Form **990**

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For	the 2021 calen	dar year, or tax	year begin	ning 7/0	01	. 20	21, and endir	na 6/	′30		20 2022	
В		if applicable:	C			-	,		.9 07			fication number	
		Address change	BAYAN										
	H	101 USB 101 US	2854 N SAI	NITT A CO	DIVID CTT	2 201					24310		
	H	Name change	ORANGE, C			201				E Teleph			
	H	nitial return	Oldinoli, Ci	1 72007						(90	9) 447	7-2570	
	L F	inal return/terminated											
	A	Amended return								G Gross	eceipts \$	3,057	152
	\square_{A}	Application pending	F Name and addr	ess of principa	officer:				H(a) Is this	a group retu			Teel
			Same As C	Above					H(b) Are al	l subordinates ," attach a list	included		
ī	Tax	e-exempt status:	X 501(c)(3)	501(c) () 4 (iii	nsert no.)	4947(a)(1	or 527	If "No.	," attach a list	. See inst	ructions.	
J						isort iio.)	4347(0)(1	01 327					
		The second secon	w.bayancla							exemption n			
K		m of organization:	X Corporation	Trust	Association	Other >		L Year of format	ion: 201	.2 M s	State of le	gal domicile: CA	Ĺ
Pa	art I	Summar	У										
	1	Briefly descri	be the organiza	tion's miss	ion or most	significant a	ctivities: 1	<u>o provid</u>	e_a_cc	mprehe	nsive	e_higher	
ė		learning	center fo	or relie	gious_ed	ucation	·						
Activities & Governance													
E													
8	2	Check this bo	ox ► ☐ if the	organizatio	n discontinu	ed its opera	itions or d	isposed of mo	ore than 2	25% of its	net ass	sets.	
8	3	Number of vo	oting members of	of the gove	rning body (F	Part VI, line	1a)				3		10
S	4	Number of in	dependent votin	ig member	s of the gove	erning body	(Part VI,	line 1b)			4		4
ij	5	Total number	of individuals e	mployed ir	n calendar ye	ear 2021 (Pa	art V, line	2a)			5		0
ŧ	6	Total number	of volunteers (estimate if	necessary).						6		0
Ă		Total unrelate	ed business reve	enue from	Part VIII, col	umn (C), lin	ne 12				7a		0.
	b	Net unrelated	d business taxab	le income	from Form 9	90-T, Part I	, line 11.				7b		0.
										Prior Year		Current Ye	ear
Φ	8	Contributions	and grants (Pa	rt VIII, line	1h)					1,725,7	193.	1,638	,610.
Revenue	9	Program serv	rice revenue (Pa	art VIII, line	e 2g)					1,504,5		1,312	
eVe	10	Investment in	ncome (Part VIII	, column (/	A), lines 3, 4	, and 7d)			10.		224.		,011.
ď	11	Other revenu	e (Part VIII, colu	umn (A), lir	nes 5, 6d, 8d	, 9c, 10c, a	nd 11e)						,585.
	12		e – add lines 8							3,231,5	34.	3,057	
	13	Grants and s	imilar amounts p	paid (Part I	X, column (/	A), lines 1-3	3)						
	14	Benefits paid to or for members (Part IX, column (A), line 4)											
	15									1,311,5	92	060	, 858.
Ses	16a		fundraising fees							1, 311, 0	303,	, 030.	
Expenses	l .												
×	b		sing expenses (F					680,550.					
	17		ses (Part IX, colu							1,215,6	41.	1,752,	,332.
	18		es. Add lines 13							2,527,2	23.	2,722,	
	19	Revenue less	expenses. Sub	tract line 1	8 from line 1	2				704,3			,962.
5 6									Beginni	ng of Curren		End of Ye	
Assets or Balances	20	Total assets	(Part X, line 16).							1,303,3		1,678,	
Ass	21	Total liabilitie	s (Part X, line 2	(6)						134,7			895.
Fund	22		fund balances.							1,168,6			
	rt II	Signatur				20			<u> </u>	1,100,0	21.	1,503,	583.
				minad this rate	rn including occ	omnon ina selv							
comp	olete. D	Declaration of prepa	eclare that I have examer (other than officer) is based on	all information of	f which preparer	has any kno	wledge.	the best of n	ny knowledge	and belie	t, it is true, correct,	and
		N											
Sig	ın	Signatu	re of officer						Da	ate	_		
He	re	ттн	AD TURK						Dwas	i dant			
			print name and title		A /		1		Pres	ident			
		,,,	reparer's name		Preparatis sign	nature	1	F Data	1		T Te	TINI	
_				CD.	I III Sign	1 /	mill	2 5/13	12	Check	J."	TIN	
Pai			nin Farukhi		1//-	1	7 [] [] [] [11-11-	100	self-employe	ed E	00705616	
Pre	epar	ala e	I GI GIII			LP)		_ / /					
US	e Or	ily Firm's addre	2000 1			d., Ste	200			Firm's EIN	33-	0941360	
				, CA 92						Phone no.	(714		0
May	/ the	IRS discuss th	is return with the	e preparer	shown abov	e? See insti	ructions.					X Yes	No
D.4			1										_

Form	n 990 (2021)	BAYAN		500 SHEET		46-243	31099	Page 2
Par		ement of Program S						
	Chec	k if Schedule O contains	a response or not	e to any line in this F	Part III			
1		ribe the organization's mi						
	To prov	<u>ide a comprehens</u>	ive higher	<u>learning</u> cent	er for religi	<u>ous educatio</u>	on	
	Did the organ	ization undertake and signi	:61	in a decimal for	1.5.1. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			
2	Form 990 or	nization undertake any signi			nich were not listed on			
		cribe these new services on		*******			Yes	X No
3		nization cease conducting		ant changes in how i	it conducts and			- ·
3		cribe these changes on Sch		ant changes in now i	it conducts, any progr	am services?	Yes	X No
4				ments for each of its	three largest progra	m corvioes as me	actived by a	
•	Section 501	organization's program (c)(3) and 501(c)(4) organ	nizations are requi	red to report the amo	ount of grants and all	ocations to others,	the total exp	rpenses. penses,
	and revenue	, if any, for each program	n service reported					
	<i>(</i> 0 1				_			
4 a	(Code:) (Expenses \$	1,415,539.	including grants of	\$) (Revenue \$	1,312	,946.)
	Provided	d graduate level	accredited	<u>courses</u> towa	rds MA degree	<u>in Religior</u>	i <u>.</u>	
4 b	(Code:) (Expenses \$		including grants of	\$) (Revenue \$)
	`			9 9	· .			
					. – – – – – – – –			
4 c	(Code:) (Expenses \$		including grants of	\$) (Revenue \$)
4 d	Other progra	m services (Describe on	Schedule O.)					_
-	(Expenses	\$	including gran	ts of \$) (Reveni	ue \$)	
40		m service expenses ►	1 /15		7 (1.00011	т т		

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		Yes	No
1	Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
â	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI.	11 a		Х
ŀ	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 a		X
(Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
(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.	11 d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f		Х
12 <i>a</i>	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		Х
ł	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	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		X
16		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х
18		18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
DAA				

Form 990 (2021) BAYAN Part IV Checklist of Required Schedules (continued)

00	Did the annual transfer and the def cook of the transfer and the cook of the cook		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
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? <i>If 'Yes,' complete Schedule J.</i>	23	х	
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	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		Х
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
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
	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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
(A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part L</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
Ł	o 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? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	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			
1 a	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
BAA	(gambling) winnings to prize winners?. TEEA0104L 09/22/21	1 c	990 (2021)

Form 990 (2021) BAYAN

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 46-2431099 Yes No

			163	NO				
	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a							
t	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X				
t	olf 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3 b						
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х				
t	olf 'Yes,' enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X				
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c						
6 a	6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?							
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).							
	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?	7 a		X				
b	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х				
C	If 'Yes,' indicate the number of Forms 8282 filed during the year							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g						
	ılf the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		100					
	organization have excess business holdings at any time during the year?	8						
	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b						
	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
	against amounts due or received from them.).							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year							
	Section 501(c)(29) qualified nonprofit health insurance issuers.		100000	300				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand		DESCRIPTION OF THE PERSON OF T	37				
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X				
	olf '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 excess parachute payment(s) during the year?	15		Х				
10	If 'Yes,' see the instructions and file Form 4720, Schedule N.	16		37				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		X				
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.	Chelle !						

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Form 990 (2021) BAYAN Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 10 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..... 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 X 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 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... X 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 X 6 Did the organization have members or stockholders?.... X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a **b** Each committee with authority to act on behalf of the governing body?..... X 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 Q..... 9 X Section 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 X 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done ... See Schedule O 12c X 13 Did the organization have a written whistleblower policy?.... X 13 14 Did the organization have a written document retention and destruction policy?..... X 14 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? a The organization's CEO, Executive Director, or top management official..... X 15a **b** Other officers or key employees of the organization..... X 15b If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > CA IL____ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule 0

20

State the name, address, and telephone number of the person who possesses the organization's books and records JIHAD TURK 1325 N. COLLEGE AVE LOS ANGELES CA 91711 (909) 447-2570

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

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

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

Check this box if neither the organization nor any rela	ted organiz	ation	con	nper	nsate	ed any	cu	rrent officer, direct	or, or trustee.	
				(C)						
(A) Name and title	(B) Average hours per	15	s both dir	(do r box, an o ector	office			(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-271099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) JIHAD TURK	40									
President	0	X		X				294,514.	0.	0.
(2) MUNIR SHAIKH	40									
Vice President	0			X				137,940.	0.	0.
(3) SEYED HADI QAZWINI	3									
Director	0	X						0.	0.	0.
(4) OMAR EZZILDINE	3									
Director	0	X						0.	0.	0.
(5) ASIFA QURAISHI-LANDES	3									
Director	0	X						0.	0.	0.
(6) SARA DEEN	3									
Director	0	X						0.	0.	0.
(7) SAAFIR RABB	3									
Director	0	X						0.	0.	0.
(8) MATTHEW MENGERINK	3									
Director	0	X					_	0.	0.	0.
(9) SHEZAD ROKERYA	3									
Director	0	X						0.	0.	0.
(10) JOHN HALL	3									
CFO	0	_		X				0.	0.	0.
(11)										
(12)								510,1-10		
(13)										
(14)										

Form 990 (2021) BAYAN Part VII Section A. Officers, Directors, True	ıcteec	Kov	Em	ınlı	21/0	06.3	nc	Highest Con	46-243109	9	Pa	ige 8
(A) Name and title	Average hours per week (list any	(do box office	not c , unle	Pos check ess pe	sition more erson directo	than o is both or/truste	ne an ee)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	Estin	(F) nated arrof other	nount
	hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	the a	organiza id relate anizatio	tion đ
(15)												
(16)								1020				
(17)												
(18)								W-1	300			
(19)												
(20)												
(21)												
(22)									-			
(23)												
(24)												
(25)												
1 b Subtotal	on A						-	432,454.	0.			0.
d Total (add lines 1b and 1c)							• -	0. 432,454.	0.			0.
 Total number of individuals (including but not limited from the organization ► 2 	to those I	isted	abov	ve) v	vho i	receiv	ed i	more than \$100,00	0 of reportable comp	ensatio	n	
3 Did the organization list any former officer, direct	tor, truste	e, ke	ey er	mplo	oyee	, or h	iigh	est compensated	employee		Yes	No
on line 1a? If 'Yes,' compléte Schedule J for suc 4 For any individual listed on line 1a, is the sum of	f reportab	le co	mpe	nsa	tion	and o	othe	er compensation		3		X
the organization and related organizations greate such individual										4	X	FORES.
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes Section B. Independent Contractors	e comper s,' comple	satio te So	n fro	om a lule	any J fo	unrela r <i>such</i>	ated 1 pe	d organization or erson	individual	5		X
Complete this table for your five highest compensation from the organization. Report compensation.	sated ind	epend	dent	cor	ntrac	tors t	that a w	t received more the	nan \$100,000 of			
(A) Name and business add					,			(B) Description (C) ensatio	n
								10.00				
2 Total number of independent contractors (including b	out not lim	ited to	o tho	se I	isted	abov	e) v	who received more	than			
\$100,000 of compensation from the organization		TEEA0	108L	09/2	22/21					Form	990 (2021)

ı cai		Check if Schedule O contains a res	ponse or note to any	line in this Part V	III		🗍
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र्फ, रो	1 a	Federated campaigns 1 a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
s, G	С	Fundraising events 1 c					
Gi F	d	Related organizations 1 d					
Si ns	e	Government grants (contributions) 1 e					
rtion P	1	All other contributions, gifts, grants, and similar amounts not included above 1 f	1,638,610.				
혈	q	Noncash contributions included in					
a de		lines 1a-1f 1 g					
	h	Total. Add lines 1a-1f		1,638,610.			
Program Service Revenue			Business Code				
eye		Tuition and Fees	611600	1,312,946.	1,312,946.		
e E	b						
Ŋ.	C						
8	a						
ram	f	All other program service revenue					
<u>S</u>		Total. Add lines 2a-2f	>	1,312,946.			Topic and the control of the control
	3	Investment income (including dividends,		1,312,940.			
	3	other similar amounts)		4,011.	4,011.		
	4	Income from investment of tax-exemp	t bond proceeds >	270221	1,011.	- The second sec	
	5	Royalties					
		(i) Real	(ii) Personal				A STATE OF THE STATE OF
	6a	Gross rents 6a					
	2000	Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a					
	b	Less: cost or other basis					
		and sales expenses 7b					
		Gain or (loss)					
		, , ,	1				
E E	8 a	Gross income from fundraising events (not including \$					
Ven		of contributions reported on line 1c).					
Other Revenue			a				
ē	b	500 CONTROL OF CONTROL	b				
돌	1000	Net income or (loss) from fundraising	events				
_		Gross income from gaming activities.					
	Ja	See Part IV, line 19	a				
	b	Less: direct expenses 9	b				
	С	Net income or (loss) from gaming acti	vities▶				
	10 a	Gross sales of inventory, less					
		returns and allowances)a				
)b				
	С	Net income or (loss) from sales of inv	,	NAME OF THE OWNER O			
2	11		Business Code	101			
8 s	11 a		611710	101,585.	101,585.		
scellaneo Revenue	b						-
3 P	C	All other revenue.					
Miscellaneous Revenue	۱ ۳	Total. Add lines 11a-11d		101 505			
		Total revenue. See instructions		101,585. 3,057,152.	1,418,542.	0.	
		. C.a. I Grana Coo mondonomo		3,031,132.	1,410,342.	0.	0.

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).

	Check if Schedule O contains a re				П
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				C.,porisos
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 5	Benefits paid to or for members	442,736.	230,223.	101,829.	110,684.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	
7	Other salaries and wages	277,942.	144,530.		0.
- 5	Pension plan accruals and contributions	211,942.	144,530.	63,927.	69,485.
8	(include section 401(k) and 403(b) employer contributions)	66,379.	34,517.	15,267.	16,595.
9	Other employee benefits	103,054.	53,588.	23,702.	25,764.
10	Payroll taxes	79,747.	41,468.	18,342.	19,937.
11	Fees for services (nonemployees):	15,141.	41,400.	10,342.	19,937.
	a Management				
	b Legal				
	c Accounting.				
	d Lobbying.				
	e Professional fundraising services. See Part IV, line 17			Research Comment of the Comment of t	
	Investment management fees				
ç	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	4,667.	2,427.	1,073.	1,167.
13	Office expenses	11,826.	6,150.	2,720.	2,956.
14	Information technology	11,020.	0,130.	2,120.	2,950.
15	Royalties				
16	Occupancy				•
17	Travel	171,462.	89,160.	20 426	12.066
	Payments of travel or entertainment expenses for any federal, state, or local public officials	171,402.	89,100.	39,436.	42,866.
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	28,466.	14,802.	6,547.	7,117.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)		31,002	9,011	7,117.
a	Program Services Expenses	807,175.	419,731.	185,650.	201,794.
	Marketing and Fundraising	317,747.	165,228.	73,082.	79,437.
(Strategic Execution Expenses	317,674.	165,190.	73,065.	79,419.
	Rent	34,275.	17,823.	7,883.	8,569.
	All other expenses	59,040.	30,702.	13,578.	14,760.
25	Total functional expenses. Add lines 1 through 24e	2,722,190.	1,415,539.	626,101.	680,550.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).				,
BAA		TEE 401101 00/			Form 990 (2021)

Part X Balance Sheet

80		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	1,100,302.	1	281,561.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	150,000.	3	1,000,000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
		59 50 500 500 500 500 500 500 500 500 50		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
55	9	Prepaid expenses and deferred charges		9	
4		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities.	1,489.	11	13,895.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11	51,555.	15	383,022.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,303,346.	16	1,678,478.
_	17	Accounts payable and accrued expenses	75,000.	17	50,000.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	59,725.	25	124,895.
	26	Total liabilities. Add lines 17 through 25.	134,725.	26	174,895.
· v		Organizations that follow FASB ASC 958, check here ► X			171,030.
ances		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	1,117,066.	27	1,186,561.
Ba	28	Net assets with donor restrictions	51,555.	28	317,022.
Net Assets or Fund Bal		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
\$	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
T A	32	Total net assets or fund balances	1,168,621.	32	1,503,583.
Se	33	Total liabilities and net assets/fund balances.	1,303,346.	33	1,678,478.
	13/31/20/2009				1,010,110.

		2431033		aye 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			🔲
1	Total revenue (must equal Part VIII, column (A), line 12)		3,057,	152.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,722,	
3	Revenue less expenses. Subtract line 2 from line 1	3	334,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,168,	
5	Net unrealized gains (losses) on investments.	5	-11	
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10				<u> </u>
_	column (B))	10	1,503,	583.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			П
			Yes	_
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.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a		
8				20.00
1	b Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ite		
	Separate basis Consolidated basis Both consolidated and separate basis			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	Х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	
ВАА	TEEA0112L 09/22/21		Form 990	(2021)

SCHEDULE A (Form 990)

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

Employer identification number

Open to Public Inspection

BAYAN 46-2431099 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 4 name, city, and state: 5 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). 6 7 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 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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 10 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). 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. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (v) Amount of monetary (iv) Is the organization listed in your governing document? (vi) Amount of other (described on lines 1-10 above (see instructions)) support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20						%
15	Public support percentage from 2	2020 Schedule A,	Part II, line 14			15	%
16a	33-1/3% support test—2021. If the and stop here. The organization	ne organization di qualifies as a pul	d not check the b plicly supported o	oox on line 13, and rganization	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2020. If the and stop here. The organization	e organization did qualifies as a pu	f not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 33	3-1/3% or more, c	heck this box
1 7 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meate the factera	nd circumetanese	tact chack this b	nov and oten have	Evalain in Dart 1	//
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a -circumstances te	nd-circumstances est. The organizat	s test, check this t tion qualifies as a	box and stop here publicly supporte	. Explain in Part \ d organization	/I how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a,	, or 17b, check thi	s box and see ins	tructions ►
DAA							

BAA

Sch	edule A (Form 990) 2021	BAYAN				46-2431099	Page :
Pa	Support Schedule for (Complete only if you check fails to qualify under the terms)	ked the box on li	ine 10 of Part I or	if the organization	(a)(2) on failed to qualify		
Sec	tion A. Public Support						
Caler 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization'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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						100
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.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is forganization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pub	lic Support F	ercentage				

line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

				Yes	No
	1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
	3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
	b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
	С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
	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.	4a		
	b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
	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).	5a		
	b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
	6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
	7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
	8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
	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 .	9a		
	b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
	С	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 .	9с		
1	0a	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.	10a		
	b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10h		

Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a 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		
	c A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
	or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported			
	organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more			
	than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
	during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such			
	benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the	0.00		
_	supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
1			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 Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	23/31	E SERVICE OF THE PERSON NAMED IN COLUMN 1
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			
Sac	in this regard. ction E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
ā	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instru	ctions	5).
2	Activities Test. Answer lines 2a and 2b below.	Г	Vaa	N -
			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		
ŀ	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or			
	more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities			
	but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
	each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
t	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	21-		
BAA		(Form	990)	2021

Pa	rt v Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anızatı	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain ir t complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
-	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2021

	rt V Type III Non-Functionally Integrated 509(a)(3) S	unnorting Organiza		-243.	1099 Page
100	ction D — Distributions	upporting Organiza	itions (continue	<i>a)</i>	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	urposes		1	
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e 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 organizat in Part VI). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ons	(iii) Distributable Amount for 2021
	D: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e 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:			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

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.

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number BAYAN

					431099		
Par	t Organizations Maintaining Donor	Advised Funds or Othe	r Similar Fu	unds or Accounts	5.		
	Complete if the organization answer	ered 'Yes' on Form 990,	Part IV, lin	e 6.			
		(a) Donor advised for	unds	(b) Funds a	nd other ac	counts	
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor are the organization's property, subject to the or	advisors in writing that the a	assets held in control?	donor advised funds	Yes		No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writin f the donor or donor advisor,	g that grant fu or for any othe	nds can be used only er purpose conferring	Yes		No
Day							110
Par	Conservation Easements. Complete if the organization answer	ered 'Yes' on Form 990	Part IV lin	۰ 7			
1	Purpose(s) of conservation easements held by the			C /.			
	Preservation of land for public use (for example	(a)		ation of a historically	important la	and are	
	Protection of natural habitat	, recreation or education;		ation of a certified his			a
	Preservation of open space		Lifeserva	ation of a certified fils	toric structi	ire	
2	Complete lines 2a through 2d if the organization hel	d a qualified concentration contr	ibution in the fe	urm of a songarisation of		Ale e	
_	last day of the tax year.	u a quaimeu conservation conti	ibution in the ro	orm of a conservation e	asement on	tne	
				Held at	the End of	the Tax	x Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easeme	ents		2b			
c	Number of conservation easements on a certifie	d historic structure included i	n (a)	2c			
c	Number of conservation easements included in (structure listed in the National Register	(c) acquired after 7/25/06, an	d not on a hist	oric 2 d			
3	Number of conservation easements modified, transfetax year ►	erred, released, extinguished, o	r terminated by	the organization durin	g the		
4	Number of states where property subject to conserva	ation easement is located >					
5	Does the organization have a written policy rega	rding the periodic monitoring	, inspection, h	andling of violations,	79700		
	and enforcement of the conservation easements	it holds?			Yes		No
6	Staff and volunteer hours devoted to monitoring, ins						
7	Amount of expenses incurred in monitoring, inspecti ▶\$	ng, handling of violations, and	enforcing conse	ervation easements dur	ing the year		
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the req	uirements of s	ection 170(h)(4)(B)(i)	Yes	П	No
9	In Part XIII, describe how the organization repor include, if applicable, the text of the footnote to conservation easements.	ts conservation easements in the organization's financial s	its revenue a tatements that	nd expense statemer describes the organi	it and balar zation's acc	ice she counting	et, an g for
Par	Organizations Maintaining Collect Complete if the organization answer	ions of Art, Historical 7 ered 'Yes' on Form 990,	reasures, o Part IV, lin	or Other Similar A e 8.	ssets.		
1 a	If the organization elected, as permitted under F historical treasures, or other similar assets held Part XIII the text of the footnote to its financial s	for public exhibition, education	n or research	statement and baland in furtherance of pul	ce sheet wo blic service,	rks of a provid	art, le in
b	If the organization elected, as permitted under F historical treasures, or other similar assets held for p following amounts relating to these items:	ASB ASC 958, to report in its public exhibition, education, or	s revenue state research in furth	ement and balance sl nerance of public servi	neet works ce, provide t	of art, he	
	(i) Revenue included on Form 990, Part VIII, lin	e 1			\$		
	(ii) Assets included in Form 990, Part X				\$		
2	If the organization received or held works of art, hist amounts required to be reported under FASB AS	orical treasures, or other simila SC 958 relating to these items	r assets for fina	ancial gain, provide the	following		
а	Revenue included on Form 990, Part VIII, line 1.	· · · · · · · · · · · · · · · · · · ·			\$		
b	Assets included in Form 990, Part X				\$		1000

Part III Organizations Maintai	ning Conections	of Art, Histor	icai i reasure	s, or U	ther Similar Ass	sets (c	ontinu	леа)
3 Using the organization's acquisition, items (check all that apply):	accession, and other	records, check any	of the following the	nat make	significant use of its	collectio	'n	
a Public exhibition		d \ Loan or	exchange progra	am				
b Scholarly research		e Other	onenango progre					
c Preservation for future genera	ations							
4 Provide a description of the organiza		explain how they f	urther the organiza	ation's ex	empt purpose in			
5 During the year, did the organizat to be sold to raise funds rather th	ion solicit or receive	donations of art,	historical treasur	es, or ot	ther similar assets	Yes	Г	No
Part IV Escrow and Custodial line 9, or reported an a	Arrangements.	Complete if th	e organization					
1 a Is the organization an agent, trus	tee, custodian or oth	ner intermediary fo	or contributions of	other a	ssets not included			
on Form 990, Part X?						Yes		No
b If 'Yes,' explain the arrangement	in Part XIII and com	plete the following	g table:					
				1		Amount	t	
c Beginning balance				[1 c			
d Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance					1 f			
2 a Did the organization include an ar	mount on Form 990,	Part X, line 21, fo	or escrow or custo	odial acc	count liability?	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII. Check h	ere if the explana	tion has been pro	ovided or	n Part XIII		.	-
							L	_
Part V Endowment Funds. Co	omplete if the or	ganization ans	wered 'Yes' or	Form	990 Part IV II	ne 10		
	(a) Current year	(b) Prior year	(c) Two years		(d) Three years back		our year	's hark
1 a Beginning of year balance	51,555.	2,00		0.	0	+ ''	our your	0.
b Contributions	240,137.	49,55		000.	U	+	- 28	<u> </u>
	240,137.	45,55	2,	, 000.	1-11	+		
c Net investment earnings, gains, and losses	25,330.							
d Grants or scholarships								
e Other expenditures for facilities and programs					0			
f Administrative expenses								
g End of year balance	317,022.	51,55	5. 2.	000.	0			0.
2 Provide the estimated percentage						• 1		<u> </u>
a Board designated or quasi-endowme		%	3, (,,					
b Permanent endowment ▶	- %							
c Term endowment ▶	000							
The percentages on lines 2a, 2b, an	d 2c should equal 100	1%						
The percentages of fines 2a, 2b, an	a 20 31 Julia equal 100	770.						
3a Are there endowment funds not in the	e possession of the o	rganization that are	held and adminis	tered for	the	Г	V	
organization by:						2 (1)	Yes	No
(i) Unrelated organizations						3a(i)		X
(ii) Related organizations								X
b If 'Yes' on line 3a(ii), are the relat						. 3b		
4 Describe in Part XIII the intended		ation's endowmen	t funds.					
Part VI Land, Buildings, and E								
Complete if the organiz	zation answered	'Yes' on Form	990, Part IV,	line 11	a. See Form 99	0, Part	: X, lir	ne 10.
Description of property		or other basis vestment)	(b) Cost or othe basis (other)	r ((c) Accumulated depreciation	(d) E	Book va	alue
1 a Land		·						
b Buildings								
c Leasehold improvements				_				
d Equipment								
e Other				-				
Total. Add lines 1a through 1e. (Column		m 000 Part V	lumn (D) line 10					
	i (u) iliust equal For	ш ээо, Рап X, со	iuinn (B), line 10	C.)				0.
BAA					Sched	ule D (Fo	ırm 990	1) 2021

(a) Description of security or category (including name of security)	(b) Book value	0, Part IV, line 11b. See Form 99 (c) Method of valuation: Cost or end-of-	
(1) Financial derivatives			
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)	199		
(E)			
(F)	110		
(G)			
(H)			
<u>(l)</u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments - Program Related.		N/A	
Complete if the organization answered	'Yes' on Form 99	0. Part IV. line 11c. See Form 99	0. Part X. line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets.	'Yes' on Form 99	0 Part IV line 11d See Form 99	0 Part X line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets. Complete if the organization answered	'Yes' on Form 99	0, Part IV, line 11d. See Form 99	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 99 scription	0, Part IV, line 11d. See Form 99	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets. Complete if the organization answered	'Yes' on Form 99 scription	0, Part IV, line 11d. See Form 99	(b) Book value 66,000.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets. Complete if the organization answered (a) Description (1) Employee Advances	'Yes' on Form 99 scription	0, Part IV, line 11d. See Form 99	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) Employee Advances (2) Endowment	'Yes' on Form 99 scription	0, Part IV, line 11d. See Form 99	(b) Book value 66,000.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) Employee Advances (2) Endowment (3)	'Yes' on Form 99 scription	0, Part IV, line 11d. See Form 99	(b) Book value 66,000.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) Employee Advances (2) Endowment (3) (4)	'Yes' on Form 99 scription	0, Part IV, line 11d. See Form 99	(b) Book value 66,000.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) Employee Advances (2) Endowment (3) (4) (5) (6) (7)	'Yes' on Form 99 scription	0, Part IV, line 11d. See Form 99	(b) Book value 66,000.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) Employee Advances (2) Endowment (3) (4) (5) (6) (7) (8)	'Yes' on Form 99 scription	0, Part IV, line 11d. See Form 99	(b) Book value 66,000.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (C) Employee Advances (2) Endowment (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 99 scription	0, Part IV, line 11d. See Form 99	(b) Book value 66,000.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (1) Employee Advances (2) Endowment (3) (4) (5) (6) (7) (8) (9) (10)	scription		(b) Book value 66,000.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) Employee Advances (2) Endowment (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)	scription		(b) Book value 66,000. 317,022.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) Employee Advances (2) Endowment (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities.	Scription 3) line 15.)	▶	(b) Book value 66,000.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (1) Employee Advances (2) Endowment (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Face or the second secon	3) line 15.)	▶	(b) Book value 66,000. 317,022.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) Employee Advances (2) Endowment (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. (a) Description.	Scription 3) line 15.)	▶	(b) Book value 66,000. 317,022.
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Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) Employee Advances (2) Endowment (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. (1) Federal income taxes (2) Credit Cards	3) line 15.)	▶	(b) Book value 66, 000. 317, 022. 383, 022. (b) Book value 23, 943.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Description (b) Employee Advances (c) Endowment (d) (d) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. (a) Description (b) Federal income taxes (c) Credit Cards (d) Other Current Liabilities	3) line 15.)	▶	(b) Book value 66, 000. 317, 022. 383, 022. (b) Book value 23, 943.
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Pai	t XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	turn. N/A
	Complete if the organization answered 'Yes' on Form 990, P.		950-9610-1000-1000-1000-1000-1000-1000-100
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
i	Net unrealized gains (losses) on investments	2a	
1	Donated services and use of facilities	2 b	
	Recoveries of prior year grants	2 c	
	Other (Describe in Part XIII.)	2 d	
	Add lines 2a through 2d.		2 e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		30.44
	Investment expenses not included on Form 990, Part VIII, line 7b		
1	Other (Describe in Part XIII.)	4 b	
	Add lines 4a and 4b		4 c
-	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Par	t XII Reconciliation of Expenses per Audited Financial Statemen		Return. N/A
	Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
á	Donated services and use of facilities	2a	
	Prior year adjustments		
(Other losses.	2 c	
	Other (Describe in Part XIII.)		
•	Add lines 2a through 2d.		2 e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b.		4 c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5
rai	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE E (Form 990)

Schools

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization BAYAN

Part I

Employer identification number 46-2431099

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you need more space, use Part II	3	X	
	Does the organization maintain the following?			
ä	Records indicating the racial composition of the student body, faculty, and administrative staff?	4 a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4 b	Х	
(Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4 -	1,7	
	Copies of all material used by the organization or on its behalf to solicit contributions?	4 c	X	
	If you answered 'No' to any of the above, please explain. If you need more space, use Part II.	70	Λ	
	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5 a		X
t	Admissions policies?	5 b		Х
c	Employment of faculty or administrative staff?	5 c		_X
c	Scholarships or other financial assistance?	5 d		X
e	Educational policies?	5 e		<u>X</u>
f	Use of facilities?	5f		X
g	Athletic programs?	5 g		_X_
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II.	5 h		X
	Does the organization receive any financial aid or assistance from a governmental agency?	6 a		Х
b	Has the organization's right to such aid ever been revoked or suspended?	6 b		X
200	If you answered 'Yes' on either line 6a or line 6b, explain on Part II.			
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' explain on Part II.	7	Х	

Schedule E (Form 990) 2021 BAYAN 46-2431099

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.