Public Inspection Copy Extended to November 15, 2022

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

ΑF	or the	2021 calendar year, or tax year beginning and	l ending				
B c	Check if opplicable	C Name of organization		D Employer identific	cation number		
X	Addres	The Telos Group, Inc.					
	Name change	Doing business as		26-42699	18		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) PO Box 70872	Room/suite	E Telephone number 2025529661			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,309,611.		
	Amend return			H(a) Is this a group re			
	Application		age	for subordinates			
	pendin	g same as C above	-	H(b) Are all subordinates in			
<u> </u>	Гах-ехе	empt status: $X = 501(c)(3)$ 501(c) () (insert no.) 4947(a)(1)	or 527	1 ` ′	list. See instructions		
		e: ► www.telosgroup.org		H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: DE		
Pa	art I	Summary	1				
	1	Briefly describe the organization's mission or most significant activities: We $$ f	orm co	mmunities of	american		
Governance	:	peacemakers across lines of difference, a					
nar	2	Check this box if the organization discontinued its operations or dispo		-	-		
Š	3	-		3	9		
	4	Number of independent voting members of the governing body (Part VI, line 1b)			8		
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			8		
ıtie.		Total number of volunteers (estimate if necessary)			16		
妄		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
Revenue				Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		742,876.	1,250,446.		
	9	Program service revenue (Part VIII, line 2g)		251,505.	59,140.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11.	25.		
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		994,392.	1,309,611.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		556,683.	626,922.		
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
x	b.	Total fundraising expenses (Part IX, column (D), line 25)	08.				
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		408,054.	342,652.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		964,737.	969,574.		
		Revenue less expenses. Subtract line 18 from line 12		29,655.	340,037.		
Net Assets or			Ве	ginning of Current Year	End of Year		
set	20	Total assets (Part X, line 16)		273,670.	610,701.		
A Pic	21	Total liabilities (Part X, line 26)		27,394.	24,388.		
		Net assets or fund balances. Subtract line 21 from line 20		246,276.	586,313.		
	art II	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedule		· · ·	knowledge and belief, it is		
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	nas any knowledge.			
٠.		Signature of officer		I Date			
Sigi			ator	Duto			
Her	e	Bradley T. Deatherage, Executive Director Type or print name and title	COL				
			11	Date Check	PTIN		
Trinit Type proparer 3 name							
	Only	Firm's address 5270 Shawnee Road, Suite 250		Firm's EIN ▶	J4 TJ44470		
J36	Jilly	Alexandria, VA 22312		Dhone no (7	03) 642-2700		
Mar	the IC	S discuss this return with the preparer shown above? See instructions		Trilone no. (7	X Yes No		
ivia	י נוו כ ור	C discuss this return with the preparer shown above? See instructions			L44 169 INU		

Pai	rt III Statement of Program Service Accomplishments								
	Check if Schedule O contains a response or note to any line in this Part III	X							
1	Briefly describe the organization's mission:								
	We form communities of american peacemakers across lines of								
	difference, and equip them to help reconcile seemingly intractable								
	conflicts at home and abroad.								
2	Did the organization undertake any significant program services during the year which were not listed on the								
	prior Form 990 or 990-EZ?	X Yes 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?	Yes X No							
3		1es140							
	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 measured b								
	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 \$622,667. including grants of \$) (Revenue \$)	59,140.							
	Leadership pilgrimages take varieties of leaders on complete								
	educational pilgrimages. Meetings are with local communities a								
	leadership. The Telos Group continued to refine and improve it	s							
	sophisticated travel and engagement program in 2021.								
4b	(Code:) (Expenses \$) (Revenue \$))							
4c	(Code:) (Expenses \$								
40	(Code:) (Expenses \$) (Hevenue \$) (Hevenue \$))							
4d	Other program services (Describe on Schedule O.)								
-ru		١							
4e	600 667								
46	Total program service expenses ► 6 2 2 , 6 6 7 •	Form 990 (2021)							
		FOITH 330 (2021)							

Form 990 (2021) The Telos Group, 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	X	
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	<u> </u>		
U	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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	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?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
ızu	•	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	•	12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		Х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٦,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form	1990 (2021) The Telos Group, Inc. 26-	-4269918	} P	age 4
Pa	rt IV Checklist of Required Schedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			\
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	I .		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's currer and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	nt		
	•	23	Х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of t		 	\vdash
	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	:	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee			 ^
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contr	· I		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II			x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	,		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV		:	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٦,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		 ^
33	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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	ation?		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
Га	Objects if Oaks did a Oassatsian a superior and the superior in this Book V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		N ₂
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	8	Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Form **990** (2021)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 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?

Form **990** (2021)

If "Yes," complete Form 6069.

26-4269918 Form 990 (2021) 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. 8 **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 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 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? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's 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? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c 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? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 None List the states with which a copy of this Form 990 is required to be filed 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. Another's website X Upon request ___ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records The Organization - 2025529661

Form **990** (2021)

20024

PO Box 70872, Washington,

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

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

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

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	amount of
	week (list any	_				1 1		from the	from related organizations	other compensation
	hours for	direct				P		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	comp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Bradley T. Deatherage	line) 40.00	=	Ë	, 0	-S	<u> </u>	Po			
Executive Director	40.00	Х		Х				155,862.	0.	27,707
(2) Gregory Khalil	40.00							133,002.	•	27,707
President	20100	1		х				162,548.	0.	7,702
(3) Bishop Ronnie Crudup	5.00									,,,,,,,
Board Member		Х						0.	0.	0.
(4) Dr. Daniel Wehrenfennig	5.00									
Board Member		Х						0.	0.	0.
(5) Mary Kay Turner	5.00									
Board Member		Х						0.	0.	0.
(6) Annie Kate Pons	5.00									
Board Member		Х						0.	0.	0.
(7) Carolyn Weimer	5.00									
Board Member		Х						0.	0.	0.
(8) Dr. Bretta Warren-Kim	5.00								_	
Board Member	F 00	Х						0.	0.	0 .
(9) Toks Malik Ashiru	5.00	Х							_	_
Director (10) Ainka Sanders Jackson	5.00	Δ						0.	0.	0.
Director	3.00	Х						0.	0.	0.
DITECTOL		Λ						0.	<u></u>	0.
		1								
		1								
		1								
		<u> </u>		_						
		1	l		l		l			

Form **990** (2021)

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C						
(A)	(B)	(C) Position		(D)	(E)			(F)					
Name and title	Average hours per		not c	heck	more	than o		Reportable	Reportable			timate	
	week					s both or/trus		compensation	compensatio from related			othor	of
	(list any	tor						from the	organization	- 1		other pensa	tion
	hours for	direc				- - - -			(W-2/1099-MIS			om the	
	related	tee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		orga	anizati	ion
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)			and	d relate	ed
	below	ividua	titutio	Officer	Key employee	hest o	mer				orga	nizatio	ons
	line)	pul	lus	0#	Key	e Hig	윤						
		1											
		-											
1h Subtotal								318,410.		0.	31	5,40	09.
1b Subtotal c Total from continuation sheets to Part V								0.		0.		, = (0.
d Total (add lines 1b and 1c)								318,410.		0.	3 !	5,40	
2 Total number of individuals (including but r							o re		000 of reportable				
compensation from the organization											ı	Yes	No
3 Did the organization list any former officer	. director, trust	ee. k	cev e	lame	love	e. or	hia	hest compensated emp	lovee on	Г		res	NO
line 1a? If "Yes," complete Schedule J for s			•	•	•		_		•		3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15										[4	Х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes." cor	nplete Schedul	e J f	or su	ıch <u>ı</u>	pers	on .					5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mnensated inc	lene	nde	nt co	ntr	acto	rs th	nat received more than \$	100 000 of comp	ensati	on fro	m	
the organization. Report compensation for	=	-						the organization's tax y		. JJuth			
(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	Co	(C mper	;) nsatior	n
2 Total number of independent contractors (includina but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organ					(,				200	
										F	orm 🖁	9 90 (2	2021)

٠ ۵	1 L V I	Check if Schedule O contains a response of	or note to any lin	e in this Dart VIII			
		Check it Schedule O contains a response o	or note to any iii	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1 a k	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	70,987. 179,459.	1,250,446.			
0 10		Total. Add lines 1a-11	Business Code	1,230,1100			
ø.	2 8	Pilgrimages and Other	900099	59,140.	59,140.		
vice	_ k			7 7 2 2 7 2	,		
Ser							
an evel							
Program Service Revenue	6						
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f		59,140.			
	3	Investment income (including dividends, interes					
		other similar amounts)	>				
	4	Income from investment of tax-exempt bond pr		25.			25.
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
ne		and sales expenses 7b					
Revenue	c	Gain or (loss) 7c					
Re		Net gain or (loss)					
Other	8 8	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 8	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	·····				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	Business Code				
ns	44 -		Dusiness Code				
eo ue	11 a						
illar ven	k						
Miscellaneous Revenue		All other revenue					
Ξ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,309,611.	59,140.	0.	25.
	14	TOTAL TEVENUE. OUR INSTRUCTIONS	·····	-, ,	JJ,140•		5 000 (2224)

Form 990 (2021) The Telos Group, Inc. Part IX | Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
	Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C) (D)							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,	252 000	156 644	110 500	EE 640			
	trustees, and key employees	353,820.	176,644.	119,528.	57,648.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	202 212	1.45 500	25 222	F0 100			
7	Other salaries and wages	223,913.	147,702.	26,028.	50,183.			
8	Pension plan accruals and contributions (include				4.00			
	section 401(k) and 403(b) employer contributions)	570.	376.	66.	128. 1,823.			
9	Other employee benefits	8,133.	5,365.	945.	1,823.			
10	Payroll taxes	40,486.	22,729.	10,200.	7,557.			
11	Fees for services (nonemployees):							
а	Management							
b	Legal	1,854.		1,854.				
С	Accounting	5,500.		5,500.				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25,							
	column (A), amount, list line 11g expenses on Sch O.)	162,696.	162,696.					
12	Advertising and promotion	2,117.	250.		1,867.			
13	Office expenses	22,495.	13,558.	7,114.	1,823.			
14	Information technology	10,044.	1,738.	8,306.				
15	Royalties	1 - 222						
16	Occupancy	15,998.	6,771.	9,227.				
17	Travel	65,894.	61,657.	1,858.	2,379.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates	1 460		1 460				
22	Depreciation, depletion, and amortization	1,460.		1,460.				
23	Insurance	14,904.		14,904.				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)							
а	Honorarims and gifts	22,702.	19,127.	3,575.				
a b	Training and developmen	9,368.	3,059.	6,309.				
C	Bank charges	7,620.	995.	6,625.				
d		,,020.	,,,,,,	3,023.				
e	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	969,574.	622,667.	223,499.	123,408.			
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)							
	· — · · · · · · · · · · · · · · · · · ·	<u>.</u>			Form 990 (2021)			

Form 990 (2021) Part X Balance Sheet

Part X	•	Balance Sneet					
		Check if Schedule O contains a response or no	ote to any	/ line in this Part X		······	
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			168,326.		228,957
2		Savings and temporary cash investments			94,329.	2	361,005
3	3	Pledges and grants receivable, net				3	
4		Accounts receivable, net		4	13,326		
5	5	Loans and other receivables from any current of	officer, director,				
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
6	3	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	tion 4958(c)(3)(B)		6		
္ 7	7	Notes and loans receivable, net		7			
Assets	3	Inventories for sale or use			8		
₹ 9	9	Prepaid expenses and deferred charges	8,730.	9	4,753		
10		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		23,954.			
		Less: accumulated depreciation		21,294.	2,285.	10c	2,660
11		Investments - publicly traded securities			11		
12		Investments - other securities. See Part IV, line		12			
13		Investments - program-related. See Part IV, line		13			
14		Intangible assets			14		
15		Other assets. See Part IV, line 11			252 652	15	640 804
16		Total assets. Add lines 1 through 15 (must eq			273,670.	16	610,701
17		Accounts payable and accrued expenses			27,394.	17	24,388
18		Grants payable		18			
19		Deferred revenue		19			
20		Tax-exempt bond liabilities			20		
21		Escrow or custodial account liability. Complete				21	
တ္မ 22		Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
<u> </u>		controlled entity or family member of any of the	-			22	
23		Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
24		Unsecured notes and loans payable to unrelate				24	
25	•	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line	es 17-24).	Complete Part X			
00		of Schedule D			27,394.	25	24,388
26	<u> </u>	Total liabilities. Add lines 17 through 25		▶ ▼	41,394.	26	24,300
ပ္		Organizations that follow FASB ASC 958, ch	ieck nere				
ے م		and complete lines 27, 28, 32, and 33.			241,616.	07	310,616
<u>a</u> 27			4,660.		275,697		
සූ 28 පි		Net assets with donor restrictions			4,000.	28	213,031
두		Organizations that do not follow FASB ASC					
ᡖ ~		and complete lines 29 through 33.	•	ŀ		20	
S 29		Capital stock or trust principal, or current fund				29	
9S 30		Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances 22 28 29 30 31 32 32 32 33 34 35 35 36 36 36 36 36 36 36 36 36 36 36 36 36		Retained earnings, endowment, accumulated i			246,276.	31	586,313
_		Total liabilities and not assets fined balances			273,670.	32	610,701
33	5	Total liabilities and net assets/fund balances			413,010.	33	Form 990 (20)

132012 12-09-21

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization The Telos Group, Inc. 26-4269918 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	,	, ,	, ,	, ,	,	,
	membership fees received. (Do not						
	include any "unusual grants.")	678,668.	650,760.	711,092.	742,876.	1250446.	4033842.
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	678,668.	650,760.	711,092.	742,876.	1250446.	4033842.
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)						986,906.
	Public support. Subtract line 5 from line 4.						3046936.
	• • • • • • • • • • • • • • • • • • • •	() 22/-	(1) 22.12	() 22/2	(, , , , , , ,	() 222 ((2)
	ndar year (or fiscal year beginning in)	(a) 2017 678, 668.	(b) 2018 650, 760.	(c) 2019 711, 092.	(d) 2020 742,876.	(e) 2021 1250446.	(f) Total 4033842.
	Amounts from line 4	0/0,000.	650,760.	/11,092.	144,070.	1230440.	4033642.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	9.	25.	69.	11.	25.	139.
	and income from similar sources	9.	۷۵.	09.	11.	۷۵.	139.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4033981.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	1000001
	First 5 years. If the Form 990 is for th						
	organization, check this box and stop						
Sec	tion C. Computation of Publi						,
	Public support percentage for 2021 (li			column (f))		14	75.53 %
	Public support percentage from 2020					15	71.30 %
	33 1/3% support test - 2021. If the o					ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				 ▼X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition			>
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu		-	•			▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(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						
5 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) 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 U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 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						>
	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	

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")? |f "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3c		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
Ioa		
10b		

Fai	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		
С	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		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	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			
Ü	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			
	,	3		
Sec	supported organizations played in this regard. Stion 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 instruction	nne)		
' a				
b				
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction	ne)	
2	Activities Test. Answer lines 2a and 2b below.	e ii isii uciiOH	Yes	No
a			. 55	
_	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				
	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			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а		3a		
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Sa		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		
	OF Its supported digalizations: IT "yes " describe in Fail VI the role biaved by the organization in this regard	1 30		ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	. aga a
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	tion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see
	instructions)			

Schedule A (Form 990) 2021

Sect	rt V Type III Non-Functionally Integrated 509		,		Current Year
1	Amounts paid to supported organizations to accomplish exe	emnt nurnoses		1	Junent real
2	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			 ' 	
_	organizations, in excess of income from activity	or purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets	es of supported organizations	•	4	
5	Qualified set-aside amounts (prior IRS approval required - pri	rouide detaile in Dart VII)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.	Ovide details III Fait VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		 	
Ŭ	(provide details in Part VI). See instructions.	ne organization is responsive		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Ente o amount divided by line o amount	(i)	(ii)	'	(iii)
Sec	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
	F (0004				

Schedule A (Form 990) 2021

e Excess from 2021

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

The Telos Group, Inc.

Employer identification number 26-4269918

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		unds or Ad	counts. Complete if the
	Organization drieness (155 or 150 or	(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 dono	or advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pu	ırpose conferr	ing
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Forn	n 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preserva	ation of a histo	orically important land area
	Protection of natural habitat	Preserva	ation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	e form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at	•		
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	by the organi	zation during the tax
_	year >			
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·		
5	Does the organization have a written policy regarding the period		· ·	Yes No
6	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcin	ig conservatio	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing co	neonyation oa	coments during the year
′	\$\\$\$ \$\$ \$\$	ing of violations, and emorcing co	i isei valioi i ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	on 170(h)(4)(R)	(i)
Ü	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservatio			
•	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	oto to the organization o imanolar t		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures,	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue state	ment and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or researc	ch in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes the	se items.	·
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statemer	nt and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L 4
2	If the organization received or held works of art, historical trea	sures, or other similar assets for fi	inancial gain, _l	
	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			> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		10,364.	7,704.	2,660.
e Other		13,590.	13,590.	0.
Total. Add lines 1a through 1e. (Column (d) must equa	LEorm 990 Part X colun	on (R) line 10c)	•	2,660.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 The Telos Gi	coup, Inc.	26	-4269918 _{Page} 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	Faura 000 David IV line	11 - Cas Farms 000 Bart V line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of en	u-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(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.	
	Description	, ,	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
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 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2021

Par	t XI Reconciliation of Revenue per Audited Financia	I Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemer	ıts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	I I		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 12.)	5	
Par	t XII Reconciliation of Expenses per Audited Financi	•	es per Heturn.	
	Complete if the organization answered "Yes" on Form 990, Par		1 1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I	line 18.)	5	
		and A. Bart IV. Page 415 and Ob. Ba	at V. Fara A. Davit V. Fara O. Davit V	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		rt v, line 4; Part X, line 2; Part X	Ι,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide any additional information.		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

⊓ha	e Telos Group	Tna				26-426991	Q
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	. o /es" on
	Form 990, Part IV			or and the complete of the com	oto ii trio organi	zation answered	100 011
1			maintain record	ds to substantiate the amount of its gra	nts and other a		
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance? X	Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and oth	ner assistance outs	ide the
3		ne following Part	L line 3 table ca	n be duplicated if additional space is n	eeded)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activis a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
11 44	lle East and					trips on the necting with	
	h Africa	1	1		working on	•	79,023.
3 a	Subtotal	1	1				79,023.
b	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	1	1				79,023.

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

Schedule F (Form 990) 2021

See Part V for Column (e) descriptions

3 Enter total number of other organizations or entities

recipient who re	ceived more than \$5,0	000. Part II can be duplic	cated if additional space is nee	eded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Lecognized as charities by the or counsel has provided a sec			> .		1

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

Part III Grants and Other Assistance Part III can be duplicated if ac			tes. Complete if	f the organization answered "Yes	" on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Part I, Line 2:
The Organizations program service activites outside the U.S are monitored
through regular communication and planning meetings.
Part I, Line 3, Column (e):
Region: Middle East and North Africa
(e) Specific Types of Services in Region: Organizing trips on the
ground, connecting with other peacemakers, working on a virtual trip, and
participating in webinars.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

➤ Attach to Form 990.

Open to Public Inspection

Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

OMB No. 1545-0047

The Telos Group, Inc.

26-4269918

Pa	art I Questions Regarding Compensation			
			Yes	No
1 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 relevant information regarding these items.			
	First-class or charter travel			
	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 organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant 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 VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(a)(2) 501(a)(4) and 501(a)(90) aggregations must complete lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	Eo.		x
a h	The organization?	5a		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		-23
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
O	contingent on the net earnings of:			
_		6a		х
	The organization?			X
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		-23
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
'	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•		8		х
9				
•		9		
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		Λ

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) Bradley T. Deatherage (i)		155,862.	0.	0.	1,438.	26,269.	183,569.	0.
Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Gregory Khalil	(i)	162,548.	0.	0.	1,494.	6,208.	170,250.	0.
President	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
(i) (ii)								
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							(5

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)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Inspection

OMB No. 1545-0047

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

Name of the organization

Employer identification number

The Telos Group, Inc. 26-4269918 Form 990, Part I, Line 1, Description of Organization Mission: reconcile seemingly intractable conflicts at home and abroad. Form 990, Part III, Line 2, New Program Services: Pastors Cohort - participants travel on one I/P trip and one US South trip, read books , have in depth group discussions and go to a retreat at the end of the program. Form 990, Part VI, Section A, line 8b: The organization did not have any committees authorized to act on behalf of the governing body. Form 990, Part VI, Section B, line 11b: Entire board receives a copy of form 990 and approves submission by a vote. Form 990, Part VI, Section B, Line 12c: The conflict of interest policy covers all board members and their family members. The policy is monitored through written documentation maintained by the executive director. The identified conflict of interest and appropriate recusals are documented in the minutes of each board meeting. The entire baord reviews each transaction that comes before the board for potential or actual conflict of interest. If potential or actual conflicts are identified the conflicted party will refrain from using his or her personal influence to encourage entering into the covered transaction and

will physically excuse himself or herself from particiation in any

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021	Page 2
Name of the organization The Telos Group, Inc.	Employer identification number 26-4269918
discussions regarding the transaction.	
Form 990, Part VI, Section B, Line 15:	
The process for determining compensation of the foll	owing persons includes
a review and approval by members of the board. Compa	rability data used in
the review process is obtained from external sources	and presented at board
of directors meeting. The deliberations and decision	s are documented in the
minutes of the board.	
The compensation determination process applies to the	e following
offices/positions and the most recent year for which	this process was
undertaken for each is identified:	
President 2021	
Executive Director 2021	
Form 990, Part VI, Section C, Line 19:	
Upon request.	
Form 990, Part IX, Line 11g, Other Fees:	
Private Contractor:	
Program service expenses	85,743.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	85,743.
Tour Leaders:	
Program service expenses	76,953.
Management and general expenses	0.
132212 11-11-21	Schedule O (Form 990) 202

Schedule O (Form 990) 2021	Page 2
Name of the organization The Telos Group, Inc.	Employer identification number 26-4269918
Fundraising expenses	0.
Total expenses	76,953.
Total Other Fees on Form 990, Part IX, line 11g, Col A	162,696.

2021 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Machinery & Equipment													
2	Projector	01/24/10	200DB	5.00	НУ16	540.				540.	540.		0.	540.
4	Apple Computer	07/16/15	200DB	5.00	ну16	1,271.				1,271.	1,170.		0.	1,170.
5	Computer	01/02/15	200DB	5.00	НУ16	2,464.				2,464.	2,208.		0.	2,208.
6	New Mac Book	04/18/19	200DB	5.00	НУ16	1,799.				1,799.	1,008.		316.	1,324.
7	Apple Computer	06/25/19	200DB	5.00	НУ16	2,455.				2,455.	1,277.		471.	1,748.
8	Computer	01/25/21	200DB	5.00	НУ16	1,835.				1,835.			673.	673.
	* 990 Page 10 Total Machinery & Equipment					10,364.				10,364.	6,203.		1,460.	7,663.
	Other													
3	Organization Costs	02/01/09	200DB	5.00	НУ16	13,590.				13,590.	13,590.		0.	13,590.
	* 990 Page 10 Total Other					13,590.				13,590.	13,590.		0.	13,590.
	* Grand Total 990 Page 10 Depr					23,954.				23,954.	19,793.		1,460.	21,253.
	Current Year Activity													
	Beginning balance					22,119.			0.	22,119.	19,793.			20,580.
	Acquisitions					1,835.			0.	1,835.	0.			673.
	Dispositions/Retired					0.			0.	0.	0.			0.
	Ending balance					23,954.			0.	23,954.	19,793.			21,253.

^{128111 04-01-21}

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Ending accum depr											21,253.			
	Ending book value											2,701.			

^{128111 04-01-21}

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Business or activity to which this form relates

990

Attachment Sequence No. 179

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

Γh	e Telos Group, Inc.		F	orm 990 Pa	age 10		26-4269918
Pa	art Election To Expense Certain Proper	ty Under Section 17	79 Note: If you have ar	ny listed property, c	omplete Part '	V before y	ou complete Part I.
1	Maximum amount (see instructions)					1	1,050,000.
	Total cost of section 179 property place						
	Threshold cost of section 179 property		2,620,000.				
	Reduction in limitation. Subtract line 3 f	4	,				
	Dollar limitation for tax year. Subtract line 4 from line	5					
6	(a) Description of pro	ost					
7	Listed property. Enter the amount from	line 29		7			
	Total elected cost of section 179 proper					8	
	Tentative deduction. Enter the smaller						
	Carryover of disallowed deduction from						
	Business income limitation. Enter the sr						
	Section 179 expense deduction. Add lir		•	,			
	Carryover of disallowed deduction to 20						
	e: Don't use Part II or Part III below for I			, ,			
Pa	art II Special Depreciation Allowa	nce and Other Do	epreciation (Don't in	clude listed property	y.)		
14	Special depreciation allowance for qual						
	the tax year				ŭ	14	
	Property subject to section 168(f)(1) ele						
	011 1 111 (1 1 11 4 0 0 0 0)					. 16	1,460.
	art III MACRS Depreciation (Don't						<u>, </u>
	•		Section A				
17	MACRS deductions for assets placed in	service in tax ve	ars beginning before 2	021		17	
	· · · · · · · · · · · · · · · · · · ·	,	5 5				
	If you are electing to group any assets placed in servi-	ce during the tax year in	ito one or more general asset	accounts, check here	▶ □		
	If you are electing to group any assets placed in serving Section B - Assets		to one or more general asset are During 2021 Tax Ye		ral Depreciat		m
				ear Using the Gene	eral Depreciat		(g) Depreciation deduction
19a	Section B - Assets (a) Classification of property	(b) Month and year placed	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us	ear Using the Gene	Ι.	tion Syste	
	Section B - Assets (a) Classification of property 3-year property	(b) Month and year placed	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us	ear Using the Gene	Ι.	tion Syste	
19a	Section B - Assets (a) Classification of property 3-year property 5-year property	(b) Month and year placed	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us	ear Using the Gene	Ι.	tion Syste	
19a b	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property	(b) Month and year placed	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us	ear Using the Gene	Ι.	tion Syste	
19a b c	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property	(b) Month and year placed	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us	ear Using the Gene	Ι.	tion Syste	
19a b c	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property	(b) Month and year placed	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us	ear Using the Gene	Ι.	tion Syste	
19a b c d	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	(b) Month and year placed	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us	ear Using the Gene	Ι.	tion Syste	
19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	(b) Month and year placed	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us	ar Using the Gene (d) Recovery period	Ι.	tion Syste	
19a b c d e	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	(b) Month and year placed	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us	(d) Recovery period	(e) Convention	(f) Method	
19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	(b) Month and year placed	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us	(d) Recovery period 25 yrs. 27.5 yrs.	(e) Convention	(f) Method S/L S/L	
19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	(b) Month and year placed	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us	car Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs.	(e) Convention	(f) Method S/L S/L S/L	
19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	Placed in Servic (b) Month and year placed in service // / / / /	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P	Placed in Servic (b) Month and year placed in service // / / / /	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P	Placed in Servic (b) Month and year placed in service // / / / /	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM	S/L	(g) Depreciation deduction
19a b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year	Placed in Servic (b) Month and year placed in service // / / / /	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 30-year	Placed in Servic (b) Month and year placed in service // / / / /	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. r Using the Alterna	MM MM MM MM MM MM MM	S/L	(g) Depreciation deduction
19a b c d e f g h i	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 30-year	Placed in Servic (b) Month and year placed in service // / / / /	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs.	MM	S/L	(g) Depreciation deduction
19a b c d e f g h i	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 30-year	Placed in Service (b) Month and year placed in service / / / / laced in Service	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs.	MM	S/L	(g) Depreciation deduction
19a b c d e f g h i	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 30-year 40-year Summary (See instructions.)	Placed in Service (b) Month and year placed in service // / / laced in Service / / / / 28	e During 2021 Tax Ye (c) Basis for depreciation (business/investment us only - see instructions) During 2021 Tax Yea	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. r Using the Alterna 12 yrs. 30 yrs.	MM	S/L	(g) Depreciation deduction
19a b c f g h i Pa 20a 21 22	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 30-year 40-year Summary (See instructions.) Listed property.	Placed in Service (b) Month and year placed in service // / // // laced in Service // / / 4 through 17, lin	e During 2021 Tax Ye (c) Basis for depreciatio (business/investment us only - see instructions) During 2021 Tax Yea es 19 and 20 in colum	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	MM	S/L	(g) Depreciation deduction
19a b c f g h i Pa	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets P Class life 12-year 30-year 40-year Active Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service // / // laced in Service // / / laced in Service	e During 2021 Tax Ye (c) Basis for depreciatio (business/investment us only - see instructions) During 2021 Tax Yea es 19 and 20 in columnartnerships and S corp	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	MM	S/L	(g) Depreciation deduction

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns (on and Other I								mits for i	nasseno	er auton	nohiles	\	
	Do you have evidence to s							\neg	$\overline{}$				nce writt			No
<u> 248</u>	(a) (b) (c) Type of property (list vabicles first) placed in investme			ot	(d) Cost or her basis	B	Yes (e asis for de pusiness/in use o	oreciatio vestmen	n R	(f) Recovery period	(g)		(h) Depreciation deduction		Ele sectio	No (i) cted on 179 ost
<u>2</u> 5	Special depreciation allo			. ,				•		,						
	used more than 50% in											25				
26	Property used more tha								_		T				Τ	
		1 1		6					+							
		1 1		6					+							
	Draparty used 50% or la	oo in o qualit	<u>'</u>													
21	Property used 50% or le	· ·		6					\top		S/L -					
		: :		6					+		S/L -				1	
				6					+		S/L -				-	
28	Add amounts in column	(h) lines 25	<u>'</u>		and on	line 21	1 nage	1				28			1	
	Add amounts in column												1	29		
	, taa ameano m eetam.	(/),			B - Infor											
	mplete this section for ve your employees, first ans			n C to s	ee if you	u meet	an exce		о сс	ompletin	g this se	ection fo	r those v	vehicles.	T	n
30	Total business/investment year (don't include commu		•	(a) Vehicle			(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31	Total commuting miles															
	Total other personal (no driven	ncommuting) miles													
33	Total miles driven during Add lines 30 through 32	g the year.														
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?															
35	Was the vehicle used pr		more													
	than 5% owner or relate	•						-								
36	Is another vehicle availause?	•														
			- Questions f	or Empl	oyers W	Vho Pro	ovide Ve	hicles	for	Use by	Their E	mploye	es			
Ans	swer these questions to o	determine if y	ou meet an ex	ception	to com	pleting	Section	B for	vehi	cles use	ed by em	ployees	who a	ren't		
mo	re than 5% owners or rela	ated persons	S.													
37	Do you maintain a writte employees?	. ,	•		•			,		U	0,	, ,			Yes	No
38	Do you maintain a writte															
	employees? See the ins	tructions for	vehicles used	by corp	orate of	ficers, o	directors	s, or 19	6 or	more o	wners					
	Do you treat all use of v															
40	Do you provide more the															
	the use of the vehicles,															
41	Do you meet the require															
D:	Note: If your answer to art VI Amortization	37, 38, 39, 4	<u>0, or 41 is "Ye</u>	s," don	comple	ete Sec	TION B TO	or the o	cove	erea ven	icies.					
	(a) Description of	f costs	Date	(b) amortization begins		(c) Amortiz amou	able			(d) Code section		(e) Amortiza	ntion	Aı fo	(f) mortization or this year	
<u></u>	Amortization of costs th	at begins du	ring vour 2021		r:	250	-					period or per	oontayt		, 5001	
-12				: :	· ·											
_				: :												
43	Amortization of costs th	at began bet	fore your 2021	· · · ·	r			1			<u> </u>		43			
	Total. Add amounts in o												44			