ISAANA TAX LLC 7501 N UNIVERSITY STREET STE 221A PEORIA, IL 61614

THE BEAUTYWELL PROJECT 1821 UNIVERSITY AVE W SAINT PAUL, MN 55104

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May 16, 2022

THE BEAUTYWELL PROJECT 1821 UNIVERSITY AVE W SAINT PAUL, MN 55104

## THE BEAUTYWELL PROJECT:

Enclosed are the original and one copy of the 2021 Exempt Organization returns, as follows...

2021 Form 990

2021 Minnesota Annual Report

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Yanli Zhao



#### PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

#### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

#### PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

# PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

\*\*\*\*\*\*

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

# Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

|  | •                  |      |
|--|--------------------|------|
| For calendar year 2021, or fiscal year beginning | , 2021, and ending | , 20 |

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

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

2021

EIN or SSN

83-0718160

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of filer

THE BEAUTYWELL PROJECT

Name and title of officer or person subject to tax AMIRA ADAWE

Part I Type of Return and Return Information

| Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and                  |
|--|
| Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,      |
| or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,         |
| whichever is applicable, blank (do not enter -0.). But, if you entered -0. on the return, then enter -0. on the applicable line below. <b>Do not</b> complete more |
| than one line in Part I.   |

| 1a                 | Form 990 check here > X                        | <b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)    | 1b <u>128,040</u>          |
|--------------------|--|--|----------------------------|
| 2a                 | Form 990-EZ check here >                       | b Total revenue, if any (Form 990-EZ, line 9)                                | 2b                         |
| 3a                 | Form 1120-POL check here ▶                     | b Total tax (Form 1120-POL, line 22)   | 3b                         |
| 4a                 | Form 990-PF check here >                       | <b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)        | 4b                         |
| 5a                 | Form 8868 check here                           | b Balance due (Form 8868, line 3c)   | 5b                         |
| 6a                 | Form 990-T check here >                        | b Total tax (Form 990-T, Part III, line 4)                                   | 6b                         |
| 7a                 | Form 4720 check here >                         | b Total tax (Form 4720, Part III, line 1)                                    | 7b                         |
| 8a                 | Form 5227 check here                           | <b>b</b> FMV of assets at end of tax year (Form 5227, Item D)                | 8b                         |
| 9a                 | Form 5330 check here                           | b Tax due (Form 5330, Part II, line 19)                                      | 9b                         |
| 10a                | Form 8038-CP check here                        | b Amount of credit payment requested (Form 8038-CP, Part III, line 22)       | 10b                        |
| Part               | II Declaration and Signat                      | ure Authorization of Officer or Person Subject to Tax                        |                            |
| Jnder <sub>l</sub> | penalties of perjury, I declare that $oxed{X}$ | I am an officer of the above entity or I am a person subject to tax with r   | espect to (name            |
| of entit           | y)   | , (EIN) and that I ha  | ave examined a copy of the |
| 2021 e             | ectronic return and accompanying sch           | edules and statements, and, to the best of my knowledge and belief, they are | true, correct, and         |

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

| PΙ | N: | check | one | box | only |
|----|----|-------|-----|-----|------|
|----|----|-------|-----|-----|------|

| X I authorize | ISAANA | TAX | LLC |               | to enter my PIN | 56878  |
|---------------|--------|-----|-----|---------------|-----------------|--|
|               |        |     |     | ERO firm name |                 | Enter five numbers, bu<br>do not enter all zeros |

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Amira Adawe (May 17, 2022 01:38 GMT+3)

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

37425898765

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS <sub>e-file</sub> Providers for Business Returns.

ERO's signature ▶ ISAANA TAX LLC

Date  $\triangleright 05/16/22$ 

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

May 17, 2022

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

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

| Demployer identification number   Part   Demployer identification number   Demployer identification   Demployer identification   Demployer identification   Demployer   Demployer identification   | Α                       | For the             | e 2021 calendar year, or tax year beginning and  | ending        |                         |                             |
|--|-------------------------|---------------------|--|---------------|-------------------------|-----------------------------|
| THS BRACTIVELL PRODUCT   Noncomparison   Non   | В                       | Check if applicable | C Name of organization   |               | D Employer identifie    | cation number               |
| Section   Design business as   128,040.  |                         | Addre               | THE BEAUTYWELL PROJECT   |               |                         |                             |
| Represented the properties of the properties o   |                         | Name<br>chang       |  |               | 83-07181                | 60                          |
| City or town, state or province, country, and 2/l or foreign postal code  SAINT PAUL, MN 55104  FName and address of principal officer.AMIRA ADAWE, MPH  1821 UNIVERSITY AVE W, SAINT PAUL, MN 55104  Tax-exempts tastus: X 5010(3)(3) 5010(1) 4 (meetra to) 1947(a)(1) or 522  Website > WiW. THEBEAUTYWELL ORG  Korm of organization: X Corporation Trust Association Other Year of formation; 2017 M State of legal demicile. MN  Part I Summary  1 Briefly describe the organization's mission or most significant activities: THE BEAUTYWELL PROJECT IS AN ORGANIZATION THAT WAS FOUNDED TO ADDRESS THE ISSUE OF  Check this box > 1 If the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of independent voting members of the governing body (Part VI, line 1b)  4 User of formation; 2017 M State of legal demicile. MN  7 a Total unrelated business revenue from Part VIII, column (A), line 10  5 Total number of ordividuals employed in calerand year 2021 (Part V, line 1a)  8 Contributions and grants (Part VIII, line 1b)  10 Invertent income (Part VIII, line 2b)  11 Other revenue (Part VIII, line 1b)  12 Total revenue. 24dd lines 8 through 11 (must equal Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part X, column (A), lines 15)  14 Benefits paid to or for members (Part X, column (A), lines 15)  15 Salaries, other compensors (Part X, column (A), lines 15)  16 Salaries, other compensors (Part X, column (A), lines 15)  17 Other revenue Part X, column (A), lines 16)  18 Generals and similar amounts paid (Part X, column (A), lines 15)  19 Revenue less expenses (Part X, column (A), lines 16)  10 Total ervenue. 24dd lines 8 through 11 (must equal Part X, column (A), lines 510)  10 Total ervenue. 24dd lines 11 (must equal Part X, column (A), lines 15)  19 Revenue less expenses (Part X, line 16)  10 Total ervenue. 24dd lines 8 through 11 (must equal Part X, column (A), lines 15)  10 Total ervenue. 24dd lines 8 through 11 (must equal Part X, column (A),  |                         | return<br>Final     | 1821 IINTYFDCTTV AVE W   | Room/suite    |                         |                             |
| SATNT PAUL, MN 55104   |                         | termin              | -  |               |                         |                             |
| Tax-exempt status:   X   Still(s)   Still(s)   Asint PAUL, MN   S5.104   H(b) xerial absorbantate includes?   Yes   X   No   No   No   No   No   No   No   |                         | Amen                |  |               |                         |                             |
| Tax exempt status  | Е                       | Applic              | ·  |               |                         |                             |
| Tax-exempt status:   |                         | pendi               |  | 55104         |                         |                             |
| J. Website: ▶ WWW. "PHEBEAUTYWEILL.ORG   Vear of formation: X   Corporation   Trust   Association   Uther ▶   L. Year of formation: 2017 M State of legal domicile: MN   | $\overline{\mathbf{L}}$ | Tax-ex              |  |               | 1                       |                             |
| Part     Summary   |                         |                     |  |               | <b>⊣</b> ′              |                             |
| Part   Summary   |                         |                     |  | <b>L</b> Year |                         |                             |
| Content   Con    |                         |                     |  |               |                         | <u> </u>                    |
| Content   Con    |                         | 1                   | Briefly describe the organization's mission or most significant activities: THE I                | BEAUTY        | WELL PROJECT            | r is an                     |
| 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue (rom Part VIII, column (C), line 12  7 a Total unrelated business revenue (rom Part VIII, column (C), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 6, 8c, 9c, 10c, and 11e)  12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 510)  17 Other expenses (Part IX, column (A), line 11e)  18 Total fundraising geopenses (Part IX, column (A), line 11e)  19 Total fundraising seepsenses (Part IX, column (A), line 25)  19 Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Total liabilities (Part X, line 16)  34 Septimal service (Part X, line 16)  35 Signature of officer  Part IX Signature Block  Part IX Signature Block  Part IX Signature of officer  Part IX   | ၁၁                      |                     |  |               |                         |                             |
| 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue (rom Part VIII, column (C), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  10 Investment income (Part VIII, column (A), lines 3, 6, 8c, 9c, 10c, and 11e)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Salaries, other compensation, employee benefits (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Total liabilities (Part X, line 16)  33 Total assets (Part X, line 16)  44 Senders (Part IX, line 16)  55 Control assets (Part X, line 16)  56 Control assets (Part X, line 16)  57 Control balances. Subtract line 21 from line 20  58 Signature of officer  59 A 9 23  77 A 59 4  50 Total aliabilities (Part X, line 26)  50 Firm's address Part IX and omplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  4 Print'y per perparer's name  4 Print'y per perparer's name  4 Print's address Print IX a  | 'n                      | 2                   | Check this box  if the organization discontinued its operations or dispos                        | ed of more    | than 25% of its net ass | sets.                       |
| 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue (rom Part VIII, column (C), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  10 Investment income (Part VIII, column (A), lines 3, 6, 8c, 9c, 10c, and 11e)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Salaries, other compensation, employee benefits (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Total liabilities (Part X, line 16)  33 Total assets (Part X, line 16)  44 Senders (Part IX, line 16)  55 Control assets (Part X, line 16)  56 Control assets (Part X, line 16)  57 Control balances. Subtract line 21 from line 20  58 Signature of officer  59 A 9 23  77 A 59 4  50 Total aliabilities (Part X, line 26)  50 Firm's address Part IX and omplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  4 Print'y per perparer's name  4 Print'y per perparer's name  4 Print's address Print IX a  | Ş                       | 3                   |  |               |                         | _                           |
| 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Total unrelated business texable income from Form 990-T, Part I, line 11  Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 171, 051, 128, 040. 9 Program service revenue (Part VIII, line 1h) 171, 051, 128, 040. 19 Program service revenue (Part VIII, line 1g) 3, 150. 0 . 0 . 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 0 . 0 . 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 174, 201, 128, 040. 13 Grants and similar amounts paid (Part IX, column (A), line 13) 0 . 0 . 14 Benefits paid to or for members (Part IX, column (A), line 13) 0 . 0 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 510) 7, 954, 89, 1144. 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 0 . 17 Other expenses (Part IX, column (A), line 25) 0 . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0 . 19 Revenue less expenses. Subtract line 18 from line 12 84, 890. −17, 543. 19 Revenue less expenses. Subtract line 18 from line 12 84, 890. −17, 543. 20 Total assets (Part X, line 26) 0 . 20 Total assets (Part X, line 26) 0 . 21 Total liabilities (Part X, line 26) 0 . 22 Total assets or fund balances. Subtract line 21 from line 20 94, 923. 77, 459.  Part II Signature of officer Part X, line 26  |                         |                     |  |               |                         | 5                           |
| Solution    | S<br>S                  | 5 5                 |  |               |                         | 0                           |
| Solution    | /itie                   | 6                   |  |               |                         | 0                           |
| Solution    | ĊĘ:                     | 7 a                 | Total unrelated business revenue from Part VIII, column (C), line 12                             |               | 7a                      | 0.                          |
| Prior Year   Current Year   171, 051, 128,040.   3,150.   0.   0.   0.   0.   0.   0.   0.   | _                       | <u>b</u>            |  |               |                         | 0.                          |
| 9 Program service revenue (Part VIII, line 2g) 3   |                         |                     |  |               | Prior Year              |                             |
| Total revenue (Part VIII, column (A), lines 5, 6c, 2c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 1e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Part IX, column (D), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II Signature Block  24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  25 Signature of officer  26 Part II Signature of officer  27 AMIRA ADAWE, MPH, EXECUTIVE DIRECTOR  28 Firm's name ISAANA TAX LLC  29 Firm's name ISAANA TAX LLC  20 Firm's address 7501 N UNIVERSITY STREET STE 221A  20 Penne no. (309) 403-0660  | a)                      | 8                   | Contributions and grants (Part VIII, line 1h)  |               |                         | 128,040.                    |
| Total revenue (Part VIII, column (A), lines 5, 6c, 2c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 1e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Part IX, column (D), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II Signature Block  24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  25 Signature of officer  26 Part II Signature of officer  27 AMIRA ADAWE, MPH, EXECUTIVE DIRECTOR  28 Firm's name ISAANA TAX LLC  29 Firm's name ISAANA TAX LLC  20 Firm's address 7501 N UNIVERSITY STREET STE 221A  20 Penne no. (309) 403-0660  | Ž                       | 9                   | Program service revenue (Part VIII, line 2g)   |               |                         |                             |
| Total revenue (Part VIII, column (A), lines 5, 6c, 2c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 1e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Part IX, column (D), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II Signature Block  24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  25 Signature of officer  26 Part II Signature of officer  27 AMIRA ADAWE, MPH, EXECUTIVE DIRECTOR  28 Firm's name ISAANA TAX LLC  29 Firm's name ISAANA TAX LLC  20 Firm's address 7501 N UNIVERSITY STREET STE 221A  20 Penne no. (309) 403-0660  | eve                     | 10                  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                    |               |                         |                             |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Total fundraising expenses (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Part II Signature of officer  AMIRA ADAWE, MPH, EXECUTIVE DIRECTOR Type or print name and title  Preparer's signature  YANLI ZHAO  Firm's name  Firm's name  Firm's name  Firm's name  Firm's address  Firm's ad | α.                      | 11                  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                         |               | _                       |                             |
| 14   Benefits paid to or for members (Part IX, column (A), line 4)   0 . 0 . 0 .   |                         | 12                  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)               |               | 174,201.                | 128,040.                    |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)   7,954   89,144     16a Professional fundraising fees (Part IX, column (A), line 11e)   0   0     17 Other expenses (Part IX, column (A), line 25)   0     18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)   84,890   -17,543     19 Revenue less expenses. Subtract line 18 from line 12   84,890   -17,543     20 Total assets (Part X, line 16)   94,923   78,249     21 Total liabilities (Part X, line 26)   94,923   77,459     22 Part II   Signature Block  |                         | 13                  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                 |               |                         |                             |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)   0 . 0 . 0 .     b Total fundraising expenses (Part IX, column (D), line 25)   0 .     17 Other expenses (Part IX, column (A), line 11a.11d, 11f.24e)   81, 357 . 56, 439 .     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   89, 311 . 145, 583 .     19 Revenue less expenses. Subtract line 18 from line 12   84, 89017, 543 .     19 Revenue less expenses. Subtract line 18 from line 12   8eginning of Current Year   End of Year     20 Total assets (Part X, line 16)   94, 923 . 78, 249 .     21 Total liabilities (Part X, line 26)   94, 923 . 77, 459 .     Part II   Signature Block   94, 923 . 77, 459 .     Part II   Signature Block   94, 923 . 77, 459 .     Part II   Signature block   94, 923 . 94, 923 . 94, 923 . 94, 923 . 94, 923 . 94, 923 .       |                         | 14                  | Benefits paid to or for members (Part IX, column (A), line 4)                                    |               |                         |                             |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 January (Part II)  35 January (Part II)  36 January (Part II)  36 January (Part II)  37 January (Part II)  38 January (Part III)  4  | S                       | 15                  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                |               |                         |                             |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 January (January Lorent Vear End of Year Part II)  35 January (January Lorent Vear End of Year Part II)  36 January (January Lorent Vear End of Year Part II)  36 January (January Lorent Vear End of Year Part II)  37 January (January Lorent Vear End of Year Part II)  38 January (January Lorent Vear End of Year End of Year Part II)  36 January (January Lorent Vear End of Year Part II)  37 January (January Lorent Vear End of Year Part II)  38 January (January Lorent Vear End of Year Part II)  38 January (January Lorent Vear End of Year Part II)  48 January (January Lorent Vear End of Year Part II)  49 January (January Lorent Vear End of Year Part II)  49 January (January Lorent Vear End of Year Part II)  40 January (January Lorent Vear End of Year Part II)  40 January (January Lorent Vear End of Year Part II)  51 January (January Lorent Vear End of Year Part II)  52 January (January Lorent Vear End of Year Part II)  52 January (January Lorent Vear End of Year Part II)  53 January (January Lorent Vear End of Year Part II)  54 January (January Lorent Vear End of Year Part II)  54 January (January Lorent Vear End of Year Part II)  55 January (January Lorent Vear End of Year Part II)  56 January (January Lorent Vear End of Year Part II)  57 January (January Lorent Vear End of Year Part II)  57 January (January Lorent Vear End of Year Part II)  58 January (January Lorent Vear End of Year Part II)  57 January (January Lorent Vear End of Year Part II)  58 January (January Lorent Vear End of Year Part II)  58 January (January Lorent Vear End of Year Part II)  59 January (January Lorent Vear End of Year Part II)  59 January (January Lorent Vear II)  50 January (January Lorent Vear II)  50   | nse                     | 16a                 | Professional fundraising fees (Part IX, column (A), line 11e)                                    |               | 0.                      | 0.                          |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 January (Part II)  35 January (Part II)  36 January (Part II)  36 January (Part II)  37 January (Part II)  38 January (Part III)  4  | χ                       | ь                   | Total fundraising expenses (Part IX, column (D), line 25)  | 0.            |                         |                             |
| 19 Revenue less expenses. Subtract line 18 from line 12  84,890  | Ú                       | 17                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                     |               |                         |                             |
| Beginning of Current Year   End of Year  |                         | 18                  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                        |               |                         |                             |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  AMIRA ADAWE, MPH, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name Preparer's signature YANLI ZHAO Preparer Use Only Firm's name ISAANA TAX LLC Firm's EIN Firm's EIN Phone no. (309) 403-0660  | _                       | 19                  | Revenue less expenses. Subtract line 18 from line 12   |               | 84,890.                 | -17,543.                    |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  AMIRA ADAWE, MPH, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name Preparer's signature YANLI ZHAO Preparer Use Only Firm's name ISAANA TAX LLC Firm's EIN Firm's EIN Phone no. (309) 403-0660  | 3 or                    | 3                   |  | Ве            |                         |                             |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  AMIRA ADAWE, MPH, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name Preparer's signature YANLI ZHAO Preparer Use Only Firm's name ISAANA TAX LLC Firm's EIN Firm's EIN Phone no. (309) 403-0660  | sets                    | 20                  | Total assets (Part X, line 16)   |               |                         |                             |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  AMIRA ADAWE, MPH, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name Preparer's signature YANLI ZHAO Preparer Use Only Firm's name ISAANA TAX LLC Firm's address 7501 N UNIVERSITY STREET STE 221A PEORIA, IL 61614 Phone no. (309) 403-0660  | t As                    | 21                  | ,  |               |                         |                             |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  AMIRA ADAWE, MPH, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name  Preparer's signature  YANLI ZHAO  Preparer  Firm's name  ISAANA TAX LLC  Firm's address  7501 N UNIVERSITY STREET STE 221A  PEORIA, IL 61614  Phone no. (309) 403-0660   | Ę                       | 22                  |  |               | 94,923.                 | 77,459.                     |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  AMIRA ADAWE, MPH, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name YANLI ZHAO Preparer  YANLI ZHAO  Firm's name  ISAANA TAX LLC Firm's name  ISAANA TAX LLC Firm's address  7501 N UNIVERSITY STREET STE 221A PEORIA, IL 61614  Phone no. (309) 403-0660   |                         |                     |  |               |                         | <del> </del>                |
| Sign Here  AMIRA ADAWE, MPH, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name YANLI ZHAO Preparer Use Only  Firm's name  ISAANA TAX LLC Firm's address 7501 N UNIVERSITY STREET STE 221A PEORIA, IL 61614  Pate  Date  Check X PTIN Firm's EIN 46-3269127  Firm's EIN 46-3269127  |                         |                     |  |               |                         | knowledge and belief, it is |
| Here  AMIRA ADAWE, MPH, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer's signature  YANLI ZHAO  YANLI ZHAO  Preparer  Use Only  Firm's name  TSAANA TAX LLC  Firm's address  7501 N UNIVERSITY STREET STE 221A  PEORIA, IL 61614  Phone no. (309) 403-0660   | true                    | e, correc           | it, and complete. Declaration of preparer (other than officer) is based on all information of wh | iicn preparer | nas any knowledge.      |                             |
| Here  AMIRA ADAWE, MPH, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer's signature  YANLI ZHAO  YANLI ZHAO  Preparer  Use Only  Firm's name  TSAANA TAX LLC  Firm's address  7501 N UNIVERSITY STREET STE 221A  PEORIA, IL 61614  Phone no. (309) 403-0660   | ۵.                      |                     | Signature of officer   |               | l<br>Date               |                             |
| Type or print name and title  Print/Type preparer's name  Preparer's signature  YANLI ZHAO  Preparer  Firm's name  ISAANA TAX LLC  Firm's address  7501 N UNIVERSITY STREET STE 221A  PEORIA, IL 61614  Preparer  Preparer's signature  05/16/22   firm's EIN  46-3269127  Phone no. (309) 403-0660  |                         |                     | , -  |               | Dato                    |                             |
| Print/Type preparer's name   | не                      | re                  |  |               |                         |                             |
| Paid         YANLI ZHAO         YANLI ZHAO         05/16/22 if self-employed         P01607424           Preparer Use Only Pirm's address ► 7501 N UNIVERSITY STREET STE 221A PEORIA, IL 61614         Firm's EIN ► 46-3269127   |                         |                     |  |               | Date Check C            | <b>Y</b> PTIN               |
| Preparer   Firm's name   ISAANA TAX LLC   Firm's EIN   46-3269127   Use Only   Firm's address   7501 N UNIVERSITY STREET STE 221A   Phone no. (309) 403-0660   Preparer   Firm's name   ISAANA TAX LLC   Firm's EIN   46-3269127   Phone no. (309) 403-0660   Phone no. (309) 403-0660   Preparer   Firm's name   ISAANA TAX LLC   Firm's EIN   46-3269127   Phone no. (309) 403-0660   Phone no. (309) 403-0660   Preparer   Firm's name   ISAANA TAX LLC   Firm's EIN   46-3269127   Preparer   Firm's name   Firm's na  | Pai                     | d                   |  | 1             | L                       | <u></u>                     |
| Use Only Firm's address 7501 N UNIVERSITY STREET STE 221A PEORIA, IL 61614 Phone no. (309) 403-0660  |                         |                     |  |               |                         |                             |
| PEORIA, IL 61614 Phone no. (309) 403-0660  |                         | -                   |  | A             | I IIIII 2 EIIV          | 10 3207121                  |
|  | 550                     | y                   |  |               | Phone no (3             | 09) 403-0660                |
|  | Ma                      | v the II            | -  |               | Ti Holle Ho. ( 5        | X Yes No                    |

| rai | Till Statement of Frogram 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:   |  |
|     | THE BEAUTYWELL PROJECT IS AN ORGANIZATION THAT WAS FOUNDED TO ADDRESS  |  |
|     | THE ISSUE OF SKIN-LIGHTENING PRACTICES AND CHEMICAL EXPOSURES IN THE   |  |
|     | IMMIGRANT AND COMMUNITIES OF COLOR. THE ORGANIZATION'S MISSION IS TO   |  |
|     | DEVELOP HEALTHY INDIVIDUALS, FAMILIES AND COMMUNITY THROUGH EDUCATION,   | <u> </u>                                     |
| 2   | Did the organization undertake any significant program services during the year which were not listed on the                                 |  |
|     | prior Form 990 or 990-EZ?  | <u>K</u> Nο                                  |
|     | 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 🖸                           | <u>K</u> Nο                                  |
|     | 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 by expenses.         |  |
|     | 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 \$   | )  |
|     | YOUNG WOMEN'S WELLNESS AND LEADERSHIP INITIATIVE   |  |
|     |  |  |
|     | THE YOUNG WOMEN'S WELLNESS AND LEADERSHIP INITIATIVE (YWWLI) TRAINS  |  |
|     | YOUNG 14-18 YEAR OLD SOMALI WOMEN TO TAKE LEAD OF THEIR HEALTH AND   |  |
|     | WELLBEING, GAIN POLICY AND ADVOCACY SKILLS, AND CREATE SOCIAL MEDIA  |  |
|     | ADVOCACY CAMPAIGN TO ADDRESS SKIN-LIGHTENING PRACTICE, SELF-ESTEEM AND   | <u>)                                    </u> |
|     | PROMOTE REPRODUCTIVE HEALTH. YWWLI WILL GIVE THEM A SAFE SPACE TO  |  |
|     | FLOURISH, RE-DISCOVER, AND EXPLORE PARTS OF THEIR HEALTH AND WELLNESS  |  |
|     | THAT THEY HAVE NOT YET TAPPED INTO DUE TO SOCIAL AND ECONOMIC  |  |
|     | LIMITATIONS. EACH COHORT MEET WEEKLY FOR 18 WEEKS AND CONCLUDE WITH A  |  |
|     | RETREAT. YWWLI WILL ALSO INCLUDE ONE-ON-ONE MENTORSHIP FOR THE YOUNG   |  |
|     | WOMEN AND WILL PROVIDE SUSTAINABLE MENTORSHIP ONCE THEY COMPLETE THE   |  |
| 4b  | (Code:) (Expenses \$   | )  |
|     | SKIN-LIGHTENING AND CHEMICAL EXPOSURE AWARENESS GRANT  |  |
|     |  |  |
|     | THIS WAS A LEGISLATION THAT MINNESOTA LEGISLATURE PASSED IN 2019 TO US   | 3E   |
|     | FOR FISCAL YEARS OF 2020-2022. THE FUNDING PASSED THROUGH MINNESOTA  |  |
|     | DEPARTMENT OF HEALTH (MDH) AND WAS AWARDED 55,000 TO THE BEAUTYWELL  |  |
|     | PROJECT FOR TWO YEARS (2020-2022).   |  |
|     | THE WAVE DOWN GROUPAL AGENTATION WATER WATER WAYER TOO 0004  |  |
|     | WE HAVE DONE SEVERAL ACTIVITIES USING THIS MONEY FOR 2021:   |  |
|     | 1) HE HAVE BEEN COMMENSORIES CONDUCTING EDUCATIONAL OUTBEROW ADDRESS   |  |
|     | 1) WE HAVE BEEN CONTINUOUSLY CONDUCTING EDUCATIONAL OUTREACH ABOUT   |  |
|     | SKIN-LIGHTENING PRACTICES AND CHEMICAL EXPOSURES IN ALL OUR PROGRAMS.  |  |
|     | WE HAVE BEEN SHARING THE EDUCATIONAL MESSAGES THROUGH OUR TEXT PROGRAM   |  |
| 4c  |  | )  |
|     | COVID-19 VACCINE AWARENESS PROJECT   |  |
|     | FOR THIS PROJECT FOCUSED ON RAISING AWARENESS ON COVID-19 VACCINE, THE   | ,  |
|     | IMPORTANCE OF VACCINE UPTAKE AND OVERALL HEALTH EDUCATION FOCUSING   | 2  |
|     | COVID-19 PREVENTION. WE CONDUCTED YOUTH RESEARCH FOCUSING ON COVID-19  |  |
|     |  |  |
|     | AND LOOKING AT THE HEALTH ISSUES THAT IMPACT YOUTH. WE HAVE DONE BOTH  |  |
|     | IN PERSON AND VIRTUAL COMMUNITY OUTREACH AND EDUCATION. OUTREACH   | Т.   |
|     | THROUGH THE RADIO AND BEAUTY-WELLNESS TALK PODCAST. WE HAVE USED SOCIA   | 717  |
|     | MEDIA PLATFORMS TO RAISE AWARENESS AND ALSO USED TEXT PROGRAM TO   |  |
|     | EDUCATE THE COMMUNITY. WE HAVE ORGANIZED THE COMMUNITY LEADERS AND   |  |
|     | TRAINED THEM TO TRAIN OTHER COMMUNITY MEMBERS TO PARTICIPATE ON  |  |
|     | COVID-19 VACCINE UPDATE AND INCREASE THE NUMBER OF COMMUNITY MEMBER WE   | 10   |
| 4d  | Other program services (Describe on Schedule O.)   |  |
|     | (Expenses \$\frac{\text{including grants of \$}}{109,016.}\) (Revenue \$\frac{\text{Nevenue \$}}{\text{Nevenue \$}}\$                        |  |
| 4e  | Total program service expenses ► 109,016.  | <u> </u>                                     |

# Form 990 (2021) THE BEAUTYWELL PROJECT Part IV Checklist of Required Schedules

|         |  |     | Yes | No   |
|---------|--|-----|-----|--|
| 1       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |     |     |  |
|         | If "Yes," complete Schedule A  | 1   | Х   |  |
| 2       | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2   | Х   |  |
| 3       | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     |     |  |
|         | public office? If "Yes," complete Schedule C, Part I   | 3   |     | X  |
| 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_  |     | X  |
| 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   |     | <u> </u>   |
| 6       | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |     |     |  |
|         | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |     | X  |
| 7       | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |     |     |  |
|         | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |     | <u> </u>   |
| 8       | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |     |     |  |
|         | Schedule D, Part III   | 8   |     | X  |
| 9       | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |     |     |  |
|         | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |     |     |  |
|         | If "Yes," complete Schedule D, Part IV   | 9   |     | X  |
| 10      | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |     |     |  |
|         | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10  |     | <u> </u>   |
| 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 |     | X  |
| b       | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   |     |     | l  |
|         | 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  |     |     | l  |
|         | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | X  |
| 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 | 77  | X  |
| е       | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e | X   |  |
| 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  |     |     | ٠,,  |
|         | Schedule D, Parts XI and XII   | 12a |     | X  |
| b       | Was the organization included in consolidated, independent audited financial statements for the tax year?  |     |     | <sub>v</sub>                                     |
|         | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |     | X  |
| 13      | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | X  |
| 14a     | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | X  |
| 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   |     |     | x  |
| 45      | 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  | 4-  |     | x  |
| 40      | foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15  |     |  |
| 16      |  | 4.  |     | x  |
| 47      | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     |  |
| 17      | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  | 47  |     | x  |
| 10      | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions   | 17  |     | _^   |
| 18      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   | 40  |     | y  |
| 40      | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | X  |
| 19      | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   | 4.  |     | v  |
| 00-     | complete Schedule G, Part III  | 19  |     | X  |
| 20a     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |     |  |
| b<br>21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |     | <del>                                     </del> |
| 21      | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |     |     | v  |
|         | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II  | 21  | l   | X  |

Form 990 (2021)

| 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       |       | X  |
| 23         | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current   |          |       |  |
|            | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |          |       |  |
|            | Schedule J  | 23       |       | X  |
| 24 a       | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |          |       |  |
|            | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |          |       |  |
|            |   | 24a      |       | X  |
| h          | Schedule K. If "No," go to line 25a   | 24b      |       | <del></del>                                      |
|            | 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 | 240      |       | _  |
| C          | , , , ,   | 040      |       |  |
|            | any tax-exempt bonds?   | 24c      |       | <del>                                     </del> |
|            | 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  |          |       | x  |
|            | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a      |       |  |
| b          | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |          |       |  |
|            | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   |          |       |  |
|            | Schedule L, Part I  | 25b      |       | X  |
| 26         | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   |          |       |  |
|            | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |          |       |  |
|            | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26       |       | X  |
| 27         | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   |          |       |  |
|            | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   |          |       |  |
|            | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27       |       | X  |
| 28         | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,  |          |       |  |
|            | instructions for applicable filing thresholds, conditions, and exceptions):   |          |       |  |
| а          | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  |          |       |  |
|            | "Yes," complete Schedule L, Part IV   | 28a      |       | X  |
| b          | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b      |       | Х  |
|            | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>   |          |       |  |
|            | "Yes," complete Schedule L, Part IV   | 28c      |       | X  |
| 29         | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29       |       | Х  |
| 30         | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |          |       |  |
|            | 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       |       | х  |
| 32         | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>  | <u> </u> |       |  |
| <b>0</b> _ | Schedule N, Part II   | 32       |       | X  |
| 33         | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  | - OZ     |       |  |
| 00         |   | 33       |       | X  |
| 24         | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33       |       | 1  |
| 34         | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   | 24       |       | x  |
| 2F ~       | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 34       |       | X  |
|            |   | 35a      |       |  |
| D          | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   | 051      |       |  |
| 00         | 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?  |          |       | <b>₩</b>   |
| <b>~</b> = | 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       |       | <u> </u>   |
| 38         | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  |          | 17    |  |
| Dav        | Note: All Form 990 filers are required to complete Schedule O   | 38       | X     |  |
| Par        |   |          |       |  |
|            | Check if Schedule O contains a response or note to any line in this Part V  |          | <br>T | Ш  |
|            |   |          | Yes   | No   |
|            | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  |          |       |  |
|            | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable   |          |       |  |
| С          | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |          |       |  |
|            | (gambling) winnings to prize winners?   | 1c       |       |  |

Form 990 (2021) THE BEAUTYWELL PROJECT

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

|        |   |            | 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   |            |     |          |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | <b>2</b> b |     |          |
|        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.   |            |     |          |
| 3а     | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a         |     | X        |
| 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         |     | <u> </u> |
| 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)?  | 4a         |     | X        |
| 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).   |            |     |          |
|        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a         |     | X        |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b         |     | X        |
| С      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c         |     | —        |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   |            |     | ۱        |
|        | any contributions that were not tax deductible as charitable contributions?   | 6a         |     | X        |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |            |     |          |
|        | were not tax deductible?  | 6b         |     |          |
| 7      | Organizations that may receive deductible contributions under section 170(c).   |            |     | 7.7      |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a         |     | X        |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b         |     | -        |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   |            |     |          |
|        | to file Form 8282?  | 7c         |     | X        |
|        | 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?   | 7e         |     | $\vdash$ |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f         |     |          |
| g<br>h | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g<br>7h   |     |          |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  | /11        |     |          |
| 0      |   | 8          |     |          |
| 9      | sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.   | Ů          |     |          |
| а      | 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:   |            |     |          |
|        | 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 10b   |            |     |          |
|        | Section 501(c)(12) organizations. Enter:  |            |     |          |
| а      | Gross income from members or shareholders   |            |     |          |
| b      | 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   |            |     |          |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |            |     |          |
| а      | Is the organization licensed to issue qualified health plans in more than one state?  | 13a        |     |          |
|        | Note: See the instructions for additional information the organization must report on Schedule O.   |            |     |          |
| 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 13b  |            |     |          |
|        | Enter the amount of reserves on hand  | 44         |     | v        |
|        | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a        |     | X        |
|        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   | 14b        |     | $\vdash$ |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   | 15         |     | x        |
|        | excess parachute payment(s) during the year?  | ı          |     | <u> </u> |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16         |     | Х        |
|        | If "Yes," complete Form 4720, Schedule O.   | .0         |     |          |
| 17     | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any  |            |     |          |
|        | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | 17         |     | 1        |
|        | If "Yes." complete Form 6069.   |            |     |          |

Form 990 (2021) THE BEAUTYWELL PROJECT 83-0718160 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| 800 |  |                            |        |        |         | X   |
|-----|--|----------------------------|--------|--------|---------|-----|
| Sec | tion A. Governing Body and Management  |                            |        |        |         |     |
|     |  | 1 . 1                      | _      |        | Yes     | No  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year  | 1a                         | 5      |        |         |     |
|     | If there are material differences in voting rights among members of the governing body, or if the governing  |                            |        |        |         |     |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  |                            |        |        |         |     |
| b   | Enter the number of voting members included on line 1a, above, who are independent   | 1b                         | 5      |        |         |     |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh  | p with any other           |        |        |         |     |
|     | officer, director, trustee, or key employee?   |                            |        | 2      |         | X   |
| 3   | Did the organization delegate control over management duties customarily performed by or under the   | ne 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  |                            |        | 4      |         | Х   |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's as  |                            |        | 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 a  |                            |        |        |         |     |
|     | more members of the governing body?  |                            |        | 7a     |         | Х   |
| h   | Are any governance decisions of the organization reserved to (or subject to approval by) members, s  |                            |        | , u    |         |     |
| b   |  |                            |        | 7b     |         | Х   |
| 8   | persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year.   |                            |        | 7.5    |         |     |
|     |  | -                          |        | 0-     | Х       |     |
|     | The governing body?  |                            |        | 8a_    | X       |     |
| b   | Each committee with authority to act on behalf of the governing body?  |                            |        | 8b     | Λ       |     |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read to the control of t |                            |        | •      |         | v   |
| 800 | organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O   |                            |        | 9      |         | X   |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal R  | evenue Code.)              |        |        |         |     |
|     |  |                            |        |        | Yes     | No  |
|     | Did the organization have local chapters, branches, or affiliates?   |                            |        | 10a    |         | X   |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such c   | hapters, affiliates,       |        |        |         |     |
|     |  |                            |        | 10b    |         |     |
|     | Has the organization provided a complete copy of this Form 990 to all members of its governing boo   | dy before filing the form? | ?      | 11a    | X       |     |
|     | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |                            |        |        |         |     |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  |                            |        | 12a    | X       |     |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris   | e to conflicts?            |        | 12b    |         | X   |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$  | Yes," describe             |        |        |         |     |
|     | on Schedule O how this was done  |                            |        | 12c    | X       |     |
| 13  | Did the organization have a written whistleblower policy?  |                            |        | 13     |         | X   |
| 14  | Did the organization have a written document retention and destruction policy?   |                            |        | 14     | X       |     |
| 15  | Did the process for determining compensation of the following persons include a review and approv  | al by independent          |        |        |         |     |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |                            |        |        |         |     |
| а   | The organization's CEO, Executive Director, or top management official   |                            |        | 15a    | X       |     |
|     | Other officers or key employees of the organization  |                            |        | 15b    |         | X   |
|     | 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 arrange   | ment with a                |        |        |         |     |
|     | taxable entity during the year?  |                            |        | 16a    |         | X   |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate   | ate its participation      |        |        |         |     |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga   | nization's                 |        |        |         |     |
|     | exempt status with respect to such arrangements?   |                            |        | 16b    |         |     |
| Sec | tion C. Disclosure   |                            |        |        |         |     |
| 17  | List the states with which a copy of this Form 990 is required to be filed ▶MN   |                            | _      |        |         | _   |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a   | and 990-T (section 501(c   | :)(3)s | only)  | availat | ole |
|     | for public inspection. Indicate how you made these available. Check all that apply.  |                            |        |        |         |     |
|     |  | n on Schedule O)           |        |        |         |     |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, c   | ,                          | and    | financ | cial    |     |
|     | statements available to the public during the tax year.  |                            |        |        |         |     |
| 20  | State the name, address, and telephone number of the person who possesses the organization's bo  | oks and records            |        |        |         |     |
|     | ISAANA TAX LLC - 3094030660  |                            |        |        |         |     |
|     | 7501 N UNIVERSITY STREET STE 221A, PEORIA, IL 616  | 14                         |        |        |         |     |

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

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

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

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

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

| Check this box if neither the organization ne | n nor any related organization compensated any current officer, director, or tru |                                |                           |         |               |                                 |        | irector, or trustee. |                 |                              |
|---|--|--------------------------------|---------------------------|---------|---------------|---------------------------------|--------|----------------------|-----------------|------------------------------|
| (A)   | (B)  |                                |                           | _ (0    | C)            |                                 |        | (D)                  | (E)             | (F)                          |
| Name and title                                | Average  | (do                            | not c                     | Pos     | itior<br>more | <b>)</b><br>than (              | one    | Reportable           | Reportable      | Estimated                    |
|   | hours per  | box                            | , unle                    | ss pei  | rson i        | s both                          | n an   | compensation         | compensation    | amount of                    |
|   | week   | -                              | cer an                    | ia a a  | irecto        | r/trus                          | tee)   | from                 | from related    | other                        |
|   | (list any  | recto                          |                           |         |               |                                 |        | the                  | organizations   | compensation                 |
|   | hours for  | or di                          | e e                       |         |               | ated                            |        | organization         | (W-2/1099-MISC/ | from the                     |
|   | related  | ustee                          | trust                     |         | e e           | bens                            |        | (W-2/1099-MISC/      | 1099-NEC)       | organization                 |
|   | organizations<br>below   | ual tr                         | ional                     |         | ploye         | t con                           | ١.     | 1099-NEC)            |                 | and related<br>organizations |
|   | line)  | Individual trustee or director | In stit utio nal tru stee | Officer | Key employee  | Highest compensated<br>employee | Former |                      |                 | organizations                |
| (1) AMIRA ADAWE                               | 40.00  |                                |                           |         |               |                                 |        |                      |                 |                              |
| EXECUTIVE DIRECTOR                            |  |                                |                           | X       |               |                                 |        | 82,068.              | 0.              | 0.                           |
| (2) JAMES KOPPEL                              | 2.00   |                                |                           |         |               |                                 |        |                      |                 |                              |
| BOARD MEMBER                                  |  | Х                              |                           |         |               |                                 |        | 0.                   | 0.              | 0.                           |
| (3) LOIS HARRISON                             | 2.00   |                                |                           |         |               |                                 |        |                      |                 |                              |
| BOARD CHAIR                                   |  | Х                              |                           |         |               |                                 |        | 0.                   | 0.              | 0.                           |
| (4) DAVID ORREN                               | 2.00   | 1                              |                           |         |               |                                 |        |                      |                 |                              |
| BOARD MEMBER                                  | 1.0.00   | Х                              |                           |         |               |                                 |        | 0.                   | 0.              | 0.                           |
| (5) ARPITA APPANNAGARI                        | 10.00  |                                |                           |         |               |                                 |        |                      |                 |                              |
| SECRETARY                                     |  | Х                              |                           |         |               |                                 |        | 0.                   | 0.              | 0.                           |
|   |  | -                              |                           |         |               |                                 |        |                      |                 |                              |
|   |  |                                |                           |         |               |                                 |        |                      |                 |                              |
|   |  | -                              |                           |         |               |                                 |        |                      |                 |                              |
|   | -  |                                |                           |         |               |                                 |        |                      |                 |                              |
|   |  |                                |                           |         |               |                                 |        |                      |                 |                              |
|   |  |                                |                           |         |               |                                 |        |                      |                 |                              |
|   |  |                                |                           |         |               |                                 |        |                      |                 |                              |
|   |  |                                |                           |         |               |                                 |        |                      |                 |                              |
|   |  |                                |                           |         |               |                                 |        |                      |                 |                              |
|   |  |                                |                           |         |               |                                 |        |                      |                 |                              |
|   |  |                                |                           |         |               |                                 |        |                      |                 |                              |
|   |  | -                              |                           |         |               |                                 |        |                      |                 |                              |
|   |  |                                |                           |         |               |                                 |        |                      |                 |                              |
|   |  |                                |                           |         |               |                                 |        |                      |                 |                              |
|   |  | -                              |                           |         |               |                                 |        |                      |                 |                              |
|   |  |                                |                           |         |               |                                 |        |                      |                 |                              |
| -   |  |                                |                           |         |               |                                 |        |                      |                 |                              |
|   |  | -                              |                           |         |               |                                 |        |                      |                 |                              |
|   | I .  | <u> </u>                       |                           |         |               |                                 |        | I                    | I               |                              |

132007 12-09-21 Form **990** (2021)

| rait | Section A. Officers, Directors, Trus   | tees, Key Em     | <u> Ploy</u>                   | <u>ees,</u>           | anc      | <u> Hig</u>  | ghes                         | st C     | ompensated Employee       | s (continued)     |                   |          |           |          |
|------|--|------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|----------|---------------------------|-------------------|-------------------|----------|-----------|----------|
|      | (A)  | (B)              |                                |                       | (0       | C)           |                              |          | (D)                       | (E)               |                   |          | (F)       |          |
|      | Name and title   | Average          | (ala                           |                       | Pos      |              |                              |          | Reportable                | Reportable        |                   |          | imated    |          |
|      |  | hours per        | box                            | , unle                | ss per   | rson i       | than o                       | n an     | compensation              | compensatio       | n                 | amo      | ount of   |          |
|      |  | week             | offi                           | cer ar                | nd a d   | irecto       | or/trus                      | tee)     | from                      | from related      | i l               | С        | ther      |          |
|      |  | (list any        | ector                          |                       |          |              |                              |          | the                       | organization      | s                 | comp     | ensatio   | n        |
|      |  | hours for        | r dire                         |                       |          |              | ped                          |          | organization              | (W-2/1099-MIS     | 3C/               | fro      | m the     |          |
|      |  | related          | tee o                          | ustee                 |          |              | ensat                        |          | (W-2/1099-MISC/           | 1099-NEC)         |                   | orga     | nization  | ı        |
|      |  | organizations    | Itrus                          | nal tr                |          | oyee         | d mo                         |          | 1099-NEC)                 |                   |                   | and      | related   |          |
|      |  | below            | Individual trustee or director | Institutional trustee | cer      | Key employee | Highest compensated employee | Former   |                           |                   |                   | orgar    | nizations | 3        |
|      |  | line)            | In di                          | lust                  | Officer  | Key          | High                         | 윤        |                           |                   | $\longrightarrow$ |          |           | _        |
|      |  |                  |                                |                       |          |              |                              |          |                           |                   |                   |          |           |          |
|      |  |                  | -                              |                       |          |              |                              |          |                           |                   |                   |          |           |          |
|      |  |                  |                                |                       |          |              |                              |          |                           |                   | -                 |          |           | _        |
|      |  |                  |                                |                       |          |              |                              |          |                           |                   | $\dashv$          |          |           | _        |
|      |  |                  |                                |                       |          |              |                              |          |                           |                   |                   |          |           |          |
|      |  |                  | -                              |                       |          |              |                              |          |                           |                   |                   |          |           |          |
|      |  |                  |                                |                       |          |              |                              |          |                           |                   | $\dashv$          |          |           | _        |
|      |  |                  |                                |                       |          |              |                              |          |                           |                   | $\dashv$          |          |           |          |
|      |  |                  |                                |                       |          |              |                              |          |                           |                   |                   |          |           |          |
|      |  |                  | -                              |                       |          |              |                              |          |                           |                   |                   |          |           |          |
|      |  |                  |                                |                       |          |              |                              |          |                           |                   |                   |          |           | _        |
|      |  |                  |                                |                       |          |              |                              | Ļ        | 82,068.                   |                   | 0.                |          |           | _        |
|      | Subtotal   |                  |                                |                       |          |              |                              |          |                           |                   | 0.                |          |           | <u>.</u> |
|      | otal from continuation sheets to Part VI   |                  |                                |                       |          |              |                              |          | 0.                        |                   | 0.                |          |           | <u>.</u> |
|      | otal (add lines 1b and 1c)   |                  |                                |                       |          |              |                              | <u> </u> | 82,068.                   |                   |                   |          |           |          |
|      | otal number of individuals (including but n  | ot limited to th | ose                            | liste                 | ed ab    | ove          | e) wh                        | o re     | eceived more than \$100,  | 000 of reportable | <b>;</b>          |          |           | ^        |
| C    | compensation from the organization   |                  |                                |                       |          |              |                              |          |                           |                   |                   | — т,     | L N       | 0        |
|      |  |                  |                                |                       |          |              |                              |          |                           |                   | ſ                 |          | Yes N     | lo       |
|      | Did the organization list any <b>former</b> officer,                               | •                |                                | •                     |          | •            |                              | _        | •                         | •                 |                   |          | ١,        | ,        |
|      | ne 1a? If "Yes," complete Schedule J for s   |                  |                                |                       |          |              |                              |          |                           |                   |                   | 3        | -   -     | ζ_       |
|      | for any individual listed on line 1a, is the su                                    |                  |                                |                       |          |              |                              |          |                           |                   |                   |          | ١,        | ,        |
|      | and related organizations greater than \$150                                       |                  |                                | •                     |          |              |                              |          |                           |                   | ·····             | 4        | -   -     | ζ_       |
|      | Did any person listed on line 1a receive or a                                      |                  |                                |                       |          |              |                              |          |                           |                   |                   |          | ١,        | 7        |
|      | endered to the organization? <i>If</i> "Yes," com<br>on B. Independent Contractors | plete Schedul    | ∋ <i>J f</i> c                 | or su                 | ıch ı    | oers         | on                           |          |                           |                   | <u></u>           | 5        | 2         | ζ_       |
|      | Complete this table for your five highest co                                       | mpensated inc    | <br>depe                       | nde                   | nt co    | ontra        | acto                         | rs th    | nat received more than \$ | 100,000 of comp   | <br>oensat        | ion fror | n         | _        |
| t    | he organization. Report compensation for   | the calendar y   | ear e                          | ndir                  | ng w     | ith c        | or wi                        | thin     | the organization's tax y  | ear.              |                   |          |           |          |
|      | (A)  |                  |                                |                       | _        |              |                              |          | (B)                       |                   | _                 | (C)      |           |          |
|      | Name and business  | address          | NC                             | ONI                   | <u> </u> |              |                              |          | Description of s          | ervices           |                   | ompen    | sation    | _        |
|      |  |                  |                                |                       |          |              |                              |          |                           |                   |                   |          |           |          |
|      |  |                  |                                |                       |          |              |                              |          |                           |                   |                   |          |           |          |
|      |  |                  |                                |                       |          |              |                              |          |                           |                   |                   |          |           | _        |
|      |  |                  |                                |                       |          |              |                              | _        |                           |                   |                   |          |           | _        |
|      |  |                  |                                |                       |          |              |                              | _        |                           |                   |                   |          |           |          |
|      |  |                  |                                |                       |          |              |                              |          |                           |                   |                   |          |           | _        |
|      | otal number of independent contractors (ictoo,000 of compensation from the organi  |                  | ot lin                         | nited                 | d to     | thos         | se lis                       | ted      | above) who received mo    | ore than          |                   |          |           |          |
| φ    | 7100,000 of compensation from the organi   | Lation           |                                |                       |          |              |                              |          |                           |                   |                   |          | 00        | -        |

83-0718160

Form 990 (2021) THE BEAUTYWELL PROJECT
Part VIII Statement of Revenue

| (A) (B) (C) (D)  Total revenue Function revenue business revenue from tax under  |              |        | Check if Schedule O co       | ontains a   | response o | or note to any lin | e in this Part VIII |                  |                  |                    |
|--|--------------|--------|------------------------------|-------------|------------|--------------------|---------------------|------------------|------------------|--------------------|
| Tunction revenue business revenue form traumer forms under sections 512 - 514  I a Federated campaigns 1 b 1 b 1   |              |        |                              |             |            | ,                  |                     |                  |                  | (D)                |
| 1 a Federated campaigns   1a   |              |        |                              |             |            |                    | Total revenue       |                  |                  |                    |
| 1 a Federated campaigns b Membership dues c Fundraising events 1c  |              |        |                              |             |            |                    |                     | tunction revenue | business revenue | sections 512 - 514 |
| b Membership dues c Fundraising events d Related organizations d Related organization d Related organizations d Related organizations d Related organi | S            | 1 2    | Federated campaigns          |             | 12         |                    |                     |                  |                  |                    |
| Business Code    Business Code   Business Code   | anta         |        |                              |             |            |                    |                     |                  |                  |                    |
| Business Code    Business Code   Business Code   | ij g         |        |                              |             |            |                    |                     |                  |                  |                    |
| Business Code    Business Code   Business Code   | ts,<br>Ar    |        |                              |             |            |                    |                     |                  |                  |                    |
| Business Code    Business Code   Business Code   | ia<br>ia     |        |                              |             |            | 15 035             |                     |                  |                  |                    |
| Business Code    Business Code   Business Code   | ns,<br>Sim   |        |                              |             |            | 45,055.            |                     |                  |                  |                    |
| Business Code    Business Code   Business Code   | utio<br>er ( | Ť      |                              |             | 1 1        | 02 005             |                     |                  |                  |                    |
| Business Code    Business Code   Business Code   | 현된           |        |                              |             |            | 83,005.            |                     |                  |                  |                    |
| Business Code    Business Code   Business Code   | ont<br>od (  | -      |                              |             |            |                    | 100 040             |                  |                  |                    |
| 2 a b b c c c c c c c c c c c c c c c c c  | <u>0 g</u>   | h      | Total. Add lines 1a-1f       |             |            |                    | 128,040.            |                  |                  |                    |
| Bod C C C C C C C C C C C C C C C C C C C  |              |        |                              |             |            | Business Code      |                     |                  |                  |                    |
| g Total. Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents 6 b Less: rental expenses 6 c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b C Gain or (loss) 7 c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 9 a Gross income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 b Less: direct expenses 9 b Less: direct expenses 9 b Less: circent expenses 9 b Less: circent expenses 9 b Less: circent expenses 9 b Less: cost of goods sold 10 b Business Code  | e            | 2 a    |                              |             |            |                    |                     |                  |                  |                    |
| g Total. Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents 6 b Less: rental expenses 6 c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b C Gain or (loss) 7 c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 9 a Gross income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 b Less: direct expenses 9 b Less: direct expenses 9 b Less: circent expenses 9 b Less: circent expenses 9 b Less: circent expenses 9 b Less: cost of goods sold 10 b Business Code  | e <u>Š</u>   | b      | ·                            |             |            |                    |                     |                  |                  |                    |
| g Total. Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents 6 b Less: rental expenses 6 c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b C Gain or (loss) 7 c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 9 a Gross income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 b Less: direct expenses 9 b Less: direct expenses 9 b Less: circent expenses 9 b Less: circent expenses 9 b Less: circent expenses 9 b Less: cost of goods sold 10 b Business Code  | Se           | С      |                              |             |            |                    |                     |                  |                  |                    |
| g Total. Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents 6 b Less: rental expenses 6 c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b C Gain or (loss) 7 c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 9 a Gross income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 b Less: direct expenses 9 b Less: direct expenses 9 b Less: circent expenses 9 b Less: circent expenses 9 b Less: circent expenses 9 b Less: cost of goods sold 10 b Business Code  | am           | d      |                              |             |            |                    |                     |                  |                  |                    |
| g Total. Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents 6 b Less: rental expenses 6 c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b C Gain or (loss) 7 c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 9 a Gross income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 b Less: direct expenses 9 b Less: direct expenses 9 b Less: circent expenses 9 b Less: circent expenses 9 b Less: circent expenses 9 b Less: cost of goods sold 10 b Business Code  | og<br>B      | е      | ·                            |             |            |                    |                     |                  |                  |                    |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) 7 a Gross income from fundraising events d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 9 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code   | P            | f      | All other program service re | evenue .    |            |                    |                     |                  |                  |                    |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) 7 a Gross income from fundraising events d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 9 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code   |              | g      | Total. Add lines 2a-2f       |             |            |                    |                     |                  |                  |                    |
| other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Peal (ii) Personal 6 a Gross rents (6 a (iii) Personal 6 a Gross rental expenses (iii) Other 7 a Gross amount from sales of assets other than inventory 8 Less: cost or other basis and sales expenses (7 b (iii) Other 9 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 (iii) Other 9 a Gross income from gaming activities See Part IV, line 19 (iii) Securities (iii) Other 9 a Gross income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 (iii) Securities (iii) Other 9 a Gross income or (loss) from gaming activities (iii) Other 9 a Gross income from gaming activities (ivi) Other 9 a Gross income from gaming activities (ivi) Other 10 a Gross sales of inventory, less returns and allowances (10 a Gross sales of inventory) 10 a Gross cost of goods sold (10 a Gross cost of goods sold (10 a Gross code)  10 b Less: cost of goods sold (10 a Gross code)  10 Business Code  |              | 3      |                              |             |            |                    |                     |                  |                  |                    |
| Page 2016   Page 2016   Page 2016   Page 2016   Page 2016  |              |        |                              |             |            |                    |                     |                  |                  |                    |
| From the first temperature of the first temper |              | 4      |                              |             |            |                    |                     |                  |                  |                    |
| (i) Personal   (ii) Personal   (ii) Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal   (iii) Personal Personal Personal   (iii) Personal Person   |              |        |                              |             | -          |                    |                     |                  |                  |                    |
| Ba   Ba   Ba   Ba   Ba   Ba   Ba   Ba  |              | •      |                              | T (         | i) Real    |                    |                     |                  |                  |                    |
| B Less: rental expenses C Rental income or (loss)  7 a Gross amount from sales of assets other than inventory Ta b Less: cost or other basis and sales expenses Tb C Gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses Bb C Net income or (loss) from gaming activities. See Part IV, line 19  b Less: direct expenses Bb C Net income or (loss) from gaming activities. See Part IV, line 19  b Less: direct expenses Bb D C Net income or (loss) from gaming activities. See Part IV, line 19  b Less: direct expenses Bb D C Net income or (loss) from gaming activities. See Part IV, line 19  b Less: direct expenses Bb D C Net income or (loss) from gaming activities. See Part IV, line 19  b Less: direct expenses Bb D C Net income or (loss) from gaming activities. See Part IV, line 19  b Less: direct expenses Bb D C Net income or (loss) from gaming activities. See Part IV, line 19  b Less: cost of goods sold Tob D C Net income or (loss) from sales of inventory D Business Code   |              | 6 3    | Gross rents                  | . —         | .,         | ( )                |                     |                  |                  |                    |
| Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  C Gain or (loss)  7 b  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See  Part IV, line 18  B Less: direct expenses  C Net income or (loss) from gaming activities  9 a Gross income from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  C Net income or (loss) from sales of inventory  Business Code   |              |        |                              |             |            |                    |                     |                  |                  |                    |
| d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses  7 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses  c Net income or (loss) from gaming activities  9 a Gross income from gaming activities  9 a Gross ales of inventory, less returns and allowances  10 a Gross sales of inventory   Dusiness Code   |              | D      |                              |             |            |                    |                     |                  |                  |                    |
| To a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses   |              | C      | ` ′                          | юс          |            |                    |                     |                  |                  |                    |
| assets other than inventory b Less: cost or other basis and sales expenses   |              |        | ` ′ſ                         |             |            |                    |                     |                  |                  |                    |
| b Less: cost or other basis and sales expenses   |              | / a    |                              |             | becurities | (II) Other         |                     |                  |                  |                    |
| and sales expenses 7b 7c   |              |        | · •                          | /a          |            |                    |                     |                  |                  |                    |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18   |              | b      |                              |             |            |                    |                     |                  |                  |                    |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18   | nue l        |        |                              |             |            |                    |                     |                  |                  |                    |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18   | )<br>S       |        |                              |             |            |                    |                     |                  |                  |                    |
| including \$ of  |              |        |                              |             |            | <b></b>            |                     |                  |                  |                    |
| contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  | je           | 8 a    |                              | g events (ı | not        |                    |                     |                  |                  |                    |
| Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  9 Less: direct expenses 9 b  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Business Code  | δ            |        | including \$                 |             | _ of       |                    |                     |                  |                  |                    |
| b Less: direct expenses  |              |        | •                            | ,           |            |                    |                     |                  |                  |                    |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9a 9b Less: direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Business Code  |              |        | Part IV, line 18             |             |            |                    |                     |                  |                  |                    |
| 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  |              | b      | Less: direct expenses        |             | 8b         |                    |                     |                  |                  |                    |
| Part IV, line 19  b Less: direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Business Code  |              | С      | Net income or (loss) from fu | undraisin   | g events   | <b></b>            |                     |                  |                  |                    |
| b Less: direct expenses 9b  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances 10a  b Less: cost of goods sold 10b  c Net income or (loss) from sales of inventory Business Code  |              | 9 a    | 0 0                          | •           | I          |                    |                     |                  |                  |                    |
| b Less: direct expenses 9b  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances 10a  b Less: cost of goods sold 10b  c Net income or (loss) from sales of inventory Business Code  |              |        | Part IV, line 19             |             | 9a         |                    |                     |                  |                  |                    |
| 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  |              | b      |                              |             |            |                    |                     |                  |                  |                    |
| and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Business Code  |              | С      | Net income or (loss) from g  | aming ac    | ctivities  | <b></b>            |                     |                  |                  |                    |
| b Less: cost of goods sold   |              | 10 a   | Gross sales of inventory, le | ss return   | s          |                    |                     |                  |                  |                    |
| b Less: cost of goods sold   |              |        | and allowances               |             | 10a        |                    |                     |                  |                  |                    |
| c Net income or (loss) from sales of inventory   |              | b      |                              |             |            |                    |                     |                  |                  |                    |
| Business Code  |              |        |                              |             |            |                    |                     |                  |                  |                    |
| Bescenario and the revenue   |              |        | , , ,                        |             | ,          |                    |                     |                  |                  |                    |
| Besegnation of All other revenue   | snc          | 11 a   |                              |             |            |                    |                     |                  |                  |                    |
| B B C All other revenue  | nec          | h      |                              |             |            |                    |                     |                  |                  |                    |
| Š d All other revenue  | ella         |        |                              |             |            |                    |                     |                  |                  |                    |
|  | Sc           | 4      |                              |             |            |                    |                     |                  |                  |                    |
| e Total. Add lines 11a-11d   | Σ            | u<br>م |                              |             |            |                    |                     |                  |                  |                    |
|  |              |        |                              |             |            |                    | 128.040.            | 0.               | 0 -              | 0.                 |

# Form 990 (2021) THE BEAUTYWELI Part IX Statement of Functional Expenses

| Secti     | 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 respon  | se or note to any line in    |                              |                                     | X                               |  |  |  |  |  |
|           | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | <b>(A)</b><br>Total expenses | (B) Program service expenses | (C) Management and general expenses | <b>(D)</b> 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,   |                              |                              |                                     |                                 |  |  |  |  |  |
|           | trustees, and key employees  | 82,068.                      | 57,448.                      | 24,620.                             |                                 |  |  |  |  |  |
| 6         | Compensation not included above to disqualified  |                              |                              |                                     |                                 |  |  |  |  |  |
|           | persons (as defined under section 4958(f)(1)) and  |                              |                              |                                     |                                 |  |  |  |  |  |
|           | persons described in section 4958(c)(3)(B)   |                              |                              |                                     |                                 |  |  |  |  |  |
| 7         | Other salaries and wages   |                              |                              |                                     |                                 |  |  |  |  |  |
| 8         | Pension plan accruals and contributions (include   |                              |                              |                                     |                                 |  |  |  |  |  |
|           | section 401(k) and 403(b) employer contributions)  |                              |                              |                                     |                                 |  |  |  |  |  |
| 9         | Other employee benefits  |                              |                              |                                     |                                 |  |  |  |  |  |
| 10        | Payroll taxes  | 7,076.                       | 4,953.                       | 2,123.                              |                                 |  |  |  |  |  |
| 11        | Fees for services (nonemployees):  |                              |                              |                                     |                                 |  |  |  |  |  |
| а         | Management   |                              |                              |                                     |                                 |  |  |  |  |  |
| b         | Legal  |                              |                              |                                     |                                 |  |  |  |  |  |
| С         | Accounting   | 2,854.                       |                              | 2,854.                              |                                 |  |  |  |  |  |
| 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,   | 00 574                       | 00 574                       |                                     |                                 |  |  |  |  |  |
|           | column (A), amount, list line 11g expenses on Sch 0.)  | 20,574.                      | 20,574.                      |                                     |                                 |  |  |  |  |  |
| 12        | Advertising and promotion  | Г 4 С                        |                              | F.4.C                               |                                 |  |  |  |  |  |
| 13        | Office expenses  | 546.                         |                              | 546.                                |                                 |  |  |  |  |  |
| 14        | Information technology   |                              |                              |                                     |                                 |  |  |  |  |  |
| 15        | Royalties  | 4,990.                       |                              | 4,990.                              |                                 |  |  |  |  |  |
| 16        | Occupancy  | 4,330.                       |                              | 4,990.                              |                                 |  |  |  |  |  |
| 17<br>18  | Travel Payments of travel or entertainment expenses  |                              |                              |                                     |                                 |  |  |  |  |  |
| 10        | for any federal, state, or local public officials  |                              |                              |                                     |                                 |  |  |  |  |  |
| 19        | Conferences, conventions, and meetings   |                              |                              |                                     |                                 |  |  |  |  |  |
| 20        | Interest   |                              |                              |                                     |                                 |  |  |  |  |  |
| 21        | Payments to affiliates   |                              |                              |                                     |                                 |  |  |  |  |  |
| 22        | Depreciation, depletion, and amortization  |                              |                              |                                     |                                 |  |  |  |  |  |
| 23        | Insurance  | 618.                         |                              | 618.                                |                                 |  |  |  |  |  |
| 24        | Other expenses. Itemize expenses not covered   |                              |                              |                                     |                                 |  |  |  |  |  |
|           | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),                    |                              |                              |                                     |                                 |  |  |  |  |  |
|           | amount, list line 24e expenses on Schedule 0.)   |                              |                              |                                     |                                 |  |  |  |  |  |
| а         | PROGRAM SUPPLIES   | 13,833.                      | 13,833.                      |                                     |                                 |  |  |  |  |  |
| b         | PROGRAM EXPENSES   | 8,086.                       | 8,086.                       |                                     |                                 |  |  |  |  |  |
| С         | SHIPPING & DELIVERY  | 3,329.                       | 3,329.                       | 700                                 |                                 |  |  |  |  |  |
| d         | UTILITIES  | 792.                         | 702                          | 792.                                |                                 |  |  |  |  |  |
|           | All other expenses   | 817.                         | 793.<br>109,016.             | 24.<br>36,567.                      | 0.                              |  |  |  |  |  |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e   | 145,583.                     | 109,016.                     | 30,30/.                             | <u> </u>                        |  |  |  |  |  |
| 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  fifollowing SOP 98-2 (ASC 958-720)                         |                              |                              |                                     |                                 |  |  |  |  |  |
|           | II following 50F 98-2 (A5C 958-720)  |                              |                              |                                     | 5 <b>000</b> (2221)             |  |  |  |  |  |

Form 990 (2021)
Part X Balance Sheet

|                             |    | Check if Schedule O contains a response or no       | ote to a | ny line in this Part X                |                                 |     |                           |
|-----------------------------|----|---|----------|---------------------------------------|---------------------------------|-----|---------------------------|
|                             |    |   |          |                                       | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1  | Cash - non-interest-bearing                         |          |                                       | 82,803.                         | 1   | 78,249.                   |
|                             | 2  | Savings and temporary cash investments              |          |                                       |                                 | 2   |                           |
|                             | 3  | Pledges and grants receivable, net                  |          |                                       | 12,120.                         | 3   |                           |
|                             | 4  | Accounts receivable, net                            |          |                                       | -                               | 4   |                           |
|                             | 5  | Loans and other receivables from any current        |          |                                       |                                 |     |                           |
|                             |    | trustee, key employee, creator or founder, sub-     |          |                                       |                                 |     |                           |
|                             |    | controlled entity or family member of any of the    |          | , , , , , , , , , , , , , , , , , , , |                                 | 5   |                           |
|                             | 6  | Loans and other receivables from other disqua       | •        |                                       |                                 |     |                           |
|                             |    | under section 4958(f)(1)), and persons describe     | •        | `                                     |                                 | 6   |                           |
| S                           | 7  | Notes and loans receivable, net                     |          |                                       |                                 | 7   |                           |
| Assets                      | 8  | Inventories for sale or use                         |          |                                       |                                 | 8   |                           |
| As                          | 9  |   |          |                                       |                                 | 9   |                           |
|                             | l  | Land, buildings, and equipment: cost or other       |          |                                       |                                 |     |                           |
|                             |    | basis. Complete Part VI of Schedule D               | 10a      |                                       |                                 |     |                           |
|                             | ь  | Less: accumulated depreciation                      |          |                                       |                                 | 10c |                           |
|                             | 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                  |          |                                       |                                 | 15  |                           |
|                             | 16 | Total assets. Add lines 1 through 15 (must eq       |          |                                       | 94,923.                         | 16  | 78,249.                   |
|                             | 17 | Accounts payable and accrued expenses               |          | 1                                     | •                               | 17  | 412.                      |
|                             | 18 | Grants payable                                      |          |                                       |                                 | 18  |                           |
|                             | 19 | Deferred revenue                                    |          | 19                                    |                                 |     |                           |
|                             | 20 | Tax-exempt bond liabilities                         |          | 20                                    |                                 |     |                           |
|                             | 21 | Escrow or custodial account liability. Complete     |          |                                       |                                 | 21  |                           |
| (0                          | 22 | Loans and other payables to any current or for      |          |                                       |                                 |     |                           |
| Liabilities                 |    | trustee, key employee, creator or founder, sub-     |          |                                       |                                 |     |                           |
| ig                          |    | controlled entity or family member of any of the    |          |                                       |                                 | 22  |                           |
| Ë                           | 23 | Secured mortgages and notes payable to unre         |          |                                       |                                 | 23  |                           |
|                             | 24 | Unsecured notes and loans payable to unrelate       | ed third | Г                                     |                                 | 24  |                           |
|                             | 25 | Other liabilities (including federal income tax, p  |          | Г                                     |                                 |     |                           |
|                             |    | parties, and other liabilities not included on line |          |                                       |                                 |     |                           |
|                             |    | of Schedule D                                       |          | · ·                                   | 0.                              | 25  | 378.                      |
|                             | 26 | Total liabilities. Add lines 17 through 25          |          |                                       | 0.                              | 26  | 790.                      |
|                             |    | Organizations that follow FASB ASC 958, ch          | eck he   | re 🕨 🗓                                |                                 |     |                           |
| es                          |    | and complete lines 27, 28, 32, and 33.              |          |                                       |                                 |     |                           |
| anc                         | 27 |   |          |                                       | 94,923.                         | 27  | 77,459.                   |
| Bal                         | 28 | Net assets with donor restrictions                  |          |                                       |                                 | 28  |                           |
| b                           |    | Organizations that do not follow FASB ASC           |          |                                       |                                 |     |                           |
| Net Assets or Fund Balances |    | and complete lines 29 through 33.                   | •        |                                       |                                 |     |                           |
| ō                           | 29 | Capital stock or trust principal, or current fund   | S        |                                       |                                 | 29  |                           |
| sets                        | 30 | Paid-in or capital surplus, or land, building, or   |          |                                       |                                 | 30  |                           |
| As                          | 31 | Retained earnings, endowment, accumulated i         |          |                                       |                                 | 31  |                           |
| <b>le</b> t                 | 32 | Total net assets or fund balances                   |          |                                       | 94,923.                         | 32  | 77,459.                   |
| ~                           | 33 | Total liabilities and net assets/fund balances      |          |                                       | 94,923.                         | 33  | 78,249.                   |

Form **990** (2021)

| Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))    Part XIII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Yes   No   | Pa | rt XI Reconciliation of Net Assets  |        |     |    |            |            |
|--|----|---|--------|-----|----|------------|------------|
| 2 Total expenses (must equal Part IX, column (A), line 25) 2 145, 583.  3 Revenue less expenses. Subtract line 2 from line 1 3 -17, 543.  4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 94, 923.  5 Net unrealized gains (losses) on investments 5 5 94, 923.  6 Donated services and use of facilities 6 6 7 Investment expenses 7 7 8 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0.  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 77, 380.  Part XII Financial Statements and Reporting  |    | Check if Schedule O contains a response or note to any line in this Part XI   |        |     |    |            |            |
| 2 Total expenses (must equal Part IX, column (A), line 25) 2 145, 583.  3 Revenue less expenses. Subtract line 2 from line 1 3 -17, 543.  4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 94, 923.  5 Net unrealized gains (losses) on investments 5 5 94, 923.  6 Donated services and use of facilities 6 6 7 Investment expenses 7 7 8 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0.  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 77, 380.  Part XII Financial Statements and Reporting  |    |   |        |     |    |            |            |
| 3  | 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1      |     |    |            |            |
| A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain on Schedule O)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  10 Try, 380.    Part XIII   Financial Statements and Reporting   | 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2      |     |    |            |            |
| 5 Net unrealized gains (losses) on investments   | 3  | Revenue less expenses. Subtract line 2 from line 1  | 3      |     |    |            |            |
| 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  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 X  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis  c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4      |     | 94 | <u>, 9</u> | <u>23.</u> |
| 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0.  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 77 , 380.  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII   | 5  | Net unrealized gains (losses) on investments  | 5      |     |    |            |            |
| 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0.  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 77 , 380.  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII   | 6  | Donated services and use of facilities  | 6      |     |    |            |            |
| 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  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 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   | 7  |   | 7      |     |    |            |            |
| Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))    Part XIII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Yes   No   | 8  |   | 8      |     |    |            |            |
| column (B))  | 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9      |     |    |            | 0.         |
| Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Yes No  1  | 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |        |     |    |            |            |
| Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  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 X  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  consoli |    | column (B))   | 10     |     | 77 | 7,3        | 80.        |
| Yes No Accounting method used to prepare the Form 990:   | Pa | rt XII Financial Statements and Reporting   |        |     |    |            |            |
| 1 Accounting method used to prepare the Form 990:  |    | Check if Schedule O contains a response or note to any line in this Part XII  |        |     |    |            |            |
| 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?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X   |    |   |        |     |    | Yes        | No         |
| 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?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X   | 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |        |     |    |            |            |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |    |   | Ο.     |     |    |            |            |
| separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X   | 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |        |     | 2a |            | X          |
| Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X   |    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a   |     |    |            |            |
| b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X   |    | separate basis, consolidated basis, or both:  |        |     |    |            |            |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X   |    | Separate basis Consolidated basis Both consolidated and separate basis  |        |     |    |            |            |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X   | b  | Were the organization's financial statements audited by an independent accountant?                                    |        |     | 2b |            | Х          |
| 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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X   |    |   |        |     |    |            |            |
| 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?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X   |    | consolidated basis, or both:  |        |     |    |            |            |
| review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X   |    | Separate basis Consolidated basis Both consolidated and separate basis  |        |     |    |            |            |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X   | С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | audit, |     |    |            |            |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X   |    | review, or compilation of its financial statements and selection of an independent accountant?                        |        |     | 2c |            |            |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X  |    |   |        |     |    |            |            |
| Act and OMB Circular A-133?  | За |   |        |     |    |            |            |
|  |    |   |        |     | За |            | Х          |
| b ii res, did the organization didenge the required addit of addits: if the organization did not didenge the required addit  | b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed aud | dit |    |            |            |
| or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |    |   |        |     | 3b |            |            |

Form **990** (2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization THE BEAUTYWELL PROJECT 83-0718160 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))

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

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

| Sect       | ion A. Public Support   |                 |                 |             |          |          |                      |  |  |
|------------|---|-----------------|-----------------|-------------|----------|----------|----------------------|--|--|
| Calend     | ar year (or fiscal year beginning in) 🕨   | <b>(a)</b> 2017 | <b>(b)</b> 2018 | (c) 2019    | (d) 2020 | (e) 2021 | (f) Total            |  |  |
| 1 0        | Gifts, grants, contributions, and   |                 |                 |             |          |          |                      |  |  |
| n          | nembership fees received. (Do not   |                 |                 |             |          |          |                      |  |  |
| ir         | nclude any "unusual grants.")   |                 |                 |             | 171,051. | 128,040. | 299,091.             |  |  |
| <b>2</b> T | ax revenues levied for the organ-   |                 |                 |             |          |          |                      |  |  |
| iz         | zation's benefit and either paid to   |                 |                 |             |          |          |                      |  |  |
| 0          | r expended on its behalf  |                 |                 |             |          |          |                      |  |  |
|            | he value of services or facilities  |                 |                 |             |          |          |                      |  |  |
|            | urnished by a governmental unit to  |                 |                 |             |          |          |                      |  |  |
|            | ne organization without charge  |                 |                 |             | 151 051  | 100 010  | 000 001              |  |  |
| 4 T        | otal. Add lines 1 through 3   |                 |                 |             | 171,051. | 128,040. | 299,091.             |  |  |
| <b>5</b> T | he portion of total contributions   |                 |                 |             |          |          |                      |  |  |
| b          | y each person (other than a   |                 |                 |             |          |          |                      |  |  |
| •          | overnmental unit or publicly  |                 |                 |             |          |          |                      |  |  |
|            | upported organization) included   |                 |                 |             |          |          |                      |  |  |
|            | n line 1 that exceeds 2% of the   |                 |                 |             |          |          |                      |  |  |
|            | mount shown on line 11,   |                 |                 |             |          |          |                      |  |  |
| С          | olumn (f)   |                 |                 |             |          |          |                      |  |  |
|            | ublic support. Subtract line 5 from line 4.   |                 |                 |             |          |          | 299,091.             |  |  |
|            | ion B. Total Support  | Γ               | Т               | Т           | 1        | <u> </u> |                      |  |  |
|            | ar year (or fiscal year beginning in)   | (a) 2017        | <b>(b)</b> 2018 | (c) 2019    | (d) 2020 | (e) 2021 | (f) Total            |  |  |
|            | mounts from line 4  |                 |                 |             | 171,051. | 128,040. | 299,091.             |  |  |
| <b>8</b> G | Gross income from interest,   |                 |                 |             |          |          |                      |  |  |
| d          | lividends, payments received on   |                 |                 |             |          |          |                      |  |  |
|            | ecurities loans, rents, royalties,  |                 |                 |             |          |          |                      |  |  |
|            | nd income from similar sources  |                 |                 |             |          |          |                      |  |  |
|            | let income from unrelated business  |                 |                 |             |          |          |                      |  |  |
|            | ctivities, whether or not the   |                 |                 |             |          |          |                      |  |  |
|            | usiness is regularly carried on   |                 |                 |             |          |          |                      |  |  |
|            | Other income. Do not include gain   |                 |                 |             |          |          |                      |  |  |
|            | r loss from the sale of capital   |                 |                 |             |          |          |                      |  |  |
|            | ssets (Explain in Part VI.)   |                 |                 |             |          |          | 200 001              |  |  |
|            | otal support. Add lines 7 through 10  |                 |                 |             |          |          | 299,091.             |  |  |
|            | cross receipts from related activities,   | -               |                 |             |          | 12       |                      |  |  |
|            | irst 5 years. If the Form 990 is for th   |                 |                 |             |          |          | <b>.</b> —           |  |  |
|            | rganization, check this box and storion C. Computation of Publi   |                 |                 |             |          |          |                      |  |  |
|            | •   |                 |                 | column (f)) |          | 14       | 100.00 %             |  |  |
|            | Public support percentage for 2021 (I<br>Public support percentage from 2020  |                 |                 |             |          | 15       | 100.00 <u>%</u><br>% |  |  |
|            | 3 1/3% support test - 2021. If the c  |                 |                 |             |          |          |                      |  |  |
|            |   |                 |                 |             |          |          |                      |  |  |
|            | stop here. The organization qualifies as a publicly supported organization  ▶ X  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box                     |                 |                 |             |          |          |                      |  |  |
|            | and <b>stop here.</b> The organization qualifies as a publicly supported organization   |                 |                 |             |          |          |                      |  |  |
|            | 7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,   |                 |                 |             |          |          |                      |  |  |
|            |   | -               |                 |             |          |          |                      |  |  |
|            | and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization |                 |                 |             |          |          |                      |  |  |
|            | 0% -facts-and-circumstances test  | ŭ               | •               |             |          |          |                      |  |  |
|            | nore, and if the organization meets the   | _               |                 |             |          |          | . 270 01             |  |  |
|            | rganization meets the facts-and-circu   |                 | •               |             | • •      |          |                      |  |  |
|            | Private foundation. If the organization   |                 |                 | •           |          |          |                      |  |  |

### 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.)

| Se   | ction A. Public Support  |                          |                          |                      |                     |                      |             |
|------|--|--------------------------|--------------------------|----------------------|---------------------|----------------------|-------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2017                 | <b>(b)</b> 2018          | (c) 2019             | (d) 2020            | (e) 2021             | (f) Total   |
| 1    | Gifts, grants, contributions, and  |                          |                          |                      |                     |                      |             |
|      | membership fees received. (Do not  |                          |                          |                      |                     |                      |             |
|      | include any "unusual grants.")   |                          |                          |                      |                     |                      |             |
| 2    | Gross receipts from admissions,  |                          |                          |                      |                     |                      |             |
|      | merchandise sold or services per-  |                          |                          |                      |                     |                      |             |
|      | formed, or facilities furnished in any activity that is related to the               |                          |                          |                      |                     |                      |             |
|      | organization's tax-exempt purpose  |                          |                          |                      |                     |                      |             |
| 3    | Gross receipts from activities that  |                          |                          |                      |                     |                      |             |
|      | are not an unrelated trade or bus-   |                          |                          |                      |                     |                      |             |
|      | iness under section 513  |                          |                          |                      |                     |                      |             |
| 4    | Tax revenues levied for the organ-   |                          |                          |                      |                     |                      |             |
|      | ization's benefit and either paid to   |                          |                          |                      |                     |                      |             |
|      | or expended on its behalf  |                          |                          |                      |                     |                      |             |
| 5    | The value of services or facilities  |                          |                          |                      |                     |                      |             |
|      | furnished by a governmental unit to  |                          |                          |                      |                     |                      |             |
|      | the organization without charge  |                          |                          |                      |                     |                      |             |
| 6    | Total. Add lines 1 through 5   |                          |                          |                      |                     |                      |             |
| 78   | Amounts included on lines 1, 2, and  |                          |                          |                      |                     |                      |             |
|      | 3 received from disqualified persons   |                          |                          |                      |                     |                      |             |
| k    | Amounts included on lines 2 and 3 received   |                          |                          |                      |                     |                      |             |
|      | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the |                          |                          |                      |                     |                      |             |
|      | amount on line 13 for the year   |                          |                          |                      |                     |                      |             |
| (    | Add lines 7a and 7b  |                          |                          |                      |                     |                      |             |
|      | Public support. (Subtract line 7c from line 6.)                                      |                          |                          |                      |                     |                      |             |
| Se   | ction B. Total Support   |                          |                          |                      |                     |                      |             |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2017                 | <b>(b)</b> 2018          | (c) 2019             | (d) 2020            | (e) 2021             | (f) Total   |
| 9    | Amounts from line 6  |                          |                          |                      |                     |                      |             |
|      | Gross income from interest,  |                          |                          |                      |                     |                      |             |
|      | dividends, payments received on securities loans, rents, royalties,                  |                          |                          |                      |                     |                      |             |
|      | and income from similar sources  |                          |                          |                      |                     |                      |             |
| k    | Unrelated business taxable income  |                          |                          |                      |                     |                      |             |
|      | (less section 511 taxes) from businesses   |                          |                          |                      |                     |                      |             |
|      | acquired after June 30, 1975   |                          |                          |                      |                     |                      |             |
| (    | Add lines 10a and 10b  |                          |                          |                      |                     |                      |             |
|      | 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.)                        |                          |                          |                      |                     |                      |             |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.)                                       |                          |                          |                      |                     |                      |             |
| 14   | First 5 years. If the Form 990 is for th   | ne organization's fi     | rst, second, third,      | fourth, or fifth tax | year as a section 5 | 601(c)(3) organizati | on,         |
|      | check this box and stop here   |                          |                          |                      |                     |                      | <b>&gt;</b> |
| Se   | ction C. Computation of Publi  | c Support Per            | centage                  |                      |                     |                      |             |
| 15   | Public support percentage for 2021 (I  | ine 8, column (f), d     | livided by line 13, o    | column (f))          |                     | 15                   | %           |
|      | Public support percentage from 2020  | ·                        |                          |                      |                     | 16                   | %           |
| Se   | ction D. Computation of Inves  | tment Income             | Percentage               |                      |                     |                      |             |
| 17   | Investment income percentage for 20  |                          |                          |                      |                     | 17                   | %           |
| 18   | Investment income percentage from  |                          |                          |                      |                     | 18                   | %           |
| 19   | a 33 1/3% support tests - 2021. If the   | organization did n       | not check the box o      | on line 14, and line | e 15 is more than 3 | 3 1/3%, and line 1   | 7 is not    |
|      | more than 33 1/3%, check this box ar   | nd <b>stop here.</b> The | organization quali       | fies as a publicly s | supported organiza  | ition                |             |
| k    | 33 1/3% support tests - 2020. If the   | •                        |                          |                      | •                   | •                    |             |
|      | line 18 is not more than 33 1/3%, che  | ck this box and st       | <b>op here.</b> The orga | nization qualifies a | as a publicly suppo | orted organization   |             |
| 20   | Private foundation. If the organization  | n did not check a        | box on line 14, 19a      | a, or 19b, check th  | nis box and see ins | 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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|      | Yes | No |
|------|-----|----|
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| Par    | art IV   Supporting Organizations (continued)   |                             |     |          |
|--------|---|-----------------------------|-----|----------|
|        |   |                             | Yes | No       |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?   |                             |     |          |
| а      | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and  |                             |     |          |
|        | 11c below, the governing body of a supported organization?  | 11a                         |     |          |
| b      | A family member of a person described on line 11a above?  | 11b                         |     |          |
|        | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi  | ide                         |     |          |
|        | 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 membershi   | p of one or                 |     |          |
|        | more supported organizations have the power to regularly appoint or elect at least a majority of the organization   | n's officers,               |     |          |
|        | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization  |                             |     |          |
|        | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one  |                             |     |          |
|        | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | mong the                    |     |          |
|        |   |                             |     |          |
|        | 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                           |     |          |
| Sect   | ction C. Type II Supporting Organizations   |                             |     |          |
|        | 71 11 5 5   |                             | Yes | No       |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  |                             | 103 | 140      |
|        | or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>  |                             |     |          |
|        | or management of the supporting organization was vested in the same persons that controlled or managed  |                             |     |          |
|        |   | 1                           |     |          |
| Sect   | the supported organization(s). ction D. All Type III Supporting Organizations   |                             |     | <u> </u> |
|        |   |                             | Yes | No       |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |                             | 103 | 140      |
|        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior   | tav                         |     |          |
|        | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  | ian                         |     |          |
|        | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1                           |     |          |
|        |   | •                           |     |          |
|        | organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how   |                             |     |          |
|        | , ,   | 2                           |     |          |
|        | 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 organizations have a      |                             |     |          |
|        | significant voice in the organization's investment policies and in directing the use of the organization's  |                             |     |          |
|        | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's   |                             |     |          |
|        | · · · · · · · · · · · · · · · · · · ·   | 3                           |     |          |
| Sect   | supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations   |                             |     | I        |
|        | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  | e instructions)             |     |          |
| ·<br>a |   |                             |     |          |
| b      |   |                             |     |          |
| c      |   | tal entity (see instruction | 16) |          |
|        | Activities Test. Answer lines 2a and 2b below.  | ar critity (see instruction | Yes | No       |
|        |   |                             |     | 110      |
|        | 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                          |     |          |
|        |   |                             |     |          |
|        | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in  |                             |     |          |
|        | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in  |                             |     |          |
|        | these activities but for the organization's involvement.  | 2b                          |     |          |
|        | Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>   |                             |     |          |
|        |   |                             |     |          |
|        | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.   | 3a                          |     |          |
|        |   |                             |     |          |
|        | of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.  | 3b                          |     |          |
|        |   |                             |     |          |

| Sche | dule A (Form 990) 2021 THE BEAUTYWELL PROJECT                                   |             |                              | 53-0/18160 Page 6              |
|------|---|-------------|------------------------------|--------------------------------|
| Pai  | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                  | ng Orga     | nizations                    |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust or | n Nov. 20, 1970 ( explain in | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations mus     |             | ·                            |                                |
| Sect | ion A - Adjusted Net Income   |             | (A) Prior Year               | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain   | 1           |                              |                                |
| 2    | Recoveries of prior-year distributions  | 2           |                              |                                |
| 3    | Other gross income (see instructions)   | 3           |                              |                                |
| 4    | Add lines 1 through 3.  | 4           |                              |                                |
| 5    | Depreciation and depletion  | 5           |                              |                                |
| 6    | Portion of operating expenses paid or incurred for production or                |             |                              |                                |
|      | collection of gross income or for management, conservation, or                  |             |                              |                                |
|      | maintenance of property held for production of income (see instructions)        | 6           |                              |                                |
| 7    | Other expenses (see instructions)   | 7           |                              |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                    | 8           |                              |                                |
| Sect | ion B - Minimum Asset Amount  |             | (A) Prior Year               | (B) Current Year<br>(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):               |             |                              |                                |
| а    | Average monthly value of securities   | 1a          |                              |                                |
| b    | Average monthly cash balances   | 1b          |                              |                                |
| c    | Fair market value of other non-exempt-use assets                                | 1c          |                              |                                |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d          |                              |                                |
| е    | <b>Discount</b> 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 | ion 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              |             |                              |                                |

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

Schedule A (Form 990) 2021

emergency temporary reduction (see instructions).

instructions).

| Par      | t V Type III Non-Functionally Integrated 509                    | (a)(3) Supporting Orga        | nizations <sub>(continu</sub> | ued) |                                  |
|----------|---|-------------------------------|-------------------------------|------|----------------------------------|
| Section  | on D - Distributions  |                               |                               |      | Current Year                     |
| 1        | Amounts paid to supported organizations to accomplish exe       | mpt purposes                  |                               | 1    |                                  |
| 2        | Amounts paid to perform activity that directly furthers exemp   | ot purposes of supported      |                               |      |                                  |
|          | organizations, in excess of income from activity                |                               |                               | 2    |                                  |
| 3        | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations | 5                             | 3    |                                  |
| 4        | Amounts paid to acquire exempt-use assets                       | -                             |                               | 4    |                                  |
| 5        | Qualified set-aside amounts (prior IRS approval required - pri  | ovide details in Part VI)     |                               | 5    |                                  |
|          | Other distributions (describe in Part VI). See instructions.    |                               | 6                             |      |                                  |
| 7        | Total annual distributions. Add lines 1 through 6.              |                               |                               | 7    |                                  |
| 8        | Distributions to attentive supported organizations to which the | ne organization is responsive |                               |      |                                  |
|          | (provide details in <b>Part VI</b> ). See instructions.         |                               |                               | 8    |                                  |
| 9        | Distributable amount for 2021 from Section C, line 6            |                               |                               | 9    |                                  |
|          | Line 8 amount divided by line 9 amount                          |                               |                               | 10   |                                  |
|          | -   | (i)                           | (ii)                          |      | (iii)                            |
| Section  | on E - Distribution Allocations (see instructions)              | Excess Distributions          | Underdistribution<br>Pre-2021 | าร   | Distributable<br>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                 |                               |                               |      |                                  |
| <u>a</u> | From 2016   |                               |                               |      |                                  |
| b        | From 2017   |                               |                               |      |                                  |
| С        | From 2018   |                               |                               |      |                                  |
| d        | From 2019   |                               |                               |      |                                  |
| <u>e</u> | 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 <b>Part VI.</b> See instructions.         |                               |                               |      |                                  |
| 6        | Remaining underdistributions for 2021. Subtract lines 3h        |                               |                               |      |                                  |
|          | and 4b from line 1. For result greater than zero, explain in    |                               |                               |      |                                  |
|          | Part VI. See instructions.                                      |                               |                               |      |                                  |
| 7        | Excess distributions carryover to 2022. Add lines 3j            |                               |                               |      |                                  |
|          | and 4c.   |                               |                               |      |                                  |
| 8        | Breakdown of line 7:  |                               |                               |      |                                  |
|          | Excess from 2017  |                               |                               |      |                                  |
|          | Excess from 2018  |                               |                               |      |                                  |
|          | Excess from 2019  |                               |                               |      |                                  |
|          | Excess from 2020  |                               |                               |      |                                  |
|          | Excess from 2021  |                               |                               |      |                                  |
|          | LAGGGG II OHI LUL I   |                               |                               |      |                                  |

Schedule A (Form 990) 2021

| 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.) |
|         | (See Instructions.)   |
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# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number THE BEAUTYWELL PROJECT 83-0718160

Organization type (check one):

| Filers of: |  | Section:  |
|------------|--|---|
| Form 990   | or 990-EZ  | X 501(c)( 3 ) (enter number) organization   |
|            |  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |
|            |  | 527 political organization  |
| Form 990   | I-PF   | 501(c)(3) exempt private foundation   |
|            |  | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |
|            |  | 501(c)(3) taxable private foundation  |
| •          | -  | covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  |
| General I  | Rule   |   |
|            | -  | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  |
| Special F  | Rules  |   |
| :          | sections 509(a)(1) a   | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.   |
| 1          | contributor, during<br>literary, or educatio                     | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.  |
|            | year, contributions<br>is checked, enter h<br>purpose. Don't com | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year |
| answer "I  | No" on Part IV, line   | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).   |

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# THE BEAUTYWELL PROJECT

83-0718160

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional            | space is needed.           |  |
|------------|--|----------------------------|--|
| (a)        | (b)  | (c)                        | (d)  |
| No1_       | Name, address, and ZIP + 4  HENNEPIN COUNTY  300 S 6TH ST  MINNEAPOLIS, MN 55487         | \$ 5,500.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)        | (b)  | (c) Total contributions    | (d)  |
|            | MINNESOTA DEPARTMENT OF HEALTH  625 ROBERT ST. N  ST. PAUL, MN 55164                     | \$35,735.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| 3          | OCCIDENTAL COLLEGE  1600 CAMPUS RD  LOS ANGELES, CA 90041                                | \$\$                       | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution   |
| 4          | NORTH STAR PROSPERITY  1010 DALE ST N  SAINT PAUL, MN 55117                              | \$                         | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| 5          | MINNESOTA COUNCIL ON FOUNDATIONS 800 WASHINGTON AVENUE NORTH NO 70 MINNEAPOLIS, MN 55401 | \$46,266.                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 6          | BETHLEHEM LUTHERAN-THE-MIDWAY  436 N ROY ST  SAINT PAUL, MN 55104                        | \$5,000.                   | Person X Payroll   |

Name of organization Employer identification number

# THE BEAUTYWELL PROJECT

83-0718160

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

Name of organization Employer identification number

| THE BEAU        | JTYWELL PROJECT   |  |  | 83-0718160                        |  |  |
|-----------------|---|--|--|-----------------------------------|--|--|
|                 | xclusively religious, charitable, etc., contributio<br>om any one contributor. Complete columns (a)                 |  |  |                                   |  |  |
| cc              | ompleting Part III, enter the total of exclusively religious, cl<br>se duplicate copies of Part III if additional s | haritable, etc., contributions of \$1,000 or I | ess for the year. (Enter this info. once | e.) ► \$                          |  |  |
| (a) No.         | ·   |  |  |                                   |  |  |
| from<br>Part I  | (b) Purpose of gift   | (c) Use of gift                                | (d) Desc                                 | ription of how gift is held       |  |  |
|                 |   |  |  |                                   |  |  |
| _               |   |  |  |                                   |  |  |
| _               |   | -  |  |                                   |  |  |
|                 |   | (a) Transfer of gift                           |  |                                   |  |  |
|                 |   | (e) Transfer of gift                           |  |                                   |  |  |
|                 | Transferee's name, address, and   | d ZIP + 4                                      | Relationship of tran                     | nsferor to transferee             |  |  |
| _               |   |  |  |                                   |  |  |
| -               |   |  |  |                                   |  |  |
| -               |   |  |  |                                   |  |  |
| (a) No.<br>from | (L) P   | /-\\\\   | (4) D                                    | what have a file and a file had d |  |  |
| Part I          | (b) Purpose of gift   | (c) Use of gift                                | (d) Desc                                 | ription of how gift is held       |  |  |
| -               |   |  |  |                                   |  |  |
| _               |   |  |  |                                   |  |  |
| -               | _   |  |  |                                   |  |  |
|                 | (e) Transfer of gift  |  |  |                                   |  |  |
|                 |   |  |  |                                   |  |  |
|                 | Transferee's name, address, and   | d ZIP + 4                                      | Relationship of tran                     | nsferor to transferee             |  |  |
| -               |   |  |  |                                   |  |  |
|                 |   |  |  |                                   |  |  |
| (a) No.         |   |  |  |                                   |  |  |
| from Part I     | (b) Purpose of gift   | (c) Use of gift                                | (d) Desc                                 | ription of how gift is held       |  |  |
| raiti           |   |  |  |                                   |  |  |
| _               |   |  |  |                                   |  |  |
| _               |   |  |  |                                   |  |  |
|                 |   | (a) Tunnafau of nift                           |  |                                   |  |  |
|                 | (e) Transfer of gift  |  |  |                                   |  |  |
|                 | Transferee's name, address, and   | Relationship of tran                           | nsferor to transferee                    |                                   |  |  |
| _               |   |  |  |                                   |  |  |
| -               |   |  |  |                                   |  |  |
| -               |   |  |  |                                   |  |  |
| (a) No.         | #ND   | ( ) ) ; ; ; ; ; ;                              | , n =                                    |                                   |  |  |
| from<br>Part I  | (b) Purpose of gift   | (c) Use of gift                                | (d) Desc                                 | ription of how gift is held       |  |  |
| _               |   |  |  |                                   |  |  |
| —   –           |   |  | <u> </u>                                 |                                   |  |  |
| -               |   |  | _  |                                   |  |  |
|                 |   | (e) Transfer of gift                           | •  |                                   |  |  |
|                 |   |  |  |                                   |  |  |
|                 | Transferee's name, address, and   | d ZIP + 4                                      | Relationship of tran                     | nsferor to transferee             |  |  |

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

THE BEAUTYWELL PROJECT

**Employer identification number** 83-0718160

|     |   | (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 wr       | riting that the assets held in donor advi   | sed funds                             |
|     | are the organization's property, subject to the organization's ex     | cclusive legal control?                     | Yes No                                |
| 6   | Did the organization inform all grantees, donors, and donor adv       | visors in writing that grant funds can be   | e used only                           |
|     | for charitable purposes and not for the benefit of the donor or o     | donor advisor, or for any other purpose     | e conferring                          |
|     | impermissible private benefit?  |   | Yes No                                |
| Par | t II Conservation Easements. Complete if the orga                     | nization answered "Yes" on Form 990,        | , Part IV, line 7.                    |
| 1   | Purpose(s) of conservation easements held by the organization         | (check all that apply)                      |                                       |
|     | Preservation of land for public use (for example, recreation          | on or education) Preservation of            | of a historically important land area |
|     | Protection of natural habitat   | Preservation of                             | of a certified historic structure     |
|     | Preservation of open space  |   |                                       |
|     | Complete lines 2a through 2d if the organization held a qualifie      | d conservation contribution in the form     |                                       |
|     | day of the tax year.  |   | Held at the End of the Tax Yea        |
| а   | Total number of conservation easements                                |   | 2a                                    |
| b   | Total acreage restricted by conservation easements                    |   | 2b                                    |
| С   | Number of conservation easements on a certified historic struc        | ture included in (a)                        | 2c                                    |
|     | Number of conservation easements included in (c) acquired aft         | *   |                                       |
|     | listed in the National Register                                       |   | 2d                                    |
|     | Number of conservation easements modified, transferred, relea         |   |                                       |
|     | year >  |   |                                       |
| 4   | Number of states where property subject to conservation ease          | ment is located >                           | _                                     |
| 5   | Does the organization have a written policy regarding the perio       | dic monitoring, inspection, handling of     |                                       |
|     | violations, and enforcement of the conservation easements it h        | olds?                                       | Yes No                                |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, ha       | andling of violations, and enforcing con    | nservation easements during the year  |
|     | <b>&gt;</b>   |   |                                       |
| 7   | Amount of expenses incurred in monitoring, inspecting, handlir        | ng of violations, and enforcing conserva    | ation easements during the year       |
|     | <b>&gt;</b> \$  |   |                                       |
| 8   | Does each conservation easement reported on line 2(d) above           | satisfy the requirements of section 170     | 0(h)(4)(B)(i)                         |
|     | and section 170(h)(4)(B)(ii)?   |   | Yes No                                |
| 9   | In Part XIII, describe how the organization reports conservation      | easements in its revenue and expense        | e statement and                       |
|     | balance sheet, and include, if applicable, the text of the footnot    | te to the organization's financial statem   | nents that describes the              |
|     | organization's accounting for conservation easements.                 |   |                                       |
| Par | Organizations Maintaining Collections of A                            |   | ther Similar Assets.                  |
|     | Complete if the organization answered "Yes" on Form 9                 |   |                                       |
|     | If the organization elected, as permitted under FASB ASC 958,         |   |                                       |
|     | of art, historical treasures, or other similar assets held for public | c exhibition, education, or research in f   | furtherance of public                 |
|     | service, provide in Part XIII the text of the footnote to its financ  | ial statements that describes these iter    | ns.                                   |
| b   | If the organization elected, as permitted under FASB ASC 958,         | to report in its revenue statement and      | balance sheet works of                |
|     | art, historical treasures, or other similar assets held for public e  | exhibition, education, or research in furt  | therance of public service,           |
|     | provide the following amounts relating to these items:                |   |                                       |
|     | (i) Revenue included on Form 990, Part VIII, line 1                   |   |                                       |
|     | (ii) Assets included in Form 990, Part X                              |   |                                       |
| 2   | If the organization received or held works of art, historical treas   | sures, or other similar assets for financia |                                       |
|     | the following amounts required to be reported under FASB ASC          | C 958 relating to these items:              |                                       |
|     |   | o ood rolating to those items.              |                                       |
|     | Revenue included on Form 990, Part VIII, line 1                       | _   | <b>&gt;</b> \$                        |

| Par   | t III Organizations Maintaining C  | ollections of Ar                | t, Histo    | orical Tre     | easures, o             | r Other     | Simila                 | r Asset       | S (conti                                | nued)  | ugo -  |
|-------|--|---------------------------------|-------------|----------------|------------------------|-------------|------------------------|---------------|---|--------|--|
| 3     | Using the organization's acquisition, accession                                |                                 |             |                |                        |             |                        |               | , | ,      |  |
|       | collection items (check all that apply):                                       |                                 |             | -              | J                      | · ·         |                        |               |   |        |  |
| а     | Public exhibition  | C                               | ı 🗆         | Loan or exc    | change progr           | am          |                        |               |   |        |  |
| b     | Scholarly research   | e                               |             |                | 3 1 3                  |             |                        |               |   |        |  |
| c     | Preservation for future generations  | •                               |             |                |                        |             |                        |               |   |        |  |
| 4     | Provide a description of the organization's co                                 | ollections and explain          | n how th    | ev further tl  | ne organizati          | on's exem   | nt purpo               | se in Part    | XIII.                                   |        |  |
| 5     | During the year, did the organization solicit o                                |                                 |             |                |                        |             |                        | oo iii i ai c | 7                                       |        |  |
| ·     | to be sold to raise funds rather than to be ma                                 |                                 |             |                |                        |             |                        |               | Yes                                     |        | No   |
| Par   | t IV Escrow and Custodial Arran  |                                 |             |                |                        |             |                        |               |   |        |  |
|       | reported an amount on Form 990, Pai  |                                 |             | 9              |                        |             |                        | , ,           | ,                                       |        |  |
| 1a    | Is the organization an agent, trustee, custodi                                 | an or other intermed            | liary for o | contribution   | s or other as          | sets not in | cluded                 |               |   |        |  |
|       | on Form 990, Part X?   |                                 | •           |                |                        |             |                        |               | Yes                                     |        | No   |
| b     | If "Yes," explain the arrangement in Part XIII                                 |                                 |             |                |                        |             |                        |               | _                                       |        | _  |
|       | 3  | ŗ                               | 3           |                |                        |             |                        |               | Amoun                                   | t      |  |
| С     | Beginning balance  |                                 |             |                |                        |             | 1c                     |               |   |        |  |
|       | Additions during the year  |                                 |             |                |                        |             | 1d                     |               |   |        |  |
|       | Distributions during the year  |                                 |             |                |                        |             | 1e                     |               |   |        |  |
| f     | Ending balance   |                                 |             |                |                        |             | 1f                     |               |   |        |  |
|       | Did the organization include an amount on Fe                                   |                                 |             |                |                        |             |                        |               | Yes                                     |        | No   |
|       | If "Yes," explain the arrangement in Part XIII.                                |                                 |             |                |                        |             |                        |               |   |        | j  |
| Par   |  |                                 |             |                |                        |             |                        |               |   |        |  |
|       |  | (a) Current year                |             | rior year      | (c) Two year           |             |                        | years back    | (e) Fou                                 | vears  | back   |
| 1a    | Beginning of year balance  | , , , , , ,                     | ` ,         |                | ,,,,                   | ,           |                        | ,             | \                                       |        |  |
| b     | Contributions  |                                 |             |                |                        |             |                        |               |   |        |  |
|       | Net investment earnings, gains, and losses                                     |                                 |             |                |                        |             |                        |               |   |        |  |
|       | Grants or scholarships   |                                 |             |                |                        |             |                        |               |   |        |  |
|       | Other expenditures for facilities  |                                 |             |                |                        |             |                        |               |   |        |  |
| •     |  |                                 |             |                |                        |             |                        |               |   |        |  |
|       | and programs   |                                 |             |                |                        |             |                        |               |   |        |  |
|       | Administrative expenses  |                                 |             |                |                        |             |                        |               |   |        |  |
| g     | End of year balance  | ent veer and belone             |             | , aalumn (a    | \\ bald aa:            |             |                        |               |   |        |  |
| 2     | Provide the estimated percentage of the curr                                   | •                               |             | j, column (a   | ij) neid as.           |             |                        |               |   |        |  |
| a     | Board designated or quasi-endowment  |                                 | _%          |                |                        |             |                        |               |   |        |  |
| b     | Permanent endowment  | %<br>%                          |             |                |                        |             |                        |               |   |        |  |
| С     |  |                                 |             |                |                        |             |                        |               |   |        |  |
| 0-    | The percentages on lines 2a, 2b, and 2c sho                                    | •                               |             | bl.d           | and and a decided at a |             |                        | -41           |   |        |  |
| За    | Are there endowment funds not in the posse                                     | ssion of the organiza           | ation tha   | t are neid a   | na aaministe           | rea for the | organiz                | ation         | 1                                       | Yes    | No   |
|       | by:  |                                 |             |                |                        |             |                        |               | 0-0                                     | 163    | NO   |
|       | (i) Unrelated organizations  |                                 |             |                |                        |             |                        |               | 3a(i)                                   |        | <del>                                     </del> |
|       | (ii) Related organizations   |                                 |             |                |                        |             |                        |               | 3a(ii)                                  |        | <del>                                     </del> |
|       | If "Yes" on line 3a(ii), are the related organiza                              |                                 |             |                |                        |             |                        |               | 3b                                      |        |  |
| Dai   | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm |                                 | wment f     | unds.          |                        |             |                        |               |   |        |  |
| Fai   | Complete if the organization answered  |                                 | Dort IV     | lino 11a G     | Soo Form 000           | ) Dort V Ii | no 10                  |               |   |        |  |
|       |  |                                 | -           |                |                        | <u> </u>    |                        |               |   |        |  |
|       | Description of property  | (a) Cost or o<br>basis (investr |             |                | t or other<br>(other)  | 1 ' '       | cumulator<br>reciation |               | ( <b>d)</b> Boo                         | k valu | е  |
| 1a    | Land   |                                 |             |                |                        |             |                        |               |   |        |  |
|       | Buildings  |                                 |             |                |                        |             |                        |               |   |        |  |
|       | Leasehold improvements   |                                 |             |                |                        |             |                        |               |   |        |  |
| d     | Equipment  | <b>I</b>                        |             |                |                        |             |                        |               |   |        |  |
| е     | Other  |                                 |             |                |                        |             |                        |               |   |        |  |
| Total | . Add lines 1a through 1e. (Column (d) must e                                  | qual Form 990, Part             | X. colum    | nn (B). line 1 | Oc.)                   |             |                        | <b>&gt;</b>   |   |        | 0.   |

Schedule D (Form 990) 2021

| Schedule D (Form 990) 2021 THE   | BEAUTYWELL              | PROJECT              | :                                      | 33-0718160 Page          |
|--|-------------------------|----------------------|--|--------------------------|
| Part VII Investments - Other Se  |                         |                      |  | i age                    |
|  |                         |                      | 11b. See Form 990, Part X, line 12.    |                          |
| (a) Description of security or category (including                                 | g name of security) (b  | ) Book value         | (c) Method of valuation: Cost or       | end-of-year market value |
| 1) Financial derivatives   |                         |                      |  |                          |
| 2) Closely held equity interests   |                         |                      |  |                          |
| 3) Other   |                         |                      |  |                          |
| (A)  |                         |                      |  |                          |
| (B)  |                         |                      |  |                          |
| (C)  |                         |                      |  |                          |
| (D)  |                         |                      |  |                          |
| (E)  |                         |                      |  |                          |
| (F)  |                         |                      |  |                          |
| (G)  |                         |                      |  |                          |
| (H)  |                         |                      |  |                          |
| otal. (Col. (b) must equal Form 990, Part X, co<br>Part VIII Investments - Progran |                         |                      |  |                          |
|  |                         | n 000 Dort IV line   | 11a Caa Farm 000 Part V line 12        |                          |
| (a) Description of investmen   |                         |                      | 11c. See Form 990, Part X, line 13.    | and of year market value |
|  | · (L                    | b) Book value        | (c) Method of valuation: Cost or       | end-or-year market value |
| (1)  |                         |                      |  |                          |
| (2)  |                         |                      |  |                          |
| (3)  |                         |                      |  |                          |
| (4)  |                         |                      |  |                          |
| (5)  |                         |                      |  |                          |
| (6)  |                         |                      |  |                          |
| (7)  |                         |                      |  |                          |
| (8)<br>(9)   |                         |                      |  |                          |
| Total. (Col. (b) must equal Form 990, Part X, co                                   | (R) line 12 )           |                      |  |                          |
| Part IX Other Assets.  | . (D) IIIIC 13.)        |                      |  |                          |
|  | answered "Yes" on Forn  | n 990. Part IV. line | 11d. See Form 990, Part X, line 15.    |                          |
| pg   | (a) Descrip             |                      |  | (b) Book value           |
| (1)  | ( )                     |                      |  |                          |
| (2)  |                         |                      |  |                          |
| (3)  |                         |                      |  |                          |
| (4)  |                         |                      |  |                          |
| (5)  |                         |                      |  |                          |
| (6)  |                         |                      |  |                          |
| (7)  |                         |                      |  |                          |
| (8)  |                         |                      |  |                          |
| (9)  |                         |                      |  |                          |
| Fotal. (Column (b) must equal Form 990, Pa   | art X col (B) line 15 ) |                      |  | <b>•</b>                 |
| Part X Other Liabilities.  |                         |                      |  |                          |
| Complete if the organization a   | nswered "Yes" on Forn   | n 990, Part IV, line | 11e or 11f. See Form 990, Part X, line | 25.                      |
| (a) Description  | of liability            |                      |  | (b) Book value           |
| (1) Federal income taxes   |                         |                      |  |                          |
| (2) FEDERAL PAYROLL TA   | XES PAYABLE             |                      |  | 378                      |
| (3)  |                         |                      |  |                          |
| (4)  |                         |                      |  |                          |
| (5)  |                         |                      |  |                          |

(6) (7) (8) (9) 378. 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

|                          | t XI Reconciliation of Revenue per Audited Finance  |   | •              |     |
|--------------------------|---|---|----------------|-----|
|                          | Complete if the organization answered "Yes" on Form 990,  | Part IV, line 12a.  |                |     |
| 1                        | Total revenue, gains, and other support per audited financial stater  | nents   | <u>1</u>       |     |
| 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  |                |     |
|                          | Other (Describe in Part XIII.)  |   |                |     |
| е                        | Add lines 2a through 2d   |   |                |     |
| 3                        | Subtract line <b>2e</b> from line <b>1</b>  |   | 3              |     |
| 4                        | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  | 1 1   |                |     |
|                          | Investment expenses not included on Form 990, Part VIII, line 7b  |   |                |     |
| b                        | Other (Describe in Part XIII.)  | 4b  |                |     |
|                          | Add lines 4a and 4b   |   |                |     |
| 5                        | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part  | I, line 12.)  | 5              |     |
| Par                      | T XII Reconciliation of Expenses per Audited Finar  | •   | es per Return. |     |
|                          | Complete if the organization answered "Yes" on Form 990,  |   | <u> </u>       |     |
| 1                        | Total expenses and losses per audited financial statements  |   | 1              |     |
|                          | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | 1 1   |                |     |
|                          | Donated services and use of facilities  |   |                |     |
|                          | Prior year adjustments  |   |                |     |
|                          | Other losses  |   |                |     |
|                          | Other (Describe in Part XIII.)  | · · · · · · · · · · · · · · · · · · ·                     |                |     |
|                          | 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   |                |     |
|                          | Investment expenses not included on Form 990, Part VIII, line 7b  |   |                |     |
| b                        | Other (Describe in Part XIII.)  |   |                |     |
|                          | A 1117 A 148  |   |                |     |
|                          | Add lines 4a and 4b   |   |                |     |
| 5                        | Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Pa   |   |                |     |
| 5<br>Par                 | Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part XIII Supplemental Information.   | rt I, line 18.)   | 5              | ΧI  |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part XIII Supplemental Information.   | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |
| 5<br><b>Par</b><br>Provi | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII   Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines | ort I. line 18.) s 1a and 4; Part IV, lines 1b and 2b; Pa | 5              | XI, |

### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

2021
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

THE BEAUTYWELL PROJECT

Employer identification number 83-0718160

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SKIN-LIGHTENING PRACTICES AND CHEMICAL EXPOSURES IN THE IMMIGRANT AND COMMUNITIES OF COLOR. THE ORGANIZATION'S MISSION IS TO DEVELOP HEALTHY FAMILIES AND COMMUNITY THROUGH EDUCATION, INDIVIDUALS, RESEARCH EMPOWERMENT, POLICY AND SYSTEMS CHANGES. PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, RESEARCH, EMPOWERMENT, POLICY AND SYSTEMS CHANGES. WE HAVE BEEN CONDUCTING COMMUNITY FORUMS TO EDUCATE THE SOMALI/AFRICAN GROUPS, AND LATINO AND OTHER COMMUNITIES OF COLOR ABOUT THE SKIN-LIGHTENING PRACTICES, CHEMICAL EXPOSURES, THE HEALTH AND PSYCHOLOGICAL IMPACTS. HAVE CONDUCTED SEVERAL FOCUS GROUP SESSIONS AND KEY INFORMANT INTERVIEWS IN THE SOMALI, HMONG, LATINO AND SOUTH SUDANESE COMMUNITIES TO LEARN THEIR ATTITUDE TOWARDS SKIN-LIGHTENING PRACTICES, HOW THE CULTURES INFLUENCE THE PRACTICE AND THE UNJUST RACIAL ASSOCIATE WITH SKIN COLOR. WE HAVE TRAINED FOUR HEALTH CARE SYSTEMS INCLUDING MORE THAN 100 CLINICS IN THE MINNEAPOLIS-ST. PAUL METRO AREA AND GREATER MN. MORE THAN 3,000 HEALTH CARE PROVIDER FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PROGRAM. SO FAR IN THIS PROGRAM WE HAVE TRAINED 6 COHORTS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: WHATSAPP, IN ALL OUR SOCIAL MEDIA PLATFORMS INCLUDING FACEBOOK, TWITTER, LINKEDIN, INSTAGRAM AND CLUBHOUSE AS WELL AS OTHER SOCIAL

MEDIA PLATFORMS. WE HAVE BEEN SHARING THE SKIN-LIGHTENING AND CHEMICAL

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

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** 83-0718160 THE BEAUTYWELL PROJECT EXPOSURE EDUCATION THROUGH PRESENTING AT WEBINAR SESSIONS, PRESENTING TO COMMUNITY LEADERS AND MEMBERS. HOSTING SESSIONS FOR YOUTH AND PARENT GROUPS. 2) SOME OF THE FUNDING USED FOR OUR YOUNG WOMEN'S WELLNESS AND LEADERSHIP INITIATIVE. CONDUCTING REGULAR EVALUATION FOR THE PROJECT. 4) WE HAVE CONDUCTED YOUTH HEALTH SUMMIT 5) CONTINUES EDUCATION THROUGH BEAUTY-WELLNESS TALK PODCAST FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ARE VACCINATED FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION REVIEWED THE 990 TAX RETURN AT ITS BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 12C: SEE ATTACHED POLICY FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD MEMBERS DISCUSSED AND DECIDED THE AMOUNT OF COMPENSATION FOR EXECUTIVE DIRECTOR DURING THE BOARD MEETING. FORM 990, PART VI, SECTION C, LINE 18: FORMS 1023 AND 990 WILL BE MADE AVAILABLE UPON REQUEST.

Schedule O (Form 990) 2021 Page **2** 

| Name of the organization  THE BEAUTYWELL PROJECT           | Employer identification number 83-0718160 |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19:                     |   |
| THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE |   |
|  |   |
| FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQE | UST IN ITS                                |
| OFFICE.  |   |
| FORM 990, PART IX, LINE 11G, OTHER FEES:                   |   |
| SUBCONTRACTORS:  |   |
| PROGRAM SERVICE EXPENSES                                   | 20,574.                                   |
| MANAGEMENT AND GENERAL EXPENSES                            | 0.  |
| FUNDRAISING EXPENSES                                       | 0.  |
| TOTAL EXPENSES   | 20,574.                                   |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A     | 20,574.                                   |
|  |   |
|  |   |
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Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address:

www.ag.state.mn.us/charity

### **STATE OF MINNESOTA**

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

| SECTION A: Organization Information  |   |  |  |  |
|--|---|--|--|--|
| Legal Name of Organization THE BEAUTYWELL PRO  | JECT  |  |  |  |
| Federal EIN: 83-0718160  | Fiscal Year-End: 12312021                               |  |  |  |
|  | mm/dd/yyyy  |  |  |  |
|  | Did the organization's fiscal year-end change? Yes X No |  |  |  |
| Mailing Address: ISAANA TAX LLC  | Physical Address:                                       |  |  |  |
| Contact Person 1821 UNIVERSITY AVE W   | Contact Person 1821 UNIVERSITY AVE W                    |  |  |  |
| Street Address SAINT PAUL, MN 55104  | Street Address SAINT PAUL, MN 55104                     |  |  |  |
| City, State, and ZIP Code 6122504263   | City, State, and ZIP Code 6122504263                    |  |  |  |
| Phone Number AMIRA.ADAWE@THEBEAUTYWELL.ORG   | Phone Number AMIRA.ADAWE@THEBEAUTYWELL.ORG              |  |  |  |
| Email Address  | Email Address   |  |  |  |
| Organization's website: <u>WWW.THEBEAUTYWELL.Ol</u> List all of the organization's alternate and former names (attach li |   |  |  |  |
| List all names under which the organization solicits contributions   | Alternate Former  |  |  |  |
| 4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A   | A? Yes X No   |  |  |  |
| 5. Total amount of contributions the organization received from Min  | nnesota donors: \$                                      |  |  |  |
| 6. Has the organization's tax-exempt status with the IRS changed?  Yes X No If yes, attach explanation.                  |   |  |  |  |
| 7. Has the organization significantly changed its purpose(s) or programmer Yes X No If yes, attach explanation.          | ram(s)?   |  |  |  |

| 8.   | Has the organization been denied the right to solicit contributions by any court or government agency?  Yes X No If yes, attach explanation.   |                          |                    |  |  |  |
|--|--|--------------------------|--------------------|--|--|--|
| 9.   | Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? $\square$ Yes $\square$ No If yes, provide the following information for each (attach list if more space is needed):  |                          |                    |  |  |  |
|  | Name of Professional Fundraiser  | Compensation             |                    |  |  |  |
|  | Street Address   | City, State, and ZIP Cod | e                  |  |  |  |
| 10.  | Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached No Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold. |                          |                    |  |  |  |
| 11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes X No  If yes, provide the following information for the five highest paid individuals: |  |                          |                    |  |  |  |
|  | Name and title   | Compensation*            | Other compensation |  |  |  |
|  |  |                          |                    |  |  |  |
|  |  |                          |                    |  |  |  |
|  |  |                          |                    |  |  |  |
|  |  |                          |                    |  |  |  |
|  |  |                          |                    |  |  |  |
|  | *Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7)  |                          |                    |  |  |  |

issued by the organization and its related organizations to the individual. See Minn. Stat.  $\S$  309.53, subd.

3(i) and Minn. Stat.  $\S$  317A.011 for definitions.

### **SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

| 1. | Contributions Received  |
|----|-------------------------|
| 2. | Government Grants       |
| 3. | Program Service Revenue |

**INCOME** 

\$ 45,035. 2 \$ 3

4. Other Revenue5. TOTAL INCOME

\$ 128,040.

### **EXPENSES**

|     | INSES                         |                                       |
|-----|-------------------------------|---------------------------------------|
| 6.  | Program Expenses              | \$<br><b>109,016.</b> 6               |
| 7.  | Management & General Expenses | \$<br><b>36,567.</b> <sub>7</sub>     |
| 8.  | Fund-raising Expenses         | \$<br>8                               |
| 9.  | TOTAL EXPENSES                | \$<br>145,583. 9                      |
| 10. | EXCESS or DEFICIT             | \$<br>-17,5 <b>4</b> 3. <sub>10</sub> |
|     | (Line 5 minus Line 9)         |                                       |

#### **ASSETS**

| 11. | Cash                        | \$ _ | <u> 78,249.</u> 11    |
|-----|-----------------------------|------|-----------------------|
| 12. | Land, Buildings & Equipment | \$   | 12                    |
| 13. | Other Assets                | \$   | 13                    |
| 14. | TOTAL ASSETS                | \$   | 78,249. <sub>14</sub> |

### LIABILITIES

| LIABILITIES            |                      |
|------------------------|----------------------|
| 15. Accounts Payable   | \$<br><b>412.</b> 15 |
| 16. Grants Payable     | \$<br>16             |
| 17. Other Liabilities  | \$<br>378. 17        |
| 18. TOTAL LIABILITIES  | \$<br>790. 18        |
| FUND BALANCE/NET WORTH | \$<br>77,459.        |

(Line 14 minus Line 18)

### Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

| Coldi    | nns B, C, and D must equal Column A. The amour   | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----------|--|--------------------|------------------------------|-------------------------------------|--------------------------|
| 1.       | Grants and other assistance to governments   |                    |                              |                                     |                          |
| <u> </u> | and organizations in the U.S.  Grants and other assistance to individuals in the U.S.  |                    |                              |                                     |                          |
| 2.<br>3. | Grants and other assistance to governments,  |                    |                              |                                     |                          |
| 3.       | organizations, and individuals outside the U.S.  |                    |                              |                                     |                          |
| 4.       | Benefits paid to or for members  |                    |                              |                                     |                          |
| 5.       | Compensation of current officers, directors,   |                    |                              |                                     |                          |
| 0.       | trustees, and key employees  | 82,068.            | 57,448.                      | 24,620.                             |                          |
| 6.       | Compensation not included above, to disqualified   | ,                  | ,                            | , -                                 |                          |
|          | persons (as defined under section 4958(f)(1) and   |                    |                              |                                     |                          |
|          | persons described in section 4958(c)(3)(B)   |                    |                              |                                     |                          |
| 7.       | Other salaries and wages   |                    |                              |                                     |                          |
| 8.       | Pension plan contributions (include section  |                    |                              |                                     |                          |
|          | 401(k) and section 403(b) employer contributions)  |                    |                              |                                     |                          |
| 9.       | Other employee benefits  |                    |                              |                                     |                          |
| 10.      | Payroll taxes  | 7,076.             | 4,953.                       | 2,123.                              |                          |
| 11.      | Fees for services (non-employees):   |                    |                              |                                     |                          |
| a.       | Management   |                    |                              |                                     |                          |
| b.       | Legal  |                    |                              |                                     |                          |
| c.       | Accounting   | 2,854.             |                              | 2,854.                              |                          |
| d.       | Lobbying   |                    |                              |                                     |                          |
| е.       | Professional fundraising services  |                    |                              |                                     |                          |
| f.       | Investment management fees   |                    |                              |                                     |                          |
| g.       | Other  | 20,574.            | 20,574.                      |                                     |                          |
| 12.      | Advertising and promotion  | - 16               |                              |                                     |                          |
| 13.      | Office expenses  | 546.               |                              | 546.                                |                          |
| 14.      | Information technology   |                    |                              |                                     |                          |
| 15.      | Royalties  | 4 000              |                              | 4 000                               |                          |
| 16.      | Occupancy  | 4,990.             |                              | 4,990.                              |                          |
| 17.      | Travel   |                    |                              |                                     |                          |
| 18.      | Payments of travel or entertainment expenses   |                    |                              |                                     |                          |
|          | for any federal, state, or local public officials  |                    |                              |                                     |                          |
| 19.      | Conferences, conventions, and meetings   |                    |                              |                                     |                          |
| 20.      | Interest Programme Annual Control of Control |                    |                              |                                     |                          |
|          | Payments to affiliates   |                    |                              |                                     |                          |
| 22.      | Depreciation, depletion, and amortization  | 618.               |                              | 618.                                |                          |
| 23.      | Other expenses Itamize expenses not equared  | 010.               |                              | 010.                                |                          |
| 24.      | Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may   |                    |                              |                                     |                          |
| 1        | not exceed 5% of total expenses (Line 25).   |                    |                              |                                     |                          |
|          | INTERNSHIP PAY   |                    |                              |                                     |                          |
|          | MEALS  |                    |                              |                                     |                          |
|          | TRAVEL   |                    |                              |                                     |                          |
|          | ALL OTHER EXPENSE STMT 1   | 26,857.            | 26,041.                      | 816.                                |                          |
| 25.      | Total functional expenses. Add lines 1 through 24d   | 145,583.           | 109,016.                     | 36,567.                             |                          |
| 26.      | Joint costs. Check here   if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation  |                    |                              | 20,0010                             |                          |

### **Section C: Board of Directors Signatures and Acknowledgment**

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat.  $\S$  309.52, subd. 3.

| We, the undersigned, state and acknowledge that we are duly           | constituted officers of this organization, being the                              |
|---|---|
| (Title) and   | (Title) respectively, and   |
| that we execute this document on behalf of the organization pursu     | ant to the resolution of the  |
|   | (Board of Directors, Trustees, or Managing Group) adopted on the                  |
| day of, 20, approving the contents of the                             | ne document, and do hereby certify that the                                       |
|   | Board of Directors, Trustees, or Managing Group) has assumed, and will continue   |
| to assume, responsibility for determining matters of policy, and have | ve supervised, and will continue to supervise, the operations and finances of the |
| organization. We further state that the information supplied is true, | correct and complete to the best of our knowledge.                                |
| AMIRA ADAWE, MPH  |   |
| Name (Print)  | Name (Print)  |
| Signature   | Signature   |
| EXECUTIVE DIRECTOR  |   |
| Title   | Title   |
| Date  |   |

| ANNUAL REPORT ALL OTHER EXPENSES FOR FUNCTIONAL EXPENSE STATEMENT 1 STATEMENT |         |         |            |             |  |  |
|---|---------|---------|------------|-------------|--|--|
| DESCRIPTION   | TOTAL   | PROGRAM | MANAGEMENT | FUNDRAISING |  |  |
| PROGRAM SUPPLIES  | 13,833. | 13,833. | 0.         | 0.          |  |  |
| PROGRAM EXPENSES  | 8,086.  | 8,086.  | 0.         | 0.          |  |  |
| SHIPPING & DELIVERY   | 3,329.  | 3,329.  | 0.         | 0.          |  |  |
| UTILITIES   | 792.    | 0.      | 792.       | 0.          |  |  |
| STIPEND   | 400.    | 400.    | 0.         | 0.          |  |  |
| FOOD & REFRESHMENT  | 393.    | 393.    | 0.         | 0.          |  |  |
| BANK CHARGES  | 24.     | 0.      | 24.        | 0.          |  |  |
| TOTAL TO LINE 24D<br>OF STATEMENT OF<br>FUNCTIONAL EXPENSE                    | 26,857. | 26,041. | 816.       | 0.          |  |  |