Form	990
1 01111	

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

Inter	nai Rev	enue Service		Go to www.irs	s.gov/Form990 for instri	uctions and	the latest in	nformatio	on.		inspection	
Α	For t	he 2022 calen		year, or tax year begin	ning	, 2022,	and ending	3	-	,	20	
В	Check	if applicable:	С						D Employ	er identif	ication number	
	A	ddress change	PC	DLLYANNA, INC.					47-3	35886	538	
	N	ame change	19	EAST 80TH STR	EET, 1ST FL				E Telepho			
		itial return	NE	W YORK, NY 100'	75							
	_	nal return/terminated										
	_								c	ė.	420	772
		mended return	-					(/-) la thia	G Gross re a group return			<u>,773.</u>
	A	pplication pending		Name and address of principal	officer: CASPER CALI	DAROLA		• •	÷ .		103	X _{No}
				ME AS C ABOVE		•		If "No,"	subordinates " attach a list.	See inst	? Yes	No
1	Tax	exempt status:	Х	501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527					
J	We	bsite: PC)LL	YANNAINC.ORG			1	H(c) Group	exemption nu	mber		
Κ	Forr	n of organization:	Х	Corporation Trust	Association Other	LY	ear of formatio	on: 201	5 M s	tate of le	gal domicile: NY	
Pa	rt I	Summar	Υ								-	
	1	Briefly descri	be t	he organization's missi	on or most significant ad	ctivities: cF	F SCHED	III F O				
	-											
ő												
nal												
Activities & Governance	2	Check this bo		if the organization	n discontinued its operat	tions or dispo	osed of mo	re than 2	5% of its i	net ass		
g	3				ning body (Part VI, line					3		12
∘ ð	4				s of the governing body					4		9
ies	5				calendar year 2022 (Pa					5		1
Vit	6				necessary)					6		9
let i	- 7a				Part VIII, column (C), lin					7a		0.
	-				from Form 990-T, Part I,					7b		0.
	~				· · · · · · · · · · · · · · · · · · ·				rior Year		Current Ye	
	8	Contributions	an	d grants (Part VIII line	1h)				162,1	65		,003.
ue	9				2g)				704,7			, <u>003.</u> ,336.
Revenue	10				(), lines 3, 4, and 7d)				104,1	10.	249	, <u>330.</u> 434.
Be	11				ies 5, 6d, 8c, 9c, 10c, ar							434.
	12				(must equal Part VIII, co				866,8	75	120	,773.
	13				X, column (A), lines 1-3				000,0	13.	429	, 115.
	-											
	14			•	(, column (A), line 4)							
ŝ	15				e benefits (Part IX, colur				196,0	85.	156	,425.
JSe	16a	Professional	fund	draising fees (Part IX, c	olumn (A), line 11e)							
Expenses	b	Total fundrais	sing	expenses (Part IX, coli	umn (D), line 25)	1	9,620.					
й	17				nes 11a-11d, 11f-24e)				978,5	16	200	,597.
	18				equal Part IX, column (A				,174,6			,022.
	-								· ·			
	19	Revenue less	sex		8 from line 12				-307,7			,249.
Net Assets or Fund Balances	~~	.	ر ب	10				Beginnir	ng of Curren		End of Ye	
set alai	20		•	-					201,5			,588.
d B≊	21	lotal liabilitie	es (F	Part X, line 26)					90,4	00.	32	,348.
şĘ	22	Net assets or	r fur	id balances. Subtract lir	ne 21 from line 20				111,1	23.	84	,240.
Pa	rt II	Signatu	́е Е	Block								
		Ities of perjury, I de	eclare	e that I have examined this retu	rn, including accompanying sche all information of which preparer	edules and staten	nents, and to th	ne best of m	ny knowledge	and belie	f, it is true, correct	, and
com	olete. D	eclaration of prepa	arer (other than officer) is based on a	all information of which preparer	has any knowled	lge.					
Sig	ın	Signature of	offic	er				Date				
He	re	CASDET		ALDAROLA			E.	ϒϝϹτιͲϯ	IVE DIR	FCTO	P	
		Type or prin	-	_			<i>ب</i> تا	ALCOIL		LCIU		
		Print/Type p			Preparer's signature		Date		Chaoli	:4 F	PTIN	
_						CD 3	Juic		Check			
Pa				BEDIAKO, CPA	BARUTI BEDIAKO	, CPA			self-employe	ed]	200740658	
	epar		е	WATSONRICE LI								
Us	e Or	Iy Firm's addr	ess	5 PENN PLZ, F	'L 19				Firm's EIN	26-	1726741	
				NEW YORK, NY	10001				Phone no.	2124	477300	
May	/ the	IRS discuss th	nis r	,	shown above? See insti	ructions					X Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form	rm 990 (2022) POLLYANNA, INC.					47-358863	38 Page 2	
Par	t III		ement of Program					
					e to any line in this Part	:		Х
1		-	ibe the organization's	mission:				
	<u>SEE</u>	SCHE	DULE 0					
2		-	-		ices during the year which		·	_
								Yes X No
			ribe these new services				_	_
3					ant changes in how it c	onducts, any program	services?	Yes X No
	lf "Ye	es," desc	ribe these changes on	Schedule O.				
4	Desc	ribe the	organization's progra	m service accomplish	ments for each of its th	ree largest program s	ervices, as measur	ed by expenses.
	and r	revenue	, if any, for each prog	ram service reported.	red to report the amoun	it of grants and alloca	tions to others, the	total expenses,
			, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,					
4 a	(Cod	e:) (Expenses \$	207 069	including grants of \$) (Revenue \$	249,336.)
10					, RACIAL LITERA			
					ITUENT DIVERSIT			
					ADEMIC AND OTHE			
	<u>A33</u>	<u>E SMEI</u>	NIS, AND CONSO	LIING WIIN AC	ADEMIC AND OINE		<u>.</u>	
4b	(Cod	e:) (Expenses \$		including grants of \$) (Revenue \$)
40	(Cod	0.) (Expenses \$		including grants of \$) (Povonuo Š)
40	JUUU	···	(Lxhelises 4		including grants of \$	·)
			_					_
4d	Othe	r progra	am services (Describe	on Schedule O.)				
		enses	\$	including gran	ts of \$) (Revenue	\$)
4e			m service expenses		,069.			
				201	,			Earm 000 (2022)

Form 990 (2022) POLLYANNA, INC.
Part IV Checklist of Required Schedules

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

47-3588638

Form 990 (2022) POLLYANNA, INC 47-3588638 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J.... 23 **24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? *If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.* Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **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 Х **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 25h Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*..... 26 Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these Х persons? If "Yes," complete Schedule L, Part III..... 27 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): 28 a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV..... Х 28a Х **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV..... 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV..... 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M..... Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M. 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I.*..... 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, 34 and Part V, line 1..... Х 34 **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... Х 35a **b** If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2.....* 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI.* 37 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Х Note: All Form 990 filers are required to complete Schedule O..... 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

		Ye	es	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	11			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gami	ina			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gami (gambling) winnings to prize winners?	1	cΣ	X	

Form		3588638	F	Page 5
Part				
			Yes	No
2a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	1		
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
b	b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		Х
b	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).			V
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	tion 6a		Х
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
h	b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		Х
d	d If "Yes," indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
а	a Did the sponsoring organization make any taxable distributions under section 4966?			
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12 10a			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders 11a			
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	a 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.			
а	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.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			57
	a Did the organization receive any payments for indoor tanning services during the tax year?			Х
	b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?.	16		Х
17	If "Yes," complete Form 4720, Schedule O.	would		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			
BAA		Form	990	2022

	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b b a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char	elow nges	, and on	d for
	Schedule O. See instructions.	•		
	Check if Schedule O contains a response or note to any line in this Part VI.		<u></u>	. Х
Sec	ction A. Governing Body and Management			
1.	∇		Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year 1a 12 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.			
h	Enter the number of voting members included on line 1a, above, who are independent 1b			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents	-		
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	de.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	: Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on			
	Schedule O how this was done	12c	Х	v
13	Did the organization have a written whistleblower policy?		Х	Х
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?		X	X
	Did the organization have a written whistleblower policy?	13	X	X
14 15 a	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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	13	X	X X
14 15 a	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization.	13 14		Х
14 15 a	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	13 14 15a	X	X X
14 15 a b 16a	 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?. 	13 14 15a	X	X X
14 15 a b 16a	Did the organization have a written whistleblower policy?	13 14 15a 15b 16a	X	X X X
14 15 a b 16a	 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? 	13 14 15a 15b	X	X X X
14 15 16a b Sec	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure	13 14 15a 15b 16a	X	X X X
14 15 16a b <u>Sec</u> 17	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed	13 14 15a 15b 16a 16b		X X X X
14 15 16a b Sec	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure	13 14 15a 15b 16a 16b		X X X X
14 15 a b 16a b <u>Sec</u> 17 18	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed MY	13 14 15a 15b 16a 16b		X X X X
14 15 16a b <u>Sec</u> 17 18	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed	13 14 15a 15b 16a 16b		X X X X

Form 990 (2022) POLLYANNA, INC.

47-3588638

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Form 990 (2022) POLLYANNA, INC.	47-3588638	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensa	ted Employees	
I a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the	
List all of the organization's current officers, directors, trustees (whether individuals or organizati	ions), 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

			((C)					
(A) Name and title	(B) Average hours	Pos thar is	s both a	n offi	check m nless per cer and ustee)	а	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	ingrest compensated employee Key employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) CASPER CALDAROLA	40								
FOUNDER	0	Х	Σ	ζ			70,950.	0.	762.
(2) JIM WILSON	2								
CHAIR THRU 6/22	0	Х	Σ	ζ			0.	0.	0.
(3) RENA ANDOH	2								
CO-CHAIR 7/22	0	Х	Σ	ζ			0.	0.	0.
(4) PAQUITA DAVIS FRIDAY	2								
TREASURER	0	Х	Σ	ζ			0.	0.	0.
(5) DEEPTI MITTAL	2								
DIRECTOR	0	Х					0.	0.	0.
ERICA PETTIS	2			,			0	0	0
CO-CHAIR 7/22	0	Х	Σ	<u>۲</u>			0.	0.	0.
TAL_RECANATI	2	37					0	0	0
DIRECTOR	0	Х		_			0.	0.	0.
(8) MARJORIE VAN DERCOOK SECRETARY	2	v	Σ	,			0.	0.	0
(9) ALEXIS WRIGHT	0	Х		7		-	0.	0.	0.
DIRECTOR		х					0.	0.	0.
(10) ADDESON LEHV	2	Λ					0.	0.	0.
DIRECTOR	0	Х					0.	0.	0.
(11) REBECCA GAMZON	2	1				-	0.	0.	0.
DIRECTOR	0	Х					0.	0.	0.
(12) DESTYNEE JOHNSON	2		\vdash	+		+	0.	0.	0.
JUNIOR DIRECTOR		Х					0.	0.	0.
(13)	Ŭ								<u> </u>
		1							
(14)]							
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Par	t VII Section A. Officers, Directors, Tru	stees, l	Key E	Emp	loye	es, a	anc	l Highest Com	pensated Empl	oyees	(continu	.ied)
		(B)			(C)							
	(A) Name and title	Average hours per week	box,ι	unless	person	e than c is both or/truste	ı an	(D) Reportable compensation from	(E) Reportable compensation from	Estima	(F) ted amou	ınt
			Indiv or di	Institutio	Key	Hìgh empl	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	comper the or	sation fro	om n
		for related organiza	Individual trustee or director	omcer nstitutional trustee	Key employee	Highest compensated employee	ner				related nizations	
		 tions below 	rtrus	altru	oyee	ompei						
		dotted line)	ee	stee		nsate						
						đ						
(15)												
(16)												
(17)												
(18)				_								
<u>``</u>			•									
(19)												
(20)				_								
(20)												
(21)												
(22)				_								
(22)												
(23)												
(0.4)												
(24)												
(25)												
	Subtotal							70,950.	0.		76	62.
	Total (add lines 1b and 1c)							0. 70,950.	0.		76	<u>0.</u> 62.
	Total number of individuals (including but not limited									ensatior		
	from the organization 0											
•											Yes	No
3	Did the organization list any former officer, direct on line 1a? If "Yes, "complete Schedule J for such	tor, truste h <i>individu</i>	e, key al	, emp	loye	e, or f	nigh	est compensated	employee	. 3		Х
4	For any individual listed on line 1a, is the sum of	reportab	le com	pens	atior	and	oth	er compensation	from			
	the organization and related organizations greate such individual									. 4		Х
5	Did any person listed on line 1a receive or accrue	e compen	isation	from	i any	unrel	lạte	d organization or	individual	_		
Sec	for services rendered to the organization? If "Yes ion B. Independent Contractors	s," comple	ete Sc.	hedu	le J f	or suc	ch p	oerson		. 5		Х
	Complete this table for your five highest compens	sated inde	epende	ent c	ontra	ctors	tha	t received more th	nan \$100,000 of			
	compensation from the organization. Report compens		the cal	endal	r year	endir	ng w	(B)		. (0	3	
	(A) Name and business addr	ess						Description of	of services	Compe	nsation	ł
							_					
2	Total number of independent contractors (including b		ited to	those	liste	d abov	ve) v	who received more	than			
	\$100,000 of compensation from the organization	0								_	000 (0)	

Form 990 (2022) POLLYANNA, INC. Part VIII Statement of Revenue

Page 9

Par	t VI	Statement of Revenue Check if Schedule O contains a	a res	oonse or note to any	y line in this Part VI	11		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
হ হ	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b					
<u>م</u>	С	Fundraising events	1c					
lier -	d	Related organizations	1d					
Š, į	e	Government grants (contributions)	1e					
jā ja	t	All other contributions, gifts, grants, and similar amounts not included above	1f	180,003.				
iế Đ	g	Noncash contributions included in		100,003.				
t p		lines 1a-1f	1g					
	n	Total. Add lines 1a-1f		Business Code	180,003.			
Program Service Revenue	22			611430	132,831.	132,831.		
eve	b	PROFESSIONAL DEVELOPMENT		541900	46,500.	46,500.		
е	c c	ASSESSMENT_FEE		541900	35,000.	35,000.		
evi	d	·		611430	32,105.	32,105.		
ي م	е	WORKSHOPS		541900	2,500.	2,500.		
grai	f	All other program service revenue	e <u> </u>		400.	400.		
P.	g	Total. Add lines 2a-2f			249,336.			
	3	Investment income (including divide	nds,	interest, and	,			
		other similar amounts)			434.	434.		
	4	Income from investment of tax-ex						
	5	Royalties						
	6-	Gross rents 6a	aı	(ii) Personal				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
		Gross amount from (i) Secur		(ii) Other				
	7a	sales of assets						
	h	other than inventory Less: cost or other basis						
	~	and sales expenses 7b						
	-	Gain or (loss) 7c						
	d	Net gain or (loss)	· · · ·					
e	8a	Gross income from fundraising events						
en		(not including \$	_					
3ev		of contributions reported on line 1c). See Part IV, line 18						
P.	h	Less: direct expenses	8	a b				
Other Revenue		Net income or (loss) from fundrai	-	-				
Ų.			y					
	Уa	Gross income from gaming activities. See Part IV, line 19	9	a				
	b	Less: direct expenses	9					
	с	Net income or (loss) from gaming	j acti	vities				
	10a	Gross sales of inventory, less	Γ					
		returns and allowances.	10					
		Less: cost of goods sold	10	-				
	С	Net income or (loss) from sales o	t inv					
ŝ	11-			Business Code				
r a	на ь							
ven Ven	0							
Miscellaneous Revenue	11a b c d	All other revenue						
		Total. Add lines 11a-11d		۱ ۱				
		Total revenue. See instructions			429,773.	249,770.	0.	0
					1277113.	213,110.	0.	0.

Form 990 (2022)

	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a re				Х
Do 1 6b,	not include amounts reported on lines 7b, 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 for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	71,712.	0.	71,712.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	73,163.		73,163.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	11,550.	760.	10,790.	
11	Fees for services (nonemployees): Management				
		4,093.		4,093.	
	Accounting	20,185.		20,185.	
	l Lobbying	20,105.		20,105.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	210,752.	199,296.	11,456.	
12	(A), amount, list line 11g expenses on Schedule OSCH. O Advertising and promotion	886.	155,250.	11,430.	886.
13	Office expenses				
14	Information technology	9,477.		9,440.	37.
15	Royalties			,	
16	Occupancy	7,512.		7,512.	
17	Travel	12,016.		2,369.	9,647.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,865.	434.	195.	7,236.
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2 440		2 440	
23 24	Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).	3,440.		3,440.	
а	, , , , , , , , , , , , , , , , , , , ,	16,035.	6,575.	9,254.	206.
b	SERVICE FEES AND BANK CHARGES	5,273.	4.	5,269.	200.
с	CLIENT RELATIONS	1,389.	1.	245.	1,144.
d		674.		210.	464.
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	456,022.	207,069.	229,333.	19,620.
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)				

 Form 990 (2022)
 POLLYANNA, INC.

 Part IX
 Statement of Functional Expenses

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Form 990 (2022) POLLYANNA, INC.

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Pa	art X	Balance Sheet		5500	
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	122,809.	1	70,727.
	2	Savings and temporary cash investments	102.	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	17,000.	4	26,227.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ts	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
Å	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation 10b		10c	
	11	Investments – publicly traded securities.	54,612.	11	19,634.
	12	Investments – other securities. See Part IV, line 11	01/0111	12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11	7,000.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	201,523.	16	116,588.
	17	Accounts payable and accrued expenses	52,200.	17	10,648.
	18	Grants payable		18	
	19	Deferred revenue	38,200.	19	21,700.
~	20	Tax-exempt bond liabilities		20	
Ë.	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	90,400.	26	32,348.
Ices		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.	·		·
ılar	27	Net assets without donor restrictions	111,123.	27	
Ba	28	Net assets with donor restrictions	ł –	28	84,240.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
5	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ŝŝ	31	Retained earnings, endowment, accumulated income, or other funds		31	
tΑ	32	Total net assets or fund balances	111,123.	32	84,240.
Ne	33	Total liabilities and net assets/fund balances.	201,523.	33	116,588.
BA	A	TEEA0111L 09/01/22	,01		Form 990 (2022)

Forn	990 (2022) POLLYANNA, INC. 47-3	8588638		Pa	ge 12	
Par						
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	29,7	73.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	56,0	22.	
3	3 Revenue less expenses. Subtract line 2 from line 1 3					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 4					
5	Net unrealized gains (losses) on investments	5		-6,9	78.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		6,3	344.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		84,2	240.	
Par	t XII Financial Statements and Reporting			- /		
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	d on a				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the U Guidance, 2 C.F.R Part 200, Subpart F?	Jniform	3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
BAA	TEEA0112L 09/01/22		Form	990 ((2022)	

SCHEDULE A (Form 990)

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.

m990 for instructions and the latest information

OMB No.	1545-0047
20	22

Open to	Public
Inspe	ction

Internal Revenue Servic	.e
Name of the organizati	on

(E)

Total

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection			
Name o	ame of the organization Employer identification number									
	POLLYANNA, INC. 47-3588638 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
Part				v			1 1	ctions.		
The o	<u> </u>	•	•	For lines 1 through 12,		-	,			
1	A church, conv	vention of church	nes, or association of cl	nurches described in sec	tion 1 70 (b)(1)(A)	i).			
2	A school des	cribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)					
3	A hospital or	a cooperative h	nospital service organi	ization described in se	ction 17	0(b)(1)(A	A)(iii).			
4		-	ation operated in conju	unction with a hospital	describe	d in sec	ction 1 70(b)(1)(A)(iii) . E	Inter the hospital's		
-	name, city, and state:									
5	section 170(b)(1)(A)(iv). (Complete Part II.)									
6			0	ental unit described in s						
7	An organization in section 17	n that normally (0(b)(1)(A)(vi).	receives a substantial p (Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	blic described		
8	A community	trust described	t in section 170(b)(1)(A)(vi). (Complete Part	ll.)					
9				tion 170(b)(1)(A)(ix) oper						
	or university o university:	-		e (see instructions). Ente		-	and state of the college of	or		
10				nan 33-1/3% of its supp			utions mombarship fo			
	from activities	s related to its o come and unre	exempt functions, sub	e income (less section	ns: and	(2) no r	nore than 33-1/3% of i	ts support from aross		
11	An organizati	on organized a	nd operated exclusive	ly to test for public saf	ety. See	section	n 509(a)(4).			
12	or more publi	cly supported c	organizations describe	ely for the benefit of, to d in section 509(a)(1) of upporting organization	or sectio	on 509(a)(2). See section 509(a	ut the purposes of one ((3). Check the box on		
а	Type I. A support		ion operated, supervise equiarly appoint or elect	d, or controlled by its su a majority of the directo				g the supported on. You must		
b				antrollad in composition			ad avaranization (a) bu	having applyed as		
D	management of	of the supporting te Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	ontrol or	manage	the supported organizat	ion(s). You		
С	Type III function	onally integrated s) (see instruct	I. A supporting organizat ions). You must comp	ion operated in connectio	n with, a A, D, an	nd functi d E.	onally integrated with, its	supported		
d	Type III non-fu functionally in	nctionally integ tegrated. The	rated. A supporting org	anization operated in con must satisfy a distribu s A and D, and Part V.	nnection tion req	with its : uiremen	supported organization(s) t and an attentiveness) that is not requirement (see		
е	Check this bo	ox if the organiz	ation received a writte	en determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally		
f				supporting organizatior						
	(i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the (v) Amount of monetary (vi) Amount of other							(vi) Amount of other support (see instructions)		
					docui	ment?				
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										

Sche	edule A (Form 990) 2022	POLLYANN	A, INC.			47-3588638	Page 2
Par	t II Support Schedule for						vi)
	(Complete only if you checked organization fails to qualify	the box on line 5, 7 under the tests list	7, or 8 of Part I or ed below, pleas	r if the organization e complete Part II	i failed to qualify un	ider Part III. If the	
Sec	tion A. Public Support		, p		,		
Cale	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support				1		
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see ins	tructions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second	l, third, fourth, or t	fifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20 Public support percentage from		•••				% %
16a	33-1/3% support test–2022. If t and stop here. The organization						
b	33-1/3% support test–2021. If the and stop here. The organization	ne organization did	not check a bo	x on line 13 or 16	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstance	s test check this	box and stop here	e. Explain in Part \	/I how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-ar	nd-circumstance	s test, check this	box and stop here	e. Explain in Part \	/I how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	is box and see ins	tructions

Schedule A (Form 990) 2022

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

(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.)

Section A. Public Support (c) 2020 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, 1 and membership fees received. (Do not include any "unusual grants.").... 227,944 144,468 274,993 121,884 180,003 949,292. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose... 269,604 726,594 704,710 242,791 1,943,699. 3 Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.... The value of services or facilities furnished by a governmental unit to the organization without charge ... Total. Add lines 1 through 5... 227,944 414,072 1,001,587 826,594 422,794 2 892 991 Amounts included on lines 1, 7a 2, and 3 received from disqualified persons.... 0 0 66,000 85,979 212,393. 60,414 **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.... 0 270,763 112,744 708,088. 52,172 272,409 c Add lines 7a and 7b.... 198,723. 0 52,172 336,763 332,823 920,481. 8 Public support. (Subtract line 7c from line 6.). 972,510. 1 Section B. Total Support (c) 2020 (e) 2022 (a) 2018 (b) 2019 (d) 2021 (f) Total Calendar year (or fiscal year beginning in) 9 Amounts from line 6..... 227,944 414,072. 1, 001,587 826,594 422,794 2,892,991. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . 59 43 102. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975... c Add lines 10a and 10b 0 59 43 0. 0 102. 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI 2,133. 2,133. Total support. (Add lines 9, 13 2,895,226. 10c, 11, and 12.)..... 227,944. 414,131. 1,003,763. 826,594 422,794. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)...... 15 68.13 16 Public support percentage from 2021 Schedule A, Part III, line 15. 16 0.00 Section D. Computation of Investment Income Percentage 0.00 % 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))..... 17 18 Investment income percentage from 2021 Schedule A, Part III, line 17..... 18 0.00 19a 33-1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization gualifies as a publicly supported organization **b** 33-1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and

line 18 is not more than 33-1/3%, check this box and stop here. The organization gualifies as a publicly supported organization ... Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions..... 20

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 Part IV
 Supporting Organizations

 (Complete only if you checked a box on line 12 of 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

			V	NL.
			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4	a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	${f c}$ Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the			
	supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	,		
	complete Part I of Schedule L (Form 990).	8		
9	a 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))?	00		
	If "Yes," provide detail in Part VI.	9a		
	b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
	c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding			
10	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine			
	whether the organization had excess business holdings.)	1 0 b		

				0
Part IV	Supporting Organizations (continued)		÷	
			Yes	No
11 Has	the organization accepted a gift or contribution from any of the following persons?			
a A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c	below.		
the g	overning body of a supported organization?	11a		
b A far	nily member of a person described on line 11a above?	11b		
c A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2022

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

POLLYANNA, INC.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

 Yes
 No

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

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

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported** organization how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

Yes

No

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Page 5

Yes

1

2

No

Page 6	õ
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 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization 	t on No	v. 20, 1970 (explain ir	n Part VI). See
ection A – Adjusted Net Income	(A) Prior Year	(B) Current Yea (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		
ection B — Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection 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 have if the surrout user is the experimetion of first as a new functionally into		T	

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

Schedule A (Form 990) 2022

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued	d)			
Sec	tion D – Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exempt put	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	8					
9	Distributable amount for 2022 from Section C, line 6			9			
10	0Line 8 amount divided by line 9 amount10						
Sec	tion E – Distribution Allocations (see instructions)	ns	(iii) Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i>). See instructions.						
3	Excess distributions carryover, if any, to 2022						
-	From 2017						
	P From 2018						
	From 2019						
	From 2020						
6	Prom 2021						
	f Total of lines 3a through 3e						
ç	Applied to underdistributions of prior years						
ł	Applied to 2022 distributable amount						
	Carryover from 2017 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D, line 7: \$						
a	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j and 4c.						
8	Breakdown of line 7:						
a	Excess from 2018						
k	Excess from 2019						
C	Excess from 2020						
	Excess from 2021						
e	Excess from 2022						

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Schedule A (Form 990) 2022

Schedule A (For	rm 990) 2022		POLLYANNA, I	NC.			47-358	8638	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)									
PART III, LINE 12 - OTHER INCOME									
NATURE	AND SOURCE		2022	2021		2020	2019	2018	
OTHER I	NCOME	TOTAL	<u>\$0.</u>	\$	<u>0.</u>	2,133. 2,133.	\$0.	\$	0.

OIVIB INO. 1545-0047					
2022					
Open to Public Inspection					

1545 00

Department of the Treasury Internal Revenue Service Name of the organization

POLLYANNA, INC

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

POLLYANNA ADVANCES SYSTEMIC CHANGE BY DEVELOPING STRONGER COMMUNITIES. OUR STRATEGY: POLLYANNA WORKS WITH ACADEMIC AND OTHER INSTITUTIONS TO ACHIEVE THEIR DIVERSITY, EQUITY AND INCLUSION GOALS. THROUGH ITS UNIQUE CONFERENCE MODELS, DISCUSSION PLATFORMS, AND RACIAL LITERACY CURRICULA, POLLYANNA INCREASES CULTURAL COMPETENCE.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

POLLYANNA ADVANCES SYSTEMIC CHANGE BY DEVELOPING STRONGER COMMUNITIES. OUR STRATEGY:

POLLYANNA WORKS WITH ACADEMIC AND OTHER INSTITUTIONS TO ACHIEVE THEIR DIVERSITY,

EQUITY AND INCLUSION GOALS. THROUGH ITS UNIQUE CONFERENCE MODELS, DISCUSSION

PLATFORMS, AND RACIAL LITERACY CURRICULA, POLLYANNA INCREASES CULTURAL COMPETENCE.

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

FORM 990 WILL BE REVIEWED BY THE EXECUTIVE DIRECTOR AND OPERATIONS DIRECTOR.

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

THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND- RAISING
- CONTRACT SERVICES - CONSULTANT	210,752.	199,296.	11,456.	
TOTAL	\$ 210,752.	\$ 199,296.	\$ 11,456.	\$0.