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: ALL EMPLOYEES ARE COVERED UNDER SAVERLIFE'S CONFLICT OF INTEREST POLICY. DETERMINATION OF WHETHER A CONFLICT EXISTS IS MADE BY THE EMPLOYEE'S MANAGER OR HR. CONFLICTS ARE REVIEWED BY HR OR THE CEO. IF AN ACTUAL OR POTENTIAL CONFLICT IS DETERMINED, EARN WILL TAKE STEPS TO MINIMIZE OR ELIMINATE THE CONFLICT AS APPEARS APPROPRIATE UNDER THE CIRCUMSTANCES. FORM 990, PART VI, SECTION B, LINE 15: A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF ALL HIGH LEVEL PERSONNEL ANNUALLY IN ACCORDANCE WITH IRS RULES AND REGULATION. EFFORTS ARE MADE TO SECURE COMPENSATION DATE FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES. COMPENSATION OF OTHER HIGH LEVEL PERSONNEL AND KEY EMPLOYEES IS REVIEWED AT LEAST ANNUALLY BY MEMBERS OF MANAGEMENT. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES AND ALL RELATED BENEFITS. ALL DECISIONS ARE THEN DOCUMENTED IN PERSONNEL FILES. FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE PROVIDED VIA EMAIL OR MAIL IN RESPONSE TO REQUESTS RECEIEVD VIA PHONE, EMAIL, OR MAIL, AND ARE HELD FOR THE SAME PERIOD OF TIME SET FORTH