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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α	For the	e 2021 calendar year, or tax year beginning and	ending	_	
В	Check if	C Name of organization		D Employer identific	ation number
	Addre	e   NEUROTALENT WORKS, INC.			
	Name chang	e Doing business as		83-429417	<u>'7</u>
	Initial return Final return		Room/suite	E Telephone number (626)399-	-3794
	termir	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	243,540.
	Amen return	ded DACADENIA CA 01107		H(a) Is this a group ret	urn
	Application	F Name and address of principal officer: UESSICA TEE		for subordinates?	Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
		empt status: $X$ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a li	st. See instructions
		te: > WWW.NEUROTALENTWORKS.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	<b>∟</b> Year	of formation: 2019 M	State of legal domicile: CA
P	art I	Summary			
Governance	1	Briefly describe the organization's mission or most significant activities: CREAWORKPLACES (AUTISM EMPLOYMENT)	TING N	IEURODIVERSE	CORPORATE
¥,	2	Check this box  if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	sets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
ص ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	3
ĭ₹		Total number of volunteers (estimate if necessary)			6
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
Revenue				Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)		132,764.	232,740.
		Program service revenue (Part VIII, line 2g)		0.	10,800.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		132,764.	243,540.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		135,929.	178,261.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	30.
e De	b	Total fundraising expenses (Part IX, column (D), line 25)   9,1	64.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,788.	31,906.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		150,717.	210,197.
	19	Revenue less expenses. Subtract line 18 from line 12		-17,953.	33,343.
Net Assets or Find Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		218,796.	254,405.
AB	21	Total liabilities (Part X, line 26)		580.	846.
		Net assets or fund balances. Subtract line 21 from line 20		218,216.	253,559.
	art II	Signature Block			
	•	alties of perjury, I declare that I have examined this return, including accompanying schedule		•	knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wl	nich preparer	nas any knowledge.	
0:		Signature of officer		I Date	
Sig		VICKEN HALEBLIAN, TREASURER		Dato	
He	е	Type or print name and title			
		Print/Type preparer's name Preparer's signature	П	Date Check	PTIN
Pai	d	KRISTIN CREIGHTON KRISTIN CREIGHT	<b>I</b>	0/26/22 of self-employed	
	- parer	Firm's name GOEHNER ACCOUNTANCY CORPORATION	<u>,  -</u>	Firm's EIN S	05-4835865
	Only	Firm's address 251 S LAKE AVENUE, SUITE 730		THIII O LIN	
	,	PASADENA, CA 91101		Phone no 626	5-449-6321
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		1 110110 1101 0 2 0	X Yes No

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	NEUROTALENT WORKS IS A NON-PROFIT ORGANIZATION DEDICATED TO	
	TRANSITIONING GIFTED INDIVIDUALS ON THE AUTISM SPECTRUM INTO	VALUABLE
	TALENT FOR CORPORATIONS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes 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?	Yes 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 tota	l expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 51 , 495 • including grants of \$) (Revenue \$	)
	TALENT READINESS	_
	- TALENT SOURCING PARTNERSHIPS	
	- INTAKE/ASSESSMENTS	
	- PREPARATION/TRAINING	
4b	(Code:) (Expenses \$	10.800.
710	CORPORATE PARTNERSHIP PROGRAMS	
	- BUSINESS DEVELOPMENT	
	- CORPORATE EDUCATION	
	C7	
4c	(Code:) (Expenses \$67 , 475 •including grants of \$) (Revenue \$	)
	OPERATIONAL EFFICIENCY	
	- SYSTEMS/PROCESS/TECHNOLOGY	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ▶ 177,567.	
		Form <b>990</b> (2021)

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			\ <sub>3,7</sub>
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a		X
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>'''</del>		<del></del>
	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
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part IV Checklist of Required Schedules (continued)

			Yes	NI-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			l
	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	240		X
h	Schedule K. If "No," go to line 25a	24a 24b		- 25
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	245		
_	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			X
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			. v
	"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		122
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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			. v
00	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	33		
٠.	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			177
<b></b>	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		1
33	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t 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			
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  The number of Forms W 2G included on line 1a. Enter 0 if not applicable.			
b	Litter the humber of Forms wize included of line 1a. Litter 10-11 flot applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	(garrowing) withings to prize withers:	10		

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a3								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	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?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
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).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			37					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_							
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e							
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h							
h o	<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>								
0	sponsoring organizations maintaining donor advised funds. Bid a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.	8							
a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	<b>Note:</b> 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			37					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X					
excess parachute payment(s) during the year?									
If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
47	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	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 books and records			
	LISA HALEBLIAN - 626-399-3927			
	3579 E. FOOTHILL BLVD. #220, PASADENA, CA 91107			

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

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

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

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

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

(A) Name and title	(B) Average hours per		Position do not check more than one ox, unless person is both an					<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer p p	irecto	Highest compensated highest compensated employee	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JESSICA LEE EXECUTIVE DIRECTOR, SECRET	40.00	X		x				85,447.	0.	3,570
(2) HERAG HALEBLIAN	4.00									7,515
CHAIRMAN		Х		х				0.	0.	0
(3) VICKEN HALEBLIAN	2.00									
TREASURER		Х		Х				0.	0.	0
(4) CATHY GOTT	2.00	ļ								
BOARD MEMBER	2 00	Х						0.	0.	C
(5) PAT PETERSILIA BOARD MEMBER (PART-YEAR)	2.00	X						0.	0.	(

Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average		not c		more	ore than one		Reportable	Reportable			timate	
	hours per week					is bot or/trus		compensation	compensation from related			nount ( other	of
	(list any	tor						from the	organization			pensa	tion
	hours for	ır direc				ted		organization	(W-2/1099-MI			om the	
	related	istee o	trustee			bensa		(W-2/1099-MISC/	1099-NEC	)		anizati	
	organizations below	ual tru	ional t		ployee	t com	١.	1099-NEC)				d relate Inizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				orge	ıınzatı	7113
		$\Box$			×		_						
		$\square$											
		-											
		$\prod$											
		H											
		-											
		П											
		$\vdash$				$\vdash$							
1b Subtotal							<b></b>	85,447.		0.		3,5	
c Total from continuation sheets to Part V								0.		0.		) F	0.
d Total (add lines 1b and 1c)								85,447.		0.		3,5	70.
<ul> <li>Total number of individuals (including but compensation from the organization</li> </ul>	not limited to tr	iose	IISTE	ed ai	DOV	e) wi	no re	eceived more than \$100	,000 of reportan	ле			C
compensation from the organization												Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	сеу е	emp	loye	e, o	r hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		X
4 For any individual listed on line 1a, is the s	-		-					•	the organization				37
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	•				,	•		ed organization or indiv	idual for services	,	5		Х
Section B. Independent Contractors	npiete ochedal	0010	01 30	JUIT	pers	3011							
1 Complete this table for your five highest co	-	-								npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithir T	n the organization's tax : (B)	year.		(C	٠,	
<b>(A)</b> Name and busines:	s address	NC	NC	3				Description of s	ervices	С	omper	r) nsatior	n
							-						
										<u> </u>			
							+						
2 Total number of independent contractors	(including but r		mite	d to	tho	se li	sten	d above) who received m	ore than				
\$100,000 of compensation from the organ		Ot III		u 10	(	0	J. GC	above, who received in	ore triail				
											Form 9	aan /	2021)

Ра	rt v	1111			to ony lin	o in this Dort VIII			
			Check if Schedule O contains a response	orise or note	to any iir	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	sections 512 - 514
ts	1	а	Federated campaigns 1a						
ìran oun			Membership dues 1b						
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c						
Sift lar /			Related organizations 1d						
imil			Government grants (contributions) 1e	15	,000.				
tion		f	All other contributions, gifts, grants, and						
ibu			similar amounts not included above 1f	217	,740.				
ontr d C		g	Noncash contributions included in lines 1a-1f	\$					
a C		h	Total. Add lines 1a-1f	<u></u>	▶	232,740.			
					ess Code		1000		
ice	2	а	PROGRAM SERVICES	61	1710	10,800.	10,800.		
erv		b							
n S 'en		С							
ara Re√		d		_					
Program Service Revenue		е		_					
-			All other program service revenue			10,800.			
		g	Total. Add lines 2a-2f			10,000.			
	3		Investment income (including dividends,	-					
	4		other similar amounts)						
	5		Royalties						
	3		(i) Rea		ersonal				
	6	а	Gross rents 6a	. (-7 -					
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)		▶				
			Gross amount from sales of (i) Securi		Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ıπe			and sales expenses <b>7b</b>						
Revenue		С	Gain or (loss) 7c						
			Net gain or (loss)		🕨				
ther	8	а	Gross income from fundraising events (not						
₽			including \$ of						
			contributions reported on line 1c). See						
		<b>.</b>	Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising eve Gross income from gaming activities. See						
	3	u	Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming activities		▶				
			Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold						
		С	Net income or (loss) from sales of inventor	ory	▶				
IS				Busin	ess Code				
eon	11	а		_					
llan		b		_					
Miscellaneous Revenue		С		_					
Ĭ			All other revenue						
		е	Total Add lines 11a-11d			243,540.	10,800.	0.	0.
	12		Total revenue. See instructions		🟲	747,74U.	_ <u>+</u> 0,000•	ı .	_ ·

#### Part IX | Statement of Functional Expenses

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

Do n	Check if Schedule O contains a respon tot include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	Bb, 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 and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	89,017.	80,115.	4,451.	4,451
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	74,216.	66,794.	3,711.	3,711
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,961.	2,665.	148.	148
0	Payroll taxes	12,067.	10,861.	603.	603
1	Fees for services (nonemployees):				
а	Management				
	Legal	50.		50.	
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17	30.			30
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	11,038.	10,817.		221
2	Advertising and promotion	10,934.		10,934.	
3	Office expenses	4,789.	4,360.	429.	
4	Information technology				
5	Royalties				
6	Occupancy	158.	158.		
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,797.	1,797.		
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	3,140.		3,140.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	,, , , , , , , , , , , , , , , ,				
b					
С					
d					
е	All other expenses				
:5	Total functional expenses. Add lines 1 through 24e	210,197.	177,567.	23,466.	9,164
:6	Joint costs. Complete this line only if the organization				-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2021) Part X Balance Sheet

Pa	πχ	Balance Sheet					
		Check if Schedule O contains a response or	r note to	any line in this Part X		<u>.</u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			218,796.	1	249,005
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3	5,400		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, s					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disc	qualified	persons (as defined			
		under section 4958(f)(1)), and persons desc	ribed in	section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or oth	ner				
		basis. Complete Part VI of Schedule D	10	a			
	b	Less: accumulated depreciation	10	)b		10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li	line 11 <sub>.</sub>			12	
	13	Investments - program-related. See Part IV,		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must	equal li	ne 33)	218,796.	16	254,405
	17	Accounts payable and accrued expenses			55.	17	117
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	lete Parl	IV of Schedule D		21	
es	22	Loans and other payables to any current or	former	officer, director,			
≣		trustee, key employee, creator or founder, s					
Liabilities		controlled entity or family member of any of				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unre				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on	lines 17	24). Complete Part X	505		700
		of Schedule D			525.		729.
	26	Total liabilities. Add lines 17 through 25			580.	26	846.
S		Organizations that follow FASB ASC 958,	check	nere 🕨 🔼			
ũ		and complete lines 27, 28, 32, and 33.			210 216		252 550
ala	27	Net assets without donor restrictions			218,216.	27	253,559.
g B	28	Net assets with donor restrictions				28	
Ë		Organizations that do not follow FASB AS	SC 958,	check here   L			
ō		and complete lines 29 through 33.					
ets.	29	Capital stock or trust principal, or current fur				29	
SS	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate			210 216	31	)F)
ž	32	Total net assets or fund balances			218,216.	32	253,559.
	33	Total liabilities and net assets/fund balances	s		218,796.	33	254,405.

Pa	Tt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			40.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		•	97.		
3	Revenue less expenses. Subtract line 2 from line 1	3			43.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21	8,2	16.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6	1	<u>1,0</u>	00.		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	_	9,0	00.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	25	3,5	59.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Ш		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	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		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	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 th	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 Sch	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				
			Form	990	(2021)		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **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

Employer identification number

NEUROTALENT WORKS, INC. 83-4294177 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

	Section A. Public Support								
membership fees received. (Do not include any "unusual grants.")  291,562. 132,764. 232,740. 657,066.  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  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.  Cellerad year (or fissal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Cellerad year (or fissal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Cellerad year (or fissal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Cellerad year (or fissal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Cellerad year (or fissal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Cellerad year (or fissal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Cellerad year (or fissal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Cellerad year (or fissal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Cellerad year (or fissal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Cellerad year (or fissal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Cellerad year (or fissal year beginning in) (b) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Cellerad year (or fissal year beginning in) (b) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) 2020 (d) 2020 (e) 2021 (f) 20	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
291,562. 132,764. 232,740. 657,066.	1	Gifts, grants, contributions, and							
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  3 The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total. Add lines 1 through 3.  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f).  5 Public support. Subtract line 5 tron line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Net income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether on not the box and stop here.  10 Total support Add lines? through 10		membership fees received. (Do not							
tazion's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Setwate line 5 from line 4  8 Geross income from included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  7 Amounts from line 4  8 Gross income from increst, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support Add lines? If the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. chack this box and stop here  Section C. Computation of Public Support Percentage  4 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (fi))  13 First 5 years! If the Form 900 is for the organization did not check a box on line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box on line 15, 16a, or 16b, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box on line 15, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 15, 16a, or 17a, a		include any "unusual grants.")			291,562.	132,764.	232,740.	657,066.	
or expended on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines I through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f) 1	2	Tax revenues levied for the organ-							
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Section B. Total Support  Calendar year (or fiscal year beginning in)		ization's benefit and either paid to							
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13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	12		, etc. (see instructi	ons)	•		12	13,300.	
Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2020 Schedule A, Part II, line 14  16 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  18 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	13	First 5 years. If the Form 990 is for the	ne organization's fi				501(c)(3)		
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more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the		meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
	b	10% -facts-and-circumstances tes	t - <b>2020.</b> If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		more, and if the organization meets t	he facts-and-circur	nstances test, che	eck this box and <b>st</b>	op here. Explain in	n Part VI how the		
organization mode the laste and organization qualified as a publicly supported organization		organization meets the facts-and-circ	umstances test. Ti	he organization qu	alifies as a publicly	y supported organ	ization	▶□	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□	

Schedule A (Form 990) 2021

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

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

Section A. Public Support	below, please con	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			` '	,	<b>,</b> ,	,
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-						
in						
					+	
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						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified person	s					
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.		<u> </u>		L	504( )(0) : 1	
14 First 5 years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	1501(c)(3) organizat	tion,
check this box and stop here						<u></u> ▶∟
Section C. Computation of Pul			. (2)		11	
<b>15</b> Public support percentage for 2021			column (f))			
16 Public support percentage from 20:					16	•
Section D. Computation of Inv						
17 Investment income percentage for						•
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2021. If the	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2020. If the	ne organization did	not check a box of	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	neck this box and <b>s</b>	stop here. The orga	anization qualifies a	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organizat						

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Эa		
5b		
5c		
6		
7		
8		
9a		
9b		
ฮม		
9с		
10a		
401		
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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sect	ion 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,	_		
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations			
_			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
-	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

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

Sche	dule A (Form 990) 2021 NEUROTALENT WORKS, INC			33-4294177 <sub>Page 6</sub>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust o	n Nov. 20, 1970 (e <i>xplain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	te 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		
С	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 <b>Part VI</b> ):			
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		

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

Schedule A (Form 990) 2021

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

6

Sche	dule A (Form 990) 2021 NEUROTALENT W			8	3-42941// Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)	
Sect	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt 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	S	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	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				

Schedule A (Form 990) 2021

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

ı art	Par line Sec	t IV, S 1; Pa tion I	Section A, li art IV, Section	nes 1, 2 on D, line	, 3b, 3c, 4b, 4d es 2 and 3; Pa	c, 5a, 6 rt IV, S	6, 9a, 9b, 9c Section E, lin	, 11a, 11b, and 11c;	Part IV, S nd 3b; Part	ection B, lines t V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V, onal information.	
SCHE	DULE	Α,	PART	II								
THE	ORGA	NIZ	ATION	WAS	FORMED	IN	2019,	THEREFORE	THAT	YEAR'S	COLUMN	
REFI	ECTS	A	SHORT	YEAI	₹.							
												_
												_
												_

#### **Schedule B** (Form 990)

**Schedule of Contributors** 

▶ Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule B (Form 990) (2021)

	NE	URUTALENT WORKS, INC.	03-42941//				
Organization type (check one):							
Filers of	f:	Section:					
Form 99	00 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	00-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: O	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special F	dule. See instructions.				
General	l Rule						
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling contributor. Complete Parts I and II. See instructions for determining a contributor.					
Special	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year   \$\bigsim \frac{1}{2} \text{ \$\infty } \frac{1}{2} \text{ \$\infty } \						
answer '	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-P requirements of Schedule B (Form 990).					

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

Name of organization Employer identification number

#### NEUROTALENT WORKS, INC.

83-4294177

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 25,055.	Person X Payroll
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	Total contributions  \$ 25,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 21,500.	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		\$15,000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$14,000.	Person X Payroll

Name of organization

Employer identification number

NEUROTALENT	WORKS,	INC
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83-4294177

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		\$ 11,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll

Name of organization

Employer identification number

NEUROTALENT WORKS, INC.

83-4294177

NEURO'	TALENT WORKS, INC.	8:	3-4294177
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		- - \$6,751.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$,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.)

Name of organization

Employer identification number

NEUROTALENT WORKS, INC.

83-4294177

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if 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
		<b></b>   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** NEUROTALENT WORKS, INC. 83-4294177 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

NEUROTALENT WORKS, INC.

**Employer identification number** 83-4294177

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(a) Delice delices lande	(2) ( 2) ( 2) ( 2) ( 2) ( 2) ( 2) ( 2)			
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	L	ad funds			
3	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
Ü	for charitable purposes and not for the benefit of the donor of					
	• •					
Par		ganization answered "Yes" on Form 990. Pa				
1	Purpose(s) of conservation easements held by the organizat					
·	Preservation of land for public use (for example, recrea		historically important land area			
	Protection of natural habitat		certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic str					
	Number of conservation easements included in (c) acquired					
	listed in the National Register		I I			
3	Number of conservation easements modified, transferred, re					
	year▶	,				
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements i		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year			
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year			
	<b>▶</b> \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and			
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the			
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections o		her Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95	•				
	of art, historical treasures, or other similar assets held for pul	· · · · · · · · · · · · · · · · · · ·	•			
	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 further	erance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre		gain, provide			
	the following amounts required to be reported under FASB A					
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021			

132051 10-28-21

Pa	rt III   Organizations Maintaining Col	lections of A	rt, His	torical Tr	reasures, o	or Oth	er Sin	nilar Asse	e <b>ts</b> (conti	nued)	
3	Using the organization's acquisition, accession,	, and other record	ls, chec	k any of the	following tha	at make :	significa	ant use of its	3		
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations			<u></u>							
4	Provide a description of the organization's colle	ections and explain	n how th	ney further t	the organizati	on's exe	empt pu	rpose in Pa	rt XIII.		
5	During the year, did the organization solicit or re										
	to be sold to raise funds rather than to be main	tained as part of t	he orga	nization's c	ollection?				Yes		No
Pa	rt IV Escrow and Custodial Arrange								line 9, o	r	
	reported an amount on Form 990, Part X	(, line 21.									
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	ns or other as	sets not	t includ	ed			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fo	llowing	table:							
									Amour	nt	
С	Beginning balance						10	;			
	Additions during the year							t			
е								•			
f	Ending balance							f			
2a	Did the organization include an amount on Forn								Yes		No
b	If "Yes," explain the arrangement in Part XIII. Ch	neck here if the ex	kplanatio	on has beer	n provided on	Part XII	l			. $\square$	
Pa	rt V Endowment Funds. Complete if the	ne organization an	swered	"Yes" on Fo	orm 990, Parl	t IV, line	10.				
	(	a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Thre	ee years back	<b>(e)</b> Fou	r years	back
1a	Beginning of year balance										
b											
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g											
2	Provide the estimated percentage of the curren	it year end balanc	e (line 1	g, column (	a)) held as:				•		
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%	_								
С	Term endowment ▶ %										
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.									
За	Are there endowment funds not in the possessi	-	ation tha	at are held a	and administe	ered for t	the orga	anization			
	by:	· ·					Ū			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organizatio	ns listed as requi	red on S	Schedule R?	)				3b		
4	Describe in Part XIII the intended uses of the or										
Pa	rt VI Land, Buildings, and Equipme										
	Complete if the organization answered "	Yes" on Form 990	), Part I\	V, line 11a. 9	See Form 990	), Part X	, line 10	).			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccumul	ated	(d) Boo	k valu	e
		basis (investr			(other)	٠,,	preciati	I	.,		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
							_				_

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	WORKS, INC.	83	-4294177 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Book value	(e) metries of valuation. Cost of one	a or your 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.	5 000 B 1 1 1 1 1 1	44.1.0 5 000 5 177 45	
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	/h) Daalaaalaa
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PAYROLL LIABILITIES			729.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			I

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2021

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

729.

Pa	rt XI Reconciliation of Revenue per	Audited Financial Statements Witl	h Revenue per Return	) <b>.</b>
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per au-	dited financial statements	1	
2	Amounts included on line 1 but not on Form 99	90, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 1			
а	Investment expenses not included on Form 99	0, Part VIII, line 7b4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must e			
Pa	rt XII Reconciliation of Expenses pe	er Audited Financial Statements Wi	th Expenses per Retu	rn.
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financia	l statements	1	
2	Amounts included on line 1 but not on Form 99	00, Part IX, line 25:		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25			
а	Investment expenses not included on Form 90	0, Part VIII, line 7b		
ч	i investinent expenses not included on Form 33	, , , , , , , , , , , , , , , , , , , ,		
b				
b	Other (Describe in Part XIII.)		4c	
b c 5	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must</i>	4b		
b c 5	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must wirt XIII Supplemental Information.	equal Form 990, Part I, line 18.)	5	
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must wirt XIII Supplemental Information.	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
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#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

NEUROTALENT WORKS, INC.	83-4294177
FORM 990, PART VI, SECTION A, LINE 2:	
HERAG HALEBLIAN, CHAIRMAN AND VICKEN HALEBLIAN, TREASURER	
RELATIONSHIP	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD WILL CALL A SPECIAL MEETING TO REVIEW THE DOCUM	
TREASURER SIGNS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD REVIEWS ITS CONFLICT OF INTEREST POLICY TO ENSU	
ITS ANNUAL MEETING.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION IS APPROVED BY THE BOARD AND A WRITTEN EMPLO	
ESTABLISHED. COMPENSATION IS DETERMINED THROUGH A REVIEW	OF COMPENSATION
SURVEYS/STUDIES, REVIEW OF FORM 990 OF OTHER ORGANIZATION	S, AND
DELIBERATIONS OF THE BOARD (EXCLUDING THE INDIVIDUAL WHOS	E COMPENSATION IS
BEING DISCUSSED).	
FORM 990, PART VI, SECTION C, LINE 18:	
AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization NEUROTALENT WORKS, INC.	Employer identification number 83-4294177
DONATED SERVICES-EXPENSE	-9,000.