** PUBLIC DISCLOSURE COPY **

Form **991**

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2020 calendar year, or tax year beginning JUL I, ZUZU and e	ending J	UN 30, 2021	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		27-25921	72
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 510A VALLEY WAY	Room/suite	E Telephone number (408) 61	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code			1,927,940.
	Amend			H(a) Is this a group re	
F	lreturn □Applica	-		n(a) is this a group re	? Yes X No
	tiòn pendin	SAME AS C ABOVE			
_				H(b) Are all subordinates in	
		mpt status: X 501(c)(3)	r 527	,	list. See instructions
		HTTPS://WWW.SKYSTHELIMITFUND.ORG/		H(c) Group exemption	-
		organization: X Corporation Trust Association Other	L Year	of formation: 2010 N	1 State of legal domicile: CA
P		Summary			
ø	1 1	Briefly describe the organization's mission or most significant activities: ${rac{{ m THE}}{ m M}}$	IISSIO	N OF SKY'S	THE LIMIT
& Governance]	FUND IS TO TRANSFORM THE LIVES OF YOUTH I	N CRI	SIS AND THE	IR FAMILIES
Ĩ	2 (Check this box $lacktriangle$ if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
ŏ	8 1	Number of voting members of the governing body (Part VI, line 1a)		3	15
ر ت	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			15
Se Se		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			8
įį		Total number of volunteers (estimate if necessary)			20
Activities	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		, ,		Prior Year	Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)		1,333,854.	
		Program service revenue (Part VIII, line 2g)		1,500.	2,700.
š		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		9,309.	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-62,115.	
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,282,548.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		688,246.	761,334.
				0.	0.
	I	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		221,162.	326,363.
Expenses	15 3	Professional fundraising fees (Part IX, column (A), line 11e)		9,180.	0.
)en	104	Fetal fundamining averages (Part IX, column (A), line (Te)		3,100.	•
Ä	1.5	Fotal fundraising expenses (Part IX, column (D), line 25) 177,03		144,453.	151,641.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,063,041.	
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		219,507.	686,502.
_ (Revenue less expenses. Subtract line 18 from line 12		-	
Net Assets or Find Balances		Fatal accords (Doubly No. 40)	Re	ginning of Current Year 977,537.	End of Year 1,657,908.
SSe	20	Fotal assets (Part X, line 16)			<u> </u>
et A	21	Total liabilities (Part X, line 26)		7,000.	1 657 000
		Net assets or fund balances. Subtract line 21 from line 20		970,537.	1,657,908.
	art II	Signature Block			. In a contract of the state of
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	cn preparer	nas any knowledge.	
		Signature of officer		Doto	
Sig				Date	
He	re	DEBBIE ROELANDS, CHIEF OPERATING OFFIC	ER		
		Type or print name and title		Noto I	II DTIN
_	. [Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	- +	LYNDA R. BOMAN, CPA LYNDA R. BOMAN,	CPA 1	U/31/21 self-employe	
		Firm's name BOMAN ACCOUNTING GROUP, INC.		Firm's EIN ▶	26-3939360
Use	Only	Firm's address 20 UNION AVENUE			
		CAMPBELL, CA 95008		Phone no. (4	08) 866-2004
Ma	v tho ID	S discuss this return with the preparer shown above? See instructions			X Ves No

Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SKY'S THE LIMIT FUND (STLF) TRANSFORMS THE LIVES OF YOUTH IN CRISIS	
	AND THEIR FAMILIES BY PROVIDING ACCESS TO WILDERNESS THERAPY PROGRAM	s,
	COACHING SERVICES TO GUIDE FAMILIES DURING THE TRANSITION HOME, AND	
	OUTREACH TO EDUCATE THE COMMUNITY ON THE BENEFITS OF WILDERNESS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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, an	d
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 969,908 • including grants of \$ 761,334 •) (Revenue \$)
	DURING THE FISCAL YEAR ENDING JUNE 30, 2021, STLF TRANSFORMED THE LI	VES
	OF 179 YOUTH AND THEIR FAMILIES BY PROVIDING \$761,334 OF SUPPORT FOR	
	WILDERNESS THERAPY. SINCE INCEPTION IN 2010, STLF HAS PROVIDED OVER	
	\$3,989,521 OF SUPPORT TO OVER 820 YOUTH AND THEIR FAMILIES. INCLUDING	
	THE MATCHING FROM OUR PARTNER PROGRAMS, THIS IS OVER \$7.9M SUPPORTING	3
	YOUTH IN CRISIS.	
	EVERY YEAR STLF SERVES MORE YOUTH AND THEIR FAMILIES, INDICATING THE	
	INCREASED NEED FOR ACCESS TO WILDERNESS THERAPY. THE PANDEMIC IS	
	UNCHARTERED TERRITORY AND THE IMPACT ON MENTAL HEALTH IS SIGNIFICANT	•
	THIS IS EVIDENT IN THE INCREASE IN APPLICATIONS FOR SUPPORT. STLF	
	EXPERIENCED AN 80% INCREASE IN APPLICATIONS FROM APRIL THROUGH AUGUST	
4b	(Code:) (Expenses \$ 58,745. including grants of \$) (Revenue \$ 2,7) STLF'S 12-15-WEEK COACHING SERVICE INVOLVES THE ENTIRE FAMILY AND IS	00.
	LED BY ONE YOUNG ADULT COACH AND THREE FAMILY COACHES WHO HAVE YEARS	○ ₽
	EXPERIENCE AS THERAPISTS IN WILDERNESS THERAPY, TRANSITIONAL SUPPORT	<u> </u>
	CARE, AND TRADITIONAL THERAPEUTIC CARE. STLF YOUNG ADULTS MAY	
	PARTICIPATE IN THE SERVICE AND LIVE AT HOME OR IN AN INDEPENDENT LIV	TNG
	ENVIRONMENT. THE SUPPORT TO THE YOUNG ADULT IS INDEPENDENT OF THE	
	SUPPORT TO THE PARENT(S)/LEGAL GUARDIAN(S).	
	THE SERVICE INCLUDES COLLABORATION WITH MENTAL HEALTH PROFESSIONALS,	
	WEEKLY PHONE CALLS, HOMEWORK AND PSYCHO-EDUCATIONAL MATERIALS. A HOM	E
	CONTRACT IS ESTABLISHED, SETTING BOUNDARIES AND CONSEQUENCES, AND A	
	SUPPORT SYSTEM, INCLUDING THERAPISTS, A PSYCHIATRIST AND MENTORS, IS	
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,028,653.	
	Form 99 ((2020)

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)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
J	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		х
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			l
	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 Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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	446		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		21
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-17		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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			,
04 -	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 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,	20		
_,	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		х
28	Was the organization a party to a business transaction with one of the following parties (see 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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions <i>in res, complete schedule in</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		1
00	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? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			\ _{3,7}
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Х	

032004 12-23-20

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

			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 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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		
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).	_		v
	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		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		- 25
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
	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		
	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 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			7,7
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2022

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
<u>Sec</u>	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	15			
	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	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?		🗀	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?		;	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		···			
	more members of the governing body?		7	'a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		···			
	persons other than the governing body?		7	b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		··· 📑			
а	The governing body?		я	3a	х	
b	Each committee with authority to act on behalf of the governing body?			3b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		···· 📑	-		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F					
	tion 2.1 one to (this cooden 2 requests information about policies net required by the information	10101140 0040.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10	0a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such or		···· —	-		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	0b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			1a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay before filling the form	'' ·	14		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		44	2a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			2b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		···· <u>'</u>	2.0		
C	in Schedule O how this was done		4	2c	х	
12	Did the organization have a written whistleblower policy?			3	X	
13	Did the organization have a written document retention and destruction policy?			14	X	
14 15			···· -'	4		
15	Did the process for determining compensation of the following persons include a review and approx					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			_	х	
	The organization's CEO, Executive Director, or top management official			5a		Х
D	Other officers or key employees of the organization			5b		
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	م طاف د المسمود				
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					Х
	taxable entity during the year?			6a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation to evaluation of the control of t					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of					
<u> </u>	exempt status with respect to such arrangements?		10	6b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA		(=\(O\ -	I- \		- l- l -
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-1 (Section 501	(c)(3)s (oniy)	avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	O-h 1 O				
		n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	ontlict of interest polic	y, and f	ınan	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 by					
	DEBBIE ROELANDS, CHIEF OPERATING OFFICER - (408)) T Q - Q () A 2				
	510A VALLEY WAY, MILPITAS, CA 95035					

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 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL FERGUSON EXECUTIVE DIRECTOR 8/2020-4/2021	40.00			х				40,189.	0.	0.
(2) LISA O'HEARN-KECK	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) DAVID SEGRE	0.75							_		
VICE-PRESIDENT		Х		X				0.	0.	0.
(4) ROCHELLE BOCHNER	0.75									•
SECRETARY	1 00	X		X				0.	0.	0.
(5) JEFF DEATON	1.00	v		х				0.	0.	0
TREASURER	0.75	X		Δ				0.	0.	0.
(6) NAOMI CHAVEZ-PETERS BOARD MEMBER	0.75	x						0.	0.	0.
(7) CATHY CIOTH	0.25	Λ							0.	<u> </u>
BOARD MEMBER	0.25	х						0.	0.	0.
(8) LANI DORFF	0.25									<u></u>
BOARD MEMBER		х						0.	0.	0.
(9) SID KAPUR	0.25								-	
BOARD MEMBER		Х						0.	0.	0.
(10) MEGAN KELLER	0.75									
BOARD MEMBER		Х						0.	0.	0.
(11) ALEXIS KING	0.75									
BOARD MEMBER		Х						0.	0.	0.
(12) BARBARA KRANCER	0.75									
BOARD MEMBER		Х						0.	0.	0.
(13) TARA SAUL	0.75									0
BOARD MEMBER	0 05	Х						0.	0.	0.
(14) JENNIFER EVE TAYLOR	0.25	,,								0
BOARD MEMBER	1.00	Х					_	0.	0.	0.
(15) BRENDA ZANE BOARD MEMBER	1.00	Х						0.	0.	0.
(16) TY BEMIS	0.25	<u> </u>					\vdash	"	0.	.
BOARD MEMBER	0.23	х						0.	0.	0.
							\vdash			<u></u>
		1								

Part VII Section A. Officers, Directors, Tru		ploy	/ees			ighe	st C					(F)	
(A)	(B)	(C) Position				(D)	(E)	` '					
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			timate	
	week		, unle cer an									nount o other	ΣΙ
	(list any	ctor	23					the	organizations			pensa	tion
	hours for	r dire				ted		organization	(W-2/1099-MIS	C)	fr	om the	•
	related	stee o	rustee			seusa		(W-2/1099-MISC)			_	anizati	
	organizations below	nal tru	onal t		oloyee	com)						d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatio	JI IS
	 	=	=	0	3	王高	Œ			\dashv			
		1											
										\Box			
		1											
						-				_			
		1											
										\dashv			
										\Box			
		_											
										\dashv			
		-											
										\dashv			
		1											
1b Subtotal	1					<u> </u>		40,189.		0.			0.
c Total from continuation sheets to Part	/II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								40,189.		0.			0.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	0,000 of reportable	3			^
compensation from the organization			-								Т	Vaa	0
2 Did the comprise tion list on forward office							ما ما			ı		Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for										- 1	3		Х
4 For any individual listed on line 1a, is the								her compensation from		···· }	3		
and related organizations greater than \$1:											4		Х
5 Did any person listed on line 1a receive or										····			
rendered to the organization? If "Yes," co.					-						5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of										pens	ation f	rom	
the organization. Report compensation fo	r the calendar y	ear	endi	ng v	vith	or w	rithir T		year.				
(A) Name and busines	s address	NI	INC	7.				(B) Description of s	services	С	(C omper		า
			<u> </u>	_			\dashv						
							_						
2 Total number of independent contractors		not li	mite	d to		se li:	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ	IIZALIUI 🚩										Corm (000 (6	

Ра	rt \	/111						
			Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			<u></u>
					(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f	Federated campaigns 1a Membership dues 1b Ib Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f 1, Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f FAMILY COACHING	7,000. 804,590. 4,867. Business Code 624100	2,700.	2,700.		sections 512 - 514
Ь		f	All other program service revenue					
	3		Total. Add lines 2a-2f Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond p	est, and	2,700. 5,305.			5,305.
	5 6	b c	Royalties (i) Real Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
ıue	7	а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b	(ii) Other				
Revenue		С	Gain or (loss) 7c					
Other Re	8	d	Net gain or (loss) Gross income from fundraising events (not including \$ 108,345. of	>				
•			contributions reported on line 1c). See Part IV, line 18 Less: direct expenses 8a 8b	0. 2,100.	2 100			2 100
	0			D	-2,100.			-2,100.
	9		Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9a 9b					
								
	10		Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11			Business Code				
lane		b						
Sev(С						
Mis			All other revenue					
			Total. Add lines 11a-11d		1 025 040	2 700		2 205
	12		Total revenue. See instructions		1,925,840.	2,700.	0.	3,205.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D-	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	EC1 224	EC1 224		
	and domestic governments. See Part IV, line 21	761,334.	761,334.		
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,	101 004	FO 047	10 100	40 750
	trustees, and key employees	101,894.	50,947.	10,189.	40,758
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	102 720	05 020	12 206	05 61 /
7	Other salaries and wages	193,738.	95,828.	12,296.	85,614
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	30,731.	15,257.	2,337.	13,137
10	Payroll taxes	30,731.	15,257.	4,331.	13,13/
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,665.		2,665.	
С	Accounting	2,003.		2,003.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	66,277.	65,279.	151.	847
40	column (A) amount, list line 11g expenses on Sch O.)	962.	05,275	171.	962
12	Advertising and promotion	5,907.	2,933.	449.	2,525
13	Office expenses	12,213.	5,473.	1,822.	4,918
14 45	Information technology	12,213.	3,473.	1,022.	4,510
15 16	Royalties	5,510.	4,408.		1,102
16 17	Occupancy	3,310.	4,400		1,102
17 18	Travel				
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	1,241.	688.	553.	
19 20	· · · · · · · · · · · · · · · · · ·	1,411	333.	333.	
20 21	Payments to affiliates				
2 I 22	Depreciation, depletion, and amortization				
22 23		12,897.	6,290.	2,177.	4,430
23 24	Other expenses. Itemize expenses not covered	,,	5,250	=,=,,,	_,
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	OUTREACH AND DEVELOPMEN	26,709.	15,000.		11,709
b	BANK AND MERCHANT FEES	10,621.	0.	319.	10,302
c	OTHER EXPENSES	5,499.	4,739.	439.	321
d	MEALS AND ENTERTAINMENT	961.	477.	73.	411
	All other expenses	179.		179.	
25	Total functional expenses. Add lines 1 through 24e	1,239,338.	1,028,653.	33,649.	177,036
<u> </u>	Joint costs. Complete this line only if the organization	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , ,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

. u	ILA	Check if Schedule O contains a response or note to any line in this Part X			
		Oneon il ochequie o contains a response or note to any line in tris Part X	(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash - non-interest-bearing	2 017	1	1,650.
	2			2	286,807.
		Savings and temporary cash investments	****	3	200,007.
	3	Pledges and grants receivable, net		4	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		-	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
Assets	7	Notes and loans receivable, net		_	
Ass	8	Inventories for sale or use	7 000	8	6,250.
	9	Prepaid expenses and deferred charges	7,000.	9	0,230.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D		10-	
	1	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	1,362,423.
	12	Investments - other securities. See Part IV, line 11			1,302,423.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets Other coacts, See Part IV line 11			778.
	15	Other assets. See Part IV, line 11	077 537		1,657,908.
	16 17	Total assets. Add lines 1 through 15 (must equal line 33)	5 000	17	1,037,3000
	18	Accounts payable and accrued expenses		18	
	19	Grants payable		19	
	20	Deferred revenue		20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		21	
"	22	Loans and other payables to any current or former officer, director,		21	
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
iii				22	
Lie	23	Secured mortgages and notes payable to unrelated third parties	****	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	0.
		Organizations that follow FASB ASC 958, check here ▶ X			
ses		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	970,537.	27	1,657,908.
Ba	28	Net assets with donor restrictions		28	
<u>u</u>		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
SO	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	970,537.	32	1,657,908.
	33	Total liabilities and net assets/fund balances		33	1,657,908.
	•			-	Form 990 (2020)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,92	5,8	<u>40.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,23			
3	Revenue less expenses. Subtract line 2 from line 1	3		6,5 0,5		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4					
5	Net unrealized gains (losses) on investments	5		8	69.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,65	7,9	08.	
Pai	t XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	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?		2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
				990 ((2020)	

SCHEDULE A

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization SKY'S THE LIMIT FUND **Employer identification number** 27-2592172

Pa	rt I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.						
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative		•			ii).	
4		A medical research organiz					•	the hospital's name
•		city, and state:	anon operated in col	njanotion with a moopital	GOOGIIDO			the freepital e flame,
5		An organization operated for	or the benefit of a co	llogo or university ewner	d or operat	tod by a g	overnmental unit describ	ood in
3				nege of utiliversity owner	u or opera	led by a g	overnmentar unit descrit	Jea III
_		section 170(b)(1)(A)(iv). (C						
6	v	A federal, state, or local go	~					
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Ш	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)						
9		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-o	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a		ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	•	•	-		•	
		lines 12a through 12d that						
а		Type I. A supporting orga	* -			•		v aivina
		the supported organization						
		organization. You must o						
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s) by ha	vina
~		control or management o						•
		organization(s). You mus			arrie perse	nis triat co	ontrol of manage the sup	ported
_		Type III functionally inte			in connoc	tion with	and functionally intograt	ad with
·		its supported organizatio					• •	ea with,
d		7						ization(a)
u		☐ Type III non-functionally						
		that is not functionally int		• •	•		=	iveriess
		requirement (see instruct		•	•			
е		☐ Check this box if the orga					ı Type I, Type II, Type III	
		functionally integrated, or	• •	nally integrated support	ing organiz	zation.		
f		er the number of supported of		-1 - · · · · · · · · · · · · · · · · · ·				
<u>g</u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
		-		above (see instructions))	103	140		
Fota								
ULC	41							

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	812,456.	1098855.	822,718.	1063750.	1919935.	5717714.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				_		
4	Total. Add lines 1 through 3	812,456.	1098855.	822,718.	1063750.	1919935.	5717714.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						830,158.
_6	Public support. Subtract line 5 from line 4.						4887556.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total 5717714.
7	Amounts from line 4	812,456.	1098855.	822,718.	1063750.	1919935.	5/1//14.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	004	0.055	10 000	0 200	F 20F	00 504
	and income from similar sources	904.	2,966.	10,020.	9,309.	5,305.	28,504.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						5746218.
11	Total support. Add lines 7 through 10						516,290.
12	Gross receipts from related activities,					12	510,290.
13	First 5 years. If the Form 990 is for the		rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3)	. □
Sec	organization, check this box and storetion C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2020 (column (f))		14	85.06 %
15	Public support percentage from 2019					15	89.71 %
	33 1/3% support test - 2020. If the o					L .	
	stop here. The organization qualifies	•		,		,	► X
b	33 1/3% support test - 2019. If the o						
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to		•	•			
b	10% -facts-and-circumstances tes	-			-		
~	more, and if the organization meets the	-					
	organization meets the facts-and-circ				-		▶□
18	Private foundation. If the organization						s ▶
			,	· · · · ·			

Schedule A (Form 990 or 990-EZ) 2020

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	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	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						
11							
	activities not included in 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	, fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
							>
	ction C. Computation of Publ					l l	
	Public support percentage for 2020 (15	<u>%</u>
	Public support percentage from 2019					16	<u>%</u>
	ction D. Computation of Inve					127	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	% 17 is not
198	a 33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						

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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
46:		
10b		

Par	t 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	non or Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
04	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	notruotio	nol	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	ristruction	\vdash	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	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		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	_	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	· ·
Secti	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 organization	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
2	Excess from 2016				

Schedule A (Form 990 or 990-EZ) 2020

b Excess from 2017c Excess from 2018d Excess from 2019e Excess from 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	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.)
	ection 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, t 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, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	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,

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

SKY'S THE LIMIT FUND 27-2592172

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 not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is	s covered by the General Rule or a Special Rule.					
	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
•						
General Rule						
-	n 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 Rules						
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during 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.					
contributor, during literary, or education	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, anal 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 is checked, enter h purpose. Don't cor	n 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 here the total contributions that were received during the year for an exclusively religious, charitable, etc., anplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \\$ \					
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 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 he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

SKY'S THE LIMIT FUND

27-2592172

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 70,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000 .	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SKY'S THE LIMIT FUND

27-2592172

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SKY'S THE LIMIT FUND

27-2592172

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

Employer identification number

Name of organization

Y'S	THE LIMIT FUND		27-2592172
t III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the y. For organizations ess for the year. (Enter this info. once.)
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -		(e) Transfer of gift	

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 Open to Public Inspection

Name of the organization

SKY'S THE LIMIT FUND

Employer identification number 27-2592172

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accou	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) Fur	nds 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	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?	Α	Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically	important land area
	Protection of natural habitat	Preservation o	f a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation eas	sements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easeme	nts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			L Yes L No
9	In Part XIII, describe how the organization reports conservati	·		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that de	scribes the
D-1	organization's accounting for conservation easements.	(Add Illiatoria al Tropago	NI 0''	I A I.
Pa	T III Organizations Maintaining Collections o	-	otner Simil	iar Assets.
	Complete if the organization answered "Yes" on Form			<u> </u>
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for put	·		public
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fund	therance of p	ublic 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 tre		al gain, provid	de
	the following amounts required to be reported under FASB A	-		
а	Revenue included on Form 990, Part VIII, line 1			· · · · · · · · · · · · · · · · · · ·
h	Assets included in Form 990. Part X			\$

032051 12-01-20

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

Schedule D (Form 990) 2020

Par	t III Organizations Maintaining C	collections of Ar	rt, Historical	Treasures,	or Other	Similar A	Assets	(contir	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of tl	ne following th	at make sig	nificant use	of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or e	xchange progr	am					
b	Scholarly research	е		0 1 0						
C	Preservation for future generations	_								
4	Provide a description of the organization's co	ollections and explain	n how they furthe	r the organizat	ion's exem	nt nurnose	in Part X	(III		
5	During the year, did the organization solicit o	=		-			iiii ait /			
Ū	to be sold to raise funds rather than to be ma						,	Yes		No
Par	t IV Escrow and Custodial Arran									110
	reported an amount on Form 990, Pai	-	oto ii tilo organiza	tion anowered	100 0111	01111 000, 1 0	21010, 1111	0 0, 01		
	Is the organization an agent, trustee, custod		liary for contribut	ons or other a	ssets not in	cluded				
	on Form 990, Part X?						,	Yes		No
b	If "Yes," explain the arrangement in Part XIII						—			
_	ree, express are arrangement in real ran	a						Amount		
_	Beginning balance					1c		11100111	-	
	Additions during the year									
_	Distributions during the year					1e				
t O-	Ending balance					1f		V		T. N
	Did the organization include an amount on Fo							Yes		J No □
$\overline{}$	If "Yes," explain the arrangement in Part XIII.						<u></u>			
Par	t V Endowment Funds. Complete i									h1.
		(a) Current year	(b) Prior year	(c) Two year	rs dack (d) Three years	back (e) Four	years	раск
	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	4								
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, columr	n (a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	7							
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse		ation that are held	d and administ	ered for the	organizatio	on			
	by:					J			Yes	No
	(i) Unrelated organizations						ļ	3a(i)		
	(ii) Related organizations							3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedule I	 32				3b		
4	Describe in Part XIII the intended uses of the			**				_ 00		
	t VI Land, Buildings, and Equipm		William Tarias.							
	Complete if the organization answere) Part IV line 11a	See Form 99	0 Part X lir	ne 10				
	Description of property	(a) Cost or of	· · · · · · · · · · · · · · · · · · ·	st or other	 	umulated	1 1	d) Bool	c value	
	bescription of property	basis (investm	' '	is (other)		eciation	"	4) DOO!	· vaiu	-
12	Land	<u> </u>	, , , , , , , , , , , , , , , , , , ,	(551)	aspir		+			
	Land						_			
	Buildings						+-			
	Leasehold improvements						+-			
	Equipment						+-			
	Other			10.1			+			_
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part .	x. column (B). line	e 10c.)		▶	. [0.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			1 - 1
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	1 262 422	END OF VEND MADIES	773 T TTD
(A) INVESTMENTS	1,362,423.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	1 262 402		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,362,423.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	•	
Part X Other Liabilities.	- ,		
Complete if the organization answered "Yes" o	n Form 990. Part IV. line 1	1e or 11f. See Form 990, Part X. line 25	
1. (a) Description of liability	,		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		

Schedule D (Form 990) 2020

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...

Pai	rt XI Reconciliation of Revenue per Audited Financial S			
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11		
a	9			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	40		
a b	Other (Describe in Part XIII.)			
C		·	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5	
	rt XII Reconciliation of Expenses per Audited Financial S			
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	18.)	5	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10 and 10 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 3,	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10 and 10 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 1 and 10 are required for Part III, lines 3, 5, and 9; Part III, lines 3,	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	18.)d 4; Part IV, lines 1b and 2b; F	5	XI,

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Go to www.irs.gov/Forms90 for instructions and

Employer identification number 27 – 25 9 21 7 2

SKY'S THE LIMIT FUND 27-2592172									
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments 	sed funds through any of the following and solicitates and solicitates are solicitated and solicitates are solicitated and solicitated and solicitated are solicitated and solicitated are solicitated and solicitated and solicitated are solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and sol	tion of i tion of g fundra (includ	non-govern ising of ding of onal f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or	es No			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	ıstodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
	40								
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from	n registration			

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

Schedule G (Form 990 or 990-EZ) 2020

Г	ırt I	of fundraising events. Complete if the of fundraising event contributions and gr	~		· · · · · · · · · · · · · · · · · · ·	
			(a) Event #1 REACH FOR THE STARS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	108,345.			108,345.
	2	Less: Contributions	108,345.			108,345.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp						
Direc	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				2,100.
	10	Direct expense summary. Add lines 4 throug				2,100.
D		Net income summary. Subtract line 10 from I		- 000 D-+ IV II 40		-2,100.
P	ırt I		answered "Yes" on Forn	1990, Part IV, line 19, or	reported more than	
	ı —	\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
a	ls t	ter the state(s) in which the organization condi the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses r Yes," explain:			year?	Yes No
0320	82 1	1-25-20			Schedule G (Fo	orm 990 or 990-EZ) 2020

Sch	nedule G (Form 990 or 990-EZ) 2020 SKY'S THE LIMIT FUND 27	-2592	172	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity conducted in:			
á	The organization's facility	13a		%
	a An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party \$\bigs\\$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
10	daning manager mornation.			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🗀	Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the)		
Da	organization's own exempt activities during the tax year > \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III. I	inoo 0 1	0h 10h
Г	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, II	nes 9,	90, 100,
	135, 136, 13, and 175, as applicable. Also provide any additional mormation. See instructions.			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SKY'S TH	Employer identification number $27-2592172$						
Part I General Information on Grants	and Assistance						
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's p 	sistance?						
Part II Grants and Other Assistance to recipient that received more than	-				ganization answered "	'Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ANASAZI FOUNDATION 1424 SOUTH STAPLEY DRIVE MESA, AZ 85204	86-0673780	501(C)(3)	69,500.	0	воок	CASH GRANT	FOR SCHOLARSHIP FUND FOR YOUTH TO ATTEND WILDERNESS THERAPY PROGRAM
ASPIRO ADVENTURE 63 EAST 11400 SOUTH #186 SANDY, UT 84070			94,000.	0	воок	CASH GRANT	FOR SCHOLARSHIP FUND FOR YOUTH TO ATTEND WILDERNESS THERAPY PROGRAM
BLUE FIRE WILDERNESS 1120 MONTANA GOODING, ID 83330			66,000.	0	воок	CASH GRANT	FOR SCHOLARSHIP FUND FOR YOUTH TO ATTEND WILDERNESS THERAPY PROGRAM
NEW VISION WILDERNESS THERAPY 160 SW SCALEHOUSE LOOP, SUITE 160 BEND, OR 97702			151,500.	0	воок	CASH GRANT	FOR SCHOLARSHIP FUND FOR YOUTH TO ATTEND WILDERNESS THERAPY PROGRAM
OPEN SKY WILDERNESS THERAPY P.O. BOX 2201 DURANGO, CO 81302			88,527.	0	воок	CASH GRANT	FOR SCHOLARSHIP FUND FOR YOUTH TO ATTEND WILDERNESS THERAPY PROGRAM
OUTBACK THERAPEUTIC EXPEDITIONS 50 NORTH 200 EAST LEHI, UT 84043 2 Enter total number of section 501(c)(3)	and government o	rganizations listed in the	67,700.	0	.воок	CASH GRANT	FOR SCHOLARSHIP FUND FOR YOUTH TO ATTEND WILDERNESS THERAPY PROGRAM

3 Enter total number of other organizations listed in the line 1 table

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							FOR SCHOLARSHIP FUND FOR
PACIFIC QUEST							YOUTH TO ATTEND
15 KANOA STREET			44.000			4	WILDERNESS THERAPY
HILO, HI 96720			14,000.	0.	воок	CASH GRANT	PROGRAM
CINCULAR A CULTULAR NO.							FOR SCHOLARSHIP FUND FOR
SUMMIT ACHIEVEMENT							YOUTH TO ATTEND
69 DEER HILL ROAD			25 250		DOOK	CACH CDANE	WILDERNESS THERAPY
STOW, ME 04037			25,250.	0.	воок	CASH GRANT	PROGRAM
GIRIG OF MILE CAROLINAG							FOR SCHOLARSHIP FUND FOR
SUWS OF THE CAROLINAS							YOUTH TO ATTEND
363 GRAPHITE ROAD			40 257		воок	CASH GRANT	WILDERNESS THERAPY
OLD FORT, NC 28762	+		48,357.	0.	BOOK	CASH GRANT	PROGRAM FOR SCHOLARSHIP FUND FOR
TRUE NORTH WILDERNESS							YOUTH TO ATTEND
5354 MAIN STREET							WILDERNESS THERAPY
WAITSFIELD, VT 05673			88,500.	0	воок	CASH GRANT	PROGRAM
MATISITED, VI 03073			00,300.	٥.	Book	CHOII GIGHT	I ROGRAM
REDCLIFF ASCENT							
709 E MAIN STREET							
ENTERPRISE, UT 84725			3,000.	0	воок	CASH GRANT	COVID-19 GRANT
TRAILS MOMENTUM 555 SKY VALLEY CAMP ROAD					воок		
HENDERSONVILLE, NC 28739			5,000.	0.	BOOK	CASH GRANT	COVID-19 GRANT
EVOKE AT CASCADES							FOR SCHOLARSHIP FUND FOR YOUTH TO ATTEND
2711 SANTA CLARA DRIVE			5,500.	_	воок	CASH GRANT	WILDERNESS THERAPY PROGRAM
SANTA CLARA, UT 84765	+		5,500.	0.	BOOK	CASH GRANT	
EVOKE ENTRADA							FOR SCHOLARSHIP FUND FOR YOUTH TO ATTEND
2711 SANTA CLARA DRIVE							WILDERNESS THERAPY
			20 500	0	BOOK .	CACH CDANIII	
SANTA CLARA, UT 84765	+		28,500.	٠.	воок	CASH GRANT	PROGRAM
EVOKE AT CASCADES							
2711 SANTA CLARA DRIVE							
SANTA CLARA, UT 84765			2,500.		воок	CASH GRANT	COVID-19 GRANT

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) EIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
OKE ENTRADA							
711 SANTA CLARA DRIVE							
ANTA CLARA, UT 84765			3,500.	0	воок	CASH GRANT	COVID-19 GRANT
,			,,,,,			>	
					O z		
			*.				
		10					

Part III	Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed	lls. Complete if the l.	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			~			
Part IV	Supplemental Information. Provide the information re	equired in Part I, lin	ne 2; Part III, column	n (b); and any other a	dditional information.	
PART	I, LINE 2:					
ALL G	RANTS PROVIDE FINANCIAL ASSI	STANCE TO	YOUTH AND	YOUNG ADU	LTS IN	
CRISI	S, AND THEIR FAMILIES WITH F	INANCIAL I	NEED, ENAE	BLING THE Y	OUTH AND	
YOUNG	ADULTS TO ATTEND QUALIFIED	WILDERNES	S THERAPY	PROGRAMS.		

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SKY'S THE LIMIT FUND

Employer identification number 27-2592172

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BY PROVIDING ACCESS TO WILDERNESS THERAPY PROGRAMS, COACHING SERVICES

TO GUIDE FAMILIES DURING THE TRANSITION HOME, AND OUTREACH TO EDUCATE

THE COMMUNITY ON THE BENEFITS OF WILDERNESS THERAPY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THERAPY. STLF PROVIDES FUNDS TO OFFSET THE HIGH COST OF WILDERNESS

THERAPY. WE PARTNER WITH 12 WILDERNESS THERAPY PROGRAMS ACROSS THE

UNITED STATES AND REQUIRE OUR PARTNERS TO MATCH OUR FUNDING WITH A

REDUCTION IN TUITION, FURTHER REDUCING THE FINANCIAL BURDEN ON THE

FAMILY AND EFFECTIVELY DOUBLING OUR DONATION VALUES. WE ALSO OFFER OUR

COACHING SERVICE (TRANSITIONAL SUPPORT PROGRAM) TO OUR FAMILIES AND

YOUNG ADULTS, FREE OF CHARGE,

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

2020. THERE WAS A 54% INCREASE IN FUNDING AND 69% INCREASE IN NUMBER OF

FAMILIES SERVED OVER THE SAME PERIOD IN 2019. THE MAJORITY OF THE

FAMILIES SERVED THIS PAST YEAR WERE IMPACTED FINANCIALLY AND/OR THEIR

YOUTH WERE IMPACTED MENTALLY AND EMOTIONALLY FROM THE COVID-19

PANDEMIC.

WE DID NOT WANT TO TURN AWAY DESERVING APPLICANTS, SO THE EXECUTIVE

DIRECTOR AND BOARD SWIFTLY APPROVED THE COVID-19 RESPONSE FUND. THIS

FUND SUPPORTED THOSE WHO WERE FINANCIALLY IMPACTED BY COVID-19 AND, AS

A RESULT, UNABLE TO PAY FOR THEIR YOUTH TO COMPLETE WILDERNESS THERAPY

TREATMENT. IN ADDITION, WE PROVIDED SIX ADDITIONAL WEEKS OF FAMILY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Name of the organization SKY'S THE LIMIT FUND

Employer identification number 27-2592172

COACHING TO THOSE FAMILIES WANTING THE EXTRA SUPPORT (STANDARD CURRICULUM IS 12 WEEKS).

STLF PROVIDES FAMILIES WITH GUIDANCE, MENTORS AND RESOURCES TO GIVE

THEM THE EMOTIONAL AND PRACTICAL SUPPORT AND STRENGTH TO SUCCESSFULLY

NAVIGATE THE TREATMENT PROCESS. WE ALSO HOST EVENTS AND OUTREACH

ACTIVITIES TO EDUCATE AND BRING AWARENESS TO THE COMMUNITY ON THE

EFFICACY AND BENEFITS OF WILDERNESS THERAPY AND TRANSITIONAL SUPPORT.

STLF PARTNERS WITH 12 WILDERNESS THERAPY PROGRAMS ACROSS THE UNITED

STATES AND CONTINUES TO GROW OUR ASSOCIATION WITH WILDERNESS THERAPY

PROGRAMS. IN FY2022 WE HOPE TO ADD TWO MORE WILDERNESS THERAPY PROGRAMS

TO OUR PARTNER PROGRAM. OUR GOAL IS TO EXPAND IN STATES WHERE WE DO NOT

HAVE A PARTNER, TO PROGRAMS THAT ARE OBH ACCREDITED, AND TO PROGRAMS

THAT OFFER UNIQUE TREATMENT OPTIONS AND/OR FOCUS ON A SPECIFIC MENTAL

HEALTH ISSUE. WE HAVE A VERY THOROUGH AND EXTENSIVE VETTING AND

INTERVIEW PROCESS TO ENSURE THE PROGRAMS MEET OUR CRITERIA STANDARDS

SUCH AS MAINTAINING A HIGH LEVEL OF ACCOUNTABILITY, TRANSPARENCY AND

SAFETY, HAVING A FAMILY COMPONENT AND MEASURING OUTCOMES.

TO BRING AWARENESS AND EDUCATE THE COMMUNITY TO THE BENEFITS AND

EFFICACY OF WILDERNESS THERAPY, STLF WILL HOST OUTREACH AND WILDERNESS

THERAPY ALUMNI ACTIVITIES IN THE BAY AREA AND ACROSS THE COUNTRY.

COVID-19 IMPACTED THE FUNDRAISING CLIMATE AND TYPES OF EVENTS WE COULD

HOST IN FY2021. OUR EVENTS AND ACTIVITIES WERE VIRTUAL AND INCLUDED OUR

ANNUAL REACHING FOR THE STARS BREAKFAST AND A SPEAKER SERIES INVOLVING

WILDERNESS THERAPY ALUMNI AND INDUSTRY PROFESSIONALS.

Name of the organization SKY'S THE LIMIT FUND

Employer identification number 27-2592172

WE CONTINUE TO EXPAND AND DIVERSIFY OUR FUNDRAISING EFFORTS TO INCLUDE

NEW INDIVIDUAL, CORPORATE AND FOUNDATION DONORS, GRANTS FROM

FOUNDATIONS, MATCHING DONATIONS FROM CORPORATIONS, PEER TO PEER

CAMPAIGNS, AND CAMPAIGNS USING SOCIAL MEDIA PLATFORMS. AN INCREASED

EMPHASIS ON ALUMNI, STLF BOARD MEMBER AND STAFF OUTREACH TO POTENTIAL

DONORS HELPS TO DIVERSIFY THE REVENUE STREAMS.

STLF HAS A HIGHLY ENGAGED BOARD OF DIRECTORS (15) MEMBERS, ADVISORY

BOARD AND ONE FULL-TIME AND SIX PART-TIME EMPLOYEES WHO PARTICIPATE

AND/OR VOLUNTEER FOR STLF FUNDRAISING EVENTS AND DONATION CAMPAIGNS. IN

ADDITION, STLF EMPLOYS FIVE INDEPENDENT CONTRACTORS; ONE ADMINISTRATOR

AND FOUR COACHES WHO LEAD THE STLF COACHING SERVICE.

STLF COLLABORATES WITH LEADING INDUSTRY PROFESSIONALS, SUCH AS OUTDOOR
BEHAVIORAL HEALTHCARE (OBH) CENTER, AND ITS DIRECTOR DR. MICHAEL GASS,
TO COMMUNICATE AND PROVIDE DATA TO FAMILIES AND THE PUBLIC REGARDING
NEW DEVELOPMENTS IN THE FIELD OF WILDERNESS THERAPY. THIS INCLUDES THE
STATUS OF INSURANCE COVERAGE, DATA ON THE LONG-TERM BENEFITS, AND
RESULTS FROM THE YOUTH OUTCOME QUESTIONNAIRE (YOQ) AS IT PERTAINS TO
THE EFFICACY OF WILDERNESS THERAPY AND TRANSITIONAL SUPPORT. OUTDOOR
BEHAVIORAL HEALTHCARE (OBH) IS A PROFESSIONAL ORGANIZATION THAT
PROMOTES PROGRAM STANDARDS, ETHICS AND RISK MANAGEMENT, AND FACILITATES
OUTCOME RESEARCH ON THE EFFICACY OF WILDERNESS THERAPY TREATMENT. WE
ARE AN AFFILIATED GRANTING ORGANIZATION WITH THE NATIONAL ASSOCIATION
FOR THERAPEUTIC SCHOOLS & PROGRAMS (NATSAP), AND WE ATTEND THE ANNUAL
NATIONAL WILDERNESS THERAPY SYMPOSIUM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

Name of the organization SKY'S THE LIMIT FUND

Employer identification number 27 – 2592172

PUT IN PLACE. A CURRICULUM LAYS OUT THE PLAN BY WEEK. THE HANDS-ON

APPROACH HELPS GUIDE FAMILIES OUT OF THE PITFALLS OF RELAPSE AND INTO

HEALTHY, BALANCED FAMILY DYNAMICS AND A LIFE OF SUCCESS AND

INDEPENDENCE FOR THE YOUTH/YOUNG ADULT. WE STRONGLY ENCOURAGE OUR

FAMILIES AND YOUNG ADULTS TO UTILIZE THIS CRITICAL SUPPORT COMPONENT IF

THE YOUTH/YOUNG ADULT IS UNABLE TO TRANSITION TO ANOTHER AFTERCARE

PROGRAM. SINCE INCEPTION IN 2016, THE COACHING SERVICE HAS SUPPORTED

165 FAMILIES.

STLF OFFERS ITS COACHING SERVICE TO NON-STLF FAMILIES FOR A FEE OF \$1500, WHICH IS THE OUT-OF-POCKET COST OF THE PROGRAM FOR STLF PER FAMILY (COACHES BILL STLF A REDUCED RATE OF \$100 PER HOUR AND AN AVERAGE OF 15 HOURS IS SPENT WITH EACH FAMILY).

FORM 990, PART VI, SECTION A, LINE 8B:

COMMITTEE MEETINGS OR ACTIONS TAKEN BY COMMITTEES ARE NOT FORMALLY

DOCUMENTED. MEETINGS HELD AND ACTIONS ARE DOCUMENTED BY THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE THROUGH ARTICLE VII (ANNUAL STATEMENT INFORMATION) AND ARTICLE

VIII (PERIODIC REVIEWS).

FORM 990, PART VI, SECTION B, LINE 15A:

SKY'S THE LIMIT FUND	27-2592172
THE BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ARE RESPONS	IBLE FOR EMPLOYEE
REVIEWS AND COMPENSATION PACKAGES. COMPENSATION IS DETERM	INED BY MARKET
SURVEYS AND INDUSTRY STANDARDS.	
FORM 990, PART VI, SECTION C, LINE 19:	
PUBLIC DISCLOSURE COPY OF FORM 990 IS AVAILABLE TO THE PU	BLIC THROUGH THEIR
WEBSITE. GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC	UPON REQUEST.