EXTENDED TO MAY 15, 2023

Form 990

Return of Organization Exempt From Income Tax

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

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

2021

 Open to Public Inspection

C Name of organization generation generatio	A	For the	2021 calendar year, or tax year beginning JUL 1, 2021 and	ending J	UN 30, 2022	
Billion Deling business as Care Deling business as Deling business D	В	Check if applicable:	C Name of organization			
Billion Deling business as Care Deling business as Deling business D		Address	LANGHAM PARTNERSHIP USA INC. NEP			
Number and street (or P.D. box if mall is not delivered to street address) Room/soite E Telephone number 480 - 595 - 5117	E	Name			23-7/171	0.0
P.O. BOX 189 P.O. BOX 189 P.O. BOX 189 A 85 237 Heave- Required P.O. Box P.O		Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
CAVE CREEK AZ 85227 Hajs is this a group return for subordinates? Yes X No Hopped Fabra and address of principal officer-BENJAMIN K. HOMAN Hopped Fabra and address of principal officer-BENJAMIN K. HOMAN Fabra and address of principal officer-BENJAMIN K. HOMAN Fabra and address of principal officer-BENJAMIN K. HOMAN Hopped Fabra and principal officer-BENJAMIN K. HOMAN Hopped Fabra and principal officer-BENJAMIN K. HOMAN Hopped Fabra and principal and princi	L	Final return/ termin-	P.O. BOX 189	a recone		
Particular and address of principal efficer.BENJAMIN K. HOMAN For subcriticate? Yes No No No No No No No N	-	Amende	all		G Gross receipts \$	6,383,574.
SAME AS C ABOVE Tax-exempt status: X 501(c)(S) 501(c)() (insert no.) 4947(a)(1) or 527 (insert no.) 527 (inser	F					
Taxaexemot status:	_	pending	The state of the s			
Website: U.S. LANGHAM. ORG Trust Association Other Lyear of formation: 1975 M State of legal domicie: TL	1	Tax-exer		507		
Part Summary				01 527		
Part Summary				I Voor	of formation: 1075	n number
2 Check this box				L Toar	oriomation. 13/3 1	M State of legal dofficile, T.L.
Secont invariance Second	9	1 8	briefly describe the organization's mission or most significant activities: SUPP	ORT PA	STOR AND SE	MINARY
Secont invariance Second	nan			T. E. E K		
Secont invariance Second	Ver	2 1	In the organization discontinued its operations or dispos	sed of more	than 25% of its net a	
Secont invariance Second	ဗ္ဗ	4 1	lumber of independent victing members of the assurable (Part VI, line 1a)	***********	3	
Secont invariance Second	8	5 T	otal number of individuals employed in colonder year 0001 (0-14) (in-0-)	***************************************	4	
Secont invariance Second	iffe	6 T	otal number of volunteers (estimate if necessary)			
Secont invariance Second	cţ	7a T	otal unrelated business revenue from Part VIII. column /CV line 12	***********		
8 Contributions and grants (Part Vill, line 1h) 9 Program service revenue (Part Vill, line 1p) 9 Program service revenue (Part Vill, line 2g) 10 Investment income (Part Vill, Lolumn (A), lines 3, 4, and 7d) 11 Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), lines 1-1) 17 Other expenses (Part IX, column (A), lines 1-1) 18 Total expenses. Add lines 13-17 (must equal Part VIII, column (A), lines 5-10) 19 Total supenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 11 Total assets (Part X, line 16) 12 Total assets (Part X, line 16) 13 Total expenses. Subtract line 18 from line 12 14 Total liabilities (Part X, line 26) 15 Signature Block 16 Indicate that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Defiaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 17 Province of officer 18 BENNIAMIN K. HOMAN, PRESIDENT 19 Print/Type preparer's name 19 Print/Type preparer's name 20 MARKLUND 21 Firm's name 20 DUGAN & LOPATKA, CPA'S PC 22 Firm's address 3 4320 WIMFIELD ROAD SUITE 450 23 WARRENVILLE, IL 60555-4036 24 Print Road Scuss its return with the preparer shown above? See instructions 25 Province the Reverse of the proparer shown above? See instructions	4	bN	let unrelated business taxable income from Form 990-T Part I line 11	************		
8 Contributions and grants (Part VIII, line 1b) 9 Program service revenue (Part VIII, line 2g) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			The state of the s	neonaresti.s.		
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 Imust equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 14) 15 Salarles, other compensation, employee benefits (Part IX, column (A), lines 5·10) 16 Professional fundraising fees (Part IX, column (A), lines 11) 17 Other expenses (Part IX, column (A), lines 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 5·10) 19 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 5·10) 10 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 5·10) 11 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 5·10) 12 Part II Signature Block 10 Total isabilities (Part X, line 16) 10 Total isabilities (Part X, line 26) 11 Total isabilities (Part X, line 26) 12 Part II Signature Block 11 Total isabilities (Part X, line 26) 12 Part II Signature Block 12 Part II Signature Block 13 Print I Signature Block 14 Print I Signature Block 15 Signature Block 16 Print I Signature Block 17 Print I Signature Block 17 Print I Signature Block 18 Print I Signature Block 19 Print I Signature Block 10 Print I Signature Block 10 Print I Signature Block 11 Print I Signature Block 12 Print I Signature Block 13 Print I Signature Block 14 Print I Signature Block 16 Print I Signature Block 17 Print I Signature Block 17 Print I Signature Block 18 Print I Signature Block 19 Print I Signature Block 10 Print I Signature Block 10 Print I Signature Block 10 Print I Signature Block 11 Print I Signature Block 11 Print I Signature Block 12 Print I Signature Block 13 Print I Signature Block 14 Print I Signature Block 15 Print I Signature Block 16 Print I	9	8 0	contributions and grants (Part VIII, line 1h)			
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	en	9 P	rogram service revenue (Part VIII, line 2g)	0.	0.	
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Sev	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	and the second	56,390.	53,639.
Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1		11 C	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	maria de	1,703.	2,779.
Here	_	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	*******	4,967,587.	6,322,505.
15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13 G	irants and similar amounts paid (Part IX, column (A), lines 1-3)		1,932,796.	2,300,681.
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,736,656. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,049,312. 1,972,738. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,413,227. 5,707,517. 19 Revenue less expenses. Subtract line 18 from line 12 554,360. 614,988. 20 Total assets (Part X, line 16) 4,336,856. 4,743,435. 21 Total liabilities (Part X, line 26) 46,443. 53,285. 22 Net assets or fund balances. Subtract line 21 from line 20 4,290,413. 4,690,150. Part II Signature Block Signature Block Signature Block Mark Signature Block Mark Signature Block Signature Brind balances Print Signature Block Signature Brind balances Print Signature Block Signature Brind balances Print Signature Print Signature Brind balances Pri	1	14 8	enefits paid to or for members (Part IX, column (A), line 4)	********		
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4, 413, 227. 5, 707, 517. 19 Revenue less expenses. Subtract line 18 from line 12 554, 360. 614, 988. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 4, 336, 856. 4, 743, 435. 21 Total liabilities (Part X, line 26) 46, 443. 53, 285. 22 Net assets or fund balances. Subtract line 21 from line 20 4, 290, 413. 4, 690, 150. Part II Signature Block Under penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Print/Type preparer's name Priparer Use Only Print address 4320 WINFIELD ROAD SUITE 450 WARRENVILLE, IL 60555-4036 May the IRS discuss this return with the preparer shown above? See instructions A 4, 413, 227. 5, 707, 517. 554, 360. 614, 988. Beginning of Current Year End of Year 4, 336, 856. 4, 743, 435. 4, 743, 435. 4, 614. 43. 53, 285. 4, 743, 435. 46, 614. 443. 53, 285. 4, 743, 435. 46, 614. 443. 53, 285. 4, 743, 435. 46, 614. 443. 53, 285. 4, 743, 435. 46, 614. 443. 53, 285. 4, 743, 435. 46, 614. 443. 53, 285. 4, 743, 435. 46, 614. 443. 53, 285. 4, 743, 435. 46, 614. 443. 53, 285. 4, 743, 435. 46, 614. 443. 53, 285. 4, 743, 435. 46, 614. 443. 53, 285. 4, 743, 435. 46, 614. 443. 53, 285. 4, 743, 435. 46, 614. 443. 53, 285. 4, 743, 435. 46, 614. 443. 53, 285. 4, 743, 435. 46, 614. 443. 53, 285. 4, 743, 435. 46, 614. 443. 53, 285. 4, 743, 435. 46, 614. 443. 53, 285. 4, 743, 435. 46, 614. 443. 53, 285. 4, 743, 435. 46, 614. 443. 55, 285. 46, 614. 443. 55, 285. 46, 614. 443. 46, 614.	ă	17 C	Other expenses (Part IX, column (D), line 25) 1, 736, 69	50.	1 040 010	1 000 000
19 Revenue less expenses. Subtract line 18 from line 12 554,360. 614,988.		18 T	otal expenses. Add lines 13-17 (must equal Part IV column (A) line 26)			
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Part II Signature Block	Ces					
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Part II Signature Block	at A	21 T	otal liabilities (Part X, line 26)	11177		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer			let assets or fund balances. Subtract line 21 from line 20			
Sign Here Signature of officer Date	_		The state of the s		-3537777	
Sign Here Signature of officer Date Date Date Date Date Date Date Date	una	er penan	es of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
Sign	uue	, correct,		nich preparer	has any knowledge.	/
Here BENJAMIN K. HOMAN, PRESIDENT	cia				12/0	7/2022
Type or print name and title Print/Type preparer's name Paid Preparer Paid Preparer Prim's name Pugan & LOPATKA, CPA'S PC Firm's address 4320 WINFIELD ROAD SUITE 450 WARRENVILLE, IL 60555-4036 May the IRS discuss this return with the preparer shown above? See instructions Preparer Use Only Preparer Print/Type preparer's name Preparer's signature [1/2//22 self-employed P01985511 Firm's address 4320 WINFIELD ROAD SUITE 450 WARRENVILLE, IL 60555-4036 Phone no.630-665-4440		9.7			Date	1
Paid RON MARKLUND [1/21/22 sell-employed P01985511 Preparer Use Only Firm's name DUGAN & LOPATKA, CPA'S PC Firm's address 4320 WINFIELD ROAD SUITE 450 WARRENVILLE, IL 60555-4036 Phone no.630-665-4440 May the IRS discuss this return with the preparer shown above? See instructions X yes No.	1101		Type or print name and title			
Paid RON MARKLUND [1/21/22 sell-employed P01985511 Preparer Use Only Firm's name DUGAN & LOPATKA, CPA'S PC Firm's address 4320 WINFIELD ROAD SUITE 450 WARRENVILLE, IL 60555-4036 Phone no.630-665-4440 May the IRS discuss this return with the preparer shown above? See instructions X yes No.		F	Print/Type preparer's name Preparer's signature	10	ate Check C	PTIN
Preparer Firm's name DUGAN & LOPATKA, CPA'S PC Firm's EIN 36-2886485 Use Only Firm's address 4320 WINFIELD ROAD SUITE 450 WARRENVILLE, IL 60555-4036 Phone no.630-665-4440 May the IRS discuss this return with the preparer shown above? See instructions X Yes No. 1880 No. 1880 X Yes X	Paid		ON WARRY THE	1 4	1 2 1 1 2 1	The second secon
Use Only Firm's address 4320 WINFIELD ROAD SUITE 450 WARRENVILLE, IL 60555-4036 May the IRS discuss this return with the preparer shown above? See instructions X Yes No.	Pres			-		
WARRENVILLE, IL 60555-4036 Phone no.630-665-4440 May the IRS discuss this return with the preparer shown above? See instructions X Yes No.	Use	Only F	Firm's address 4320 WINFIELD ROAD SUITE 450		Tam o Lin	20 2000403
May the IHS discuss this return with the preparer shown above? See instructions X Yes No.	_		WARRENVILLE, IL 60555-4036		Phone no. 63	0-665-4440
			discuss this return with the preparer shown above? See instructions	marin man	Literation of the contract of	
	1320	01 12-09-	21 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		

132002 12-09-21

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		21
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '-		
Ū	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
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

132003 12-09-21

Form **990** (2021)

Part IV Checklist of Required Schedules (continued)

	office and of the dament contained from the factor of the			
00	Did the second in the second transfer of 000 of second and the second in		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	20		X
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	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			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		X
h	"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		
C		28c		X
29	"Yes," complete Schedule L, Part IV 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			
00	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			
	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			
	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		٦,
	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			ų.
	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?	200	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
ı a	Check if Schedule O contains a response or note to any line in this Part V			
	Greek if Scriedule O contains a response of note to any line in this Part v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20		162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c		

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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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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).									
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с								
6a				l						
	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).	_		v						
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	7-		X						
٨	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		25						
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
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									
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
10-	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?	40-								
		12a								
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou								
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									
С	Enter the amount of reserves on hand 13c									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	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									
	excess parachute payment(s) during the year?	15		Х						
	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						
	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.									

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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 15			
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		X
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		X
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		X
<u>Sec</u>	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		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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		7.7	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?		37	
	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			v
	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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, IL	\· '	\ -·· "	_ _
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.			
46	X Own website X Another's website X Upon request 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, are	id fina	ncıal	
00	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 CEDARSTONE PARTNERS - 630-580-5758			
	209 FAST LIBERTY DRIVE WHEATON II. 60187			

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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.

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

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

(A)	(B)			((C) ition			(D)	(E)	(F)
Name and title	Average hours per week	box	not c	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BENJAMIN K. HOMAN	40.00	ļ ,,		3,7				100 200	0	22 760
PRESIDENT	40.00	Х		Х				188,288.	0.	33,769.
(2) JACK DEGRENIER	40.00	1				x		134,748.	0.	0 171
(3) CRAIG HOFFMAN	40.00					^		134,740.	0.	8,171.
(3) CRAIG HOFFMAN CAPITAL CAMPAIGN DIRECTOR	40.00	┨				х		114,545.	0.	23,766.
(4) SCHUYLER MARSHALL	1.00							111,515.	•	23,7001
CHAIR	100	x		x				0.	0.	0.
(5) BRAD PALMER	1.00	 		 				•		•
VICE CHAIR		X		х				0.	0.	0.
(6) CHIP COMBS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) STANLEY JOHN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) DAVID SPENCE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) TOM TOLLESON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MARGARET MWENDA	1.00								_	
DIRECTOR		Х						0.	0.	0.
(11) DAN BROWN	1.00	ļ							•	
DIRECTOR	1 00	Х						0.	0.	0.
(12) JENNY CROMARTIE	1.00	١,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(13) JOHN RAIN	1.00	Į.,							0	0
DIRECTOR	1.00	Х						0.	0.	0.
(14) ILYA MANZYUK	1.00	X						0.	0.	0.
DIRECTOR (15) LYNN CONTCK	1.00	^						0.	0.	0.
(15) LYNN COHICK DIRECTOR	1.00	X						0.	0.	0.
(16) CHRIS GONZALEZ	1.00	+	\vdash	\vdash		\vdash			.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(17) EIDI CRUZ VALDIVIESO	1.00	ᢡ		\vdash		\vdash				
DIRECTOR		X						0.	0.	0.
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Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C					(C \	
(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable			(F) stimate	ad.
Name and title	hours per		not c	heck	more	than		·	compensation	n		nount	
	week		cer ar	nd a d	lirecto	or/trus	tee)	from	from related			other	
	(list any hours for	rector						the	organizations			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	iC/		om th anizat	
	organizations	truste	al trus		yee	umben		1099-NEC)	10001420)			d relat	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anizati	ons
(10) TURN TURN OUT	line) 1.00	PL	lns	ijJ.	Key	Hig	-F						
(18) LUDER WHITLOCK DIRECTOR	1.00	x						0.		0.			0.
DIRECTOR		122						•		•			•
		1											
		1											
						_							
		1											
						\vdash							
		1											
		-											
1h Cubtotal								437,581.		0.	6	5,7	06.
1b Subtotal c Total from continuation sheets to Part V								0.		0.		5 , ,	0.
d Total (add lines 1b and 1c)								437,581.		0.	6	5,7	
2 Total number of individuals (including but r								eceived more than \$100	,000 of reportable	е			
compensation from the organization													3
												Yes	No
3 Did the organization list any former officer,	•	,	,		,	,			,				Х
line 1a? If "Yes," complete Schedule J for s											3		Λ
4 For any individual listed on line 1a, is the standard related organizations greater than \$15	-		-					· · · · · · · · · · · · · · · · · · ·	the organization		4	Х	
5 Did any person listed on line 1a receive or									dual for services		_		
rendered to the organization? If "Yes," com	•				,	•		•			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation 1	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir I		year.				
(A) Name and business	address	NI	INC	F.				(B) Description of s	ervices	С)) eamos	;) nsatio	n
- Name and pasmess	- 4441000	147	7141				\dashv	Bosomption of a	51 11000		ompo		
							\dashv						
2 Total number of independent contractors (including but r	ot li	mite	d to	tho	se li	stec	d above) who received m	ore than				
\$100,000 of compensation from the organi						0		•					
											Form	990 (2021)

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Pa	rt VI	Ш	Statement of Rev							
			Check if Schedule O co	ontains a respo	nse c	r note to any li			(0)	
							(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue	function revenue	business revenue	for a second and
										sections 512 - 514
nts nts	1 a	a I	Federated campaigns	1a						
ar our	ŀ	b I	Membership dues	1b						
S, G	(c I	Fundraising events							
ar,			Related organizations							
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contrib							
Sign			All other contributions, gifts, g				-			
he			similar amounts not included a		6.2	266,087.				
들던	,		Noncash contributions included in li			372,682.				
Son		_	Total. Add lines 1a-1f				6,266,087.			
<u> </u>		•	Totali Add iiiles Ta Ti			Business Code				
		_			H	Business oode				
ķ	2 8	-			— ⊦					
Ser		b _			— ⊦					
m S		c .			— ⊦					
gra Re	•	d _			— ⊦					
Program Service Revenue	•	Э.			_ ⊦					
-			All other program service re							
-			Total. Add lines 2a-2f							
	3		Investment income (includi	-			23,384.			23,384.
	4		other similar amounts)				23,304.			23,304.
	4		Income from investment of	•	•					
	5		RoyaltiesΓ	(i) Real		(ii) Personal				
		_ ,	Overe wente	.,		(ii) i cisoriai	-			
				6a			-			
			· · · · · · · · · · · · · · · · · · ·	6b			-			
			`	6c						
			Net rental income or (loss) Gross amount from sales of	(i) Securit		(ii) Other				
	/ 6			7a 91,32		(ii) Other	-			
			Less: cost or other basis	1a 31,32	1 - •					
<u>o</u>	•			7b 61,06	59.l					
enr				7c 30,25			-			
Revenue			Net gain or (loss)			>	30,255.			30,255.
er			Gross income from fundraising				3072331			3072331
듐	0.		including \$	of						
_			contributions reported on I							
			Part IV, line 18	•	8a					
	ŀ		Less: direct expenses		8b					
			Net income or (loss) from fu			>				
			Gross income from gaming		-					
			Part IV, line 19		9a					
	ŀ		Less: direct expenses		9b					
			Net income or (loss) from g		<u> </u>					
			Gross sales of inventory, le							
			and allowances		10a					
	ŀ		Less: cost of goods sold		10b					
			Net income or (loss) from s			>				
S						Business Code				
e go	11 a	a (OTHER REVENUE		[900099	2,779.	2,779.		
ane	ŀ	b [_ [
e e		۔ ۔			[
Miscellaneous Revenue			All other revenue							
			Total. Add lines 11a-11d			<u></u>	2,779.	0 550		F2 622
	12		Total revenue. See instruction	IS			6,322,505.	2,779.	0.	53,639.

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Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	2,300,681.	2,300,681.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 055	111 000	22 225	00 000
	trustees, and key employees	222,057.	111,028.	22,206.	88,823
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	020 606	440 200	00 550	405 520
7	Other salaries and wages	938,686.	440,389.	92,558.	405,739
8	Pension plan accruals and contributions (include	EO 405	25 206	E 020	21 252
_	section 401(k) and 403(b) employer contributions)	52,497.	25,306.	5,932.	21,259
9	Other employee benefits	158,494.	76,586.	17,776.	64,132
10	Payroll taxes	62,364.	30,264.	6,901.	25,199
11	Fees for services (nonemployees):				
	Management	10 457	2 440	4 460	2 520
	Legal	10,457.	3,449.	4,469.	2,539
	Accounting	177,500.	58,542.	75,863.	43,095
	Lobbying				
	Professional fundraising services. See Part IV, line 17	10,868.		10 060	
f	······	10,000.		10,868.	
g	` '	EE0 6E2	229,009.	01 216	240 420
	column (A), amount, list line 11g expenses on Sch O.)	559,653. 77,346.		81,216.	249,428 65,931
12	Advertising and promotion	266,157.	11,415. 23,588.	45,228.	197,341
13	Office expenses	66,547.	21,948.	28,442.	16,157
14	Information technology	00,547.	21,940.	20,442.	10,137
15	Royalties	22,310.	2,696.	8,457.	11,157
16	Occupancy	325,462.	115,319.	39,397.	170,746
17	Travel	323,402.	113,319.	39,3910	170,740
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	360,737.	2,449.	7,704.	350,584
19	Conferences, conventions, and meetings	500,757•	4,449.	1,104.	330,304
20	Interest				
21	Payments to affiliates	18,750.	18,750.		
22	Depreciation, depletion, and amortization	8,273.	10,730.	8,273.	
23 24	Other expenses. Itemize expenses not covered	0,213.		0,275	
24	above. (List miscellaneous 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.)				
а	OTHER EXPENSES	68,678.	36,178.	7,974.	24,526
a b		23,0.00	20,2.00	.,	
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,707,517.	3,507,597.	463,264.	1,736,656
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,121,42	-,,,		=,::::,:::
	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 Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 890,806. 1,865,389. Cash - non-interest-bearing 1 1,343,869. 1,095,784. 2 Savings and temporary cash investments 140,364. 203,308. Pledges and grants receivable, net 3 120,000. Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use R 36,796. 95,996. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 750,000. basis. Complete Part VI of Schedule D _____ 10a 412,500. 421,250. 337,500. b Less: accumulated depreciation 10b 10c 1,354,613. 1,122,043. Investments - publicly traded securities 11 11 27,014. 25,559. Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets Other assets. See Part IV, line 11 15 15 4,336,856. 4,743,435. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 46,443. 53,285. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 46,443. 53,285. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,611,440. 1,478,697. Net assets without donor restrictions 27 27 2,678,973. 3,211,453. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 4,290,413. 4,690,150. Total net assets or fund balances 32 32

4,743,435. Form **990** (2021)

Total liabilities and net assets/fund balances ...

4,336,856.

	1990 (2021) LANGHAM PARTNERSHIP USA, INC., NFP	23-741	7198	Pag	ge 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)		6,32					
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,70		$\frac{17.}{88.}$			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	-21	<u>5,2</u>	51.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	4,69	0,1	50.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				LX.			
				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	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			1			
	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 requ	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number LANGHAM PARTNERSHIP USA, INC., 23-7417198 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990) 2021

LANGHAM PARTNERSHIP USA, INC., NFP

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

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

Sec	ction A. Public Support	/1		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	. ,	` ,	·	. ,	. ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	6,300,005.	5,389,435.	5,564,040.	4,909,494.	6,266,087.	28,429,061.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,300,005.	5,389,435.	5,564,040.	4,909,494.	6,266,087.	28,429,061.
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)						4,048,951.
	Public support. Subtract line 5 from line 4.						24,380,110.
	ction B. Total Support	-					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	6,300,005.	5,389,435.	5,564,040.	4,909,494.	6,266,087.	28,429,061.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	25 200	40.000	20 502	05 056	02 204	160 640
	and income from similar sources	37,380.	42,020.	32,583.	25,276.	23,384.	160,643.
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	0 001	1 727	1 002	1 702	0 770	10 010
	assets (Explain in Part VI.)	2,091.	1,737.	1,903.	1,703.	2,779.	10,213.
	Total support. Add lines 7 through 10						28,599,917.
12	'					12	
13	First 5 years. If the Form 990 is for th						
50	organization, check this box and storection C. Computation of Publ		roontogo				P
	-			olumn (f))		14	85.25 %
	Public support percentage for 2021 (I					15	85.25 %
	Public support percentage from 2020 33 1/3% support test - 2021. If the co						
106	stop here. The organization qualifies	•		•		•	
r	33 1/3% support test - 2020. If the o						
•	and stop here. The organization qual	-					
17:	10% -facts-and-circumstances tes						
170	and if the organization meets the fact	•					•
	meets the facts-and-circumstances te			=	· ·	_	
۲	10% -facts-and-circumstances tes	-		* * * * * * * * * * * * * * * * * * * *	-	 17a, and line 15 is	
	more, and if the organization meets the	_					
	organization meets the facts-and-circle				-		ightharpoonup
18	Private foundation. If the organization		-	•			s
	ato ioaniaationi ii ale organizatio	ala not oncon a	10a	, , 17 4, 01 17 0	, 5,,55, 1,115 50/ 6		Earm 000) 2021

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

LANGHAM PARTNERSHIP USA, INC., NFP

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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.)

qualify under the tests listed be Section A. Public Support	elow, please com	plete Part II.)				
	(-) 0047	(1-) 0040	(-) 0040	(-I) 0000	(-) 0004	(6) T-+-1
Calendar year (or fiscal year beginning 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 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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) 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 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.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here						>
Section C. Computation of Publ						
15 Public support percentage for 2021 (15	<u>%</u>
16 Public support percentage from 2020					16	<u>%</u>
Section D. Computation of Inve					147	
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 1					18 22 1/20/ and line:	% 17 is not
19a 33 1/3% support tests - 2021. If the						I / IS NOT
more than 33 1/3%, check this box a						P L
b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, che 20 Private foundation. If the organization						
-0 1 11Vato roundation. Il tile organizatio	ni ala riol di lech a	. 201 OH III C 14, 18	a, or rob, oriect the	IND DON AND SEE IN	J. 4010113	

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Schedule A (Form 990) 2021

LANGHAM PARTNERSHIP USA, INC., NFP

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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		
3a		
Ja		
3b		
3с		
4a		
4b		
4-		
4c		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
9с		
10a		
40.		
10b		

Sche	dule A (Form 990) 2021 LANGHAM PARTNERSHIP USA, INC., NFP 23-74	1719	8 P:	age 5
	t IV Supporting Organizations (continued)			.g. c
			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			
<u> </u>	detail in Part VI.	11c		
Seci	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
366	non of Type it oupporting organizations		Yes	Na
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	No
1	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		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		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		
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		
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	tion 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 instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		I

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Schedule A (Form 990) 2021 LANGHAM PARTNERSHIP USA, INC., NFP 23-7417198 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	anizations	ĭ					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.								
	All other Type III non-functionally integrated supporting organizations must complete 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							
Section 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):								
a	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
c	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
_2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
_6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
_5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting org	anization (see					
	instructions).								

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 LANGHAM PARTNERSHIP USA, INC., NFP 23-7417198 Page 7

	t V Type III Non-Functionally Integrated 509		anizations		3-/41/198 Page 7
	ion D - Distributions	(a)(a) capporting orgi	COMINE	iea) 	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	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 t	he organization is responsive	<u> </u>		
	(provide details in Part VI). See instructions.	J		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution 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 (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)				
	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				
	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in 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:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
<u> </u>					

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

Schedule A (Form 990) 2021 132028 01-04-22

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

LANGHAM PARTNERSHIP USA TNC. NFP **Employer identification number** 23-7417198

Pai		d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Borior advised farius	(b) I dilds and other accounts
1 2	Total number at end of 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 N	writing that the assets held in donor advis	ead funds
J	are the organization's property, subject to the organization's		
6	Did the organization of property, subject to the organization of Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of		
		denot devisor, or for any earlier purpose	
Pai			
1	Purpose(s) of conservation easements held by the organizati	·	,
	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	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
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
Da	organization's accounting for conservation easements.	Mark Historical Transcrives or O	they Cimiley Accets
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for put	· ·	•
	service, provide in Part XIII the text of the footnote to its finar		
D	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 furti	nerance 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 treation of all and a second of the se	•	ıı gairi, 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 For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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		PARTNERSH						7417198	
Par	t III Organizations Maintaining C							· · · · · · · · · · · · · · · · · · ·	ied)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t make sigr	nificant use of	its	
	collection items (check all that apply):								
а	Public exhibition	d			hange progra				
b	Scholarly research	е	□ 0	ther					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how the	ey further t	he organizati	on's exemp	t purpose in l	Part XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or oth	er similar as	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	ollection?			Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the o	organizatio	n answered '	'Yes" on Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontribution	s or other as	sets not inc	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on Fo						?	Yes	□ No
	If "Yes," explain the arrangement in Part XIII.					-			
Par									
	·	(a) Current year		or year			Three years ba	ack (e) Four y	ears back
1a	Beginning of year balance	,,			. ,	``		1,7,	
b	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	[
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
_	End of year balance		/l: 4		\\				
2	Provide the estimated percentage of the curr	rent year end balanc		, column (a	a)) neid as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administe	red for the	organization	-	
	by:								es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment fu	ınds.					
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990	, Part X, lin	e 10.		
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Accu	ımulated	(d) Book	value
		basis (investn	nent)	basis	(other)	depre	ciation		
1a	Land								
	Buildings				0,000.		9,500.		,500.
	Leasehold improvements			6	0,000.	3	3,000.	27	,000.
	Equipment								
	Other								

Schedule D (Form 990) 2021

337,500.

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

Schedule D (Form 990) 2021 LANGHAM PAR Part VIII Investments - Other Securities.	RTNERSHIP USA,	INC., NFP	23-7417198 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)		ļ	
(D)			
(E)			
(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	11c. See Form 990, Part X, line 1	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part Y line 1	15
	Description	Tru. Gee Form 390, Fart X, line 1	(b) Book value
(1)			(-,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		▶
Part X Other Liabilities.			· "
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			+
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 25)		•
2 Lightity for upportain tay positions. In Part XIII. provid	a tha taut of the foot	a the argenization's financial state	omente that reports the

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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... X

Schedule D (Form 990) 2021

	dule D (Form 990) 2021 LANGHAM PARTNERSHIP USA,				/41/198 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten		n Revenue per F	Return).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				6 006 206
1	Total revenue, gains, and other support per audited financial statements			1	6,096,386.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	215 251		
	Net unrealized gains (losses) on investments		-215,251.	-	
	Donated services and use of facilities			-	
С.	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)			١ . ١	-215,251.
_	Add lines 2a through 2d			2e	6,311,637.
3	Subtract line 2e from line 1			3	0,311,037.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	امدا	10,868.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		10,000.	-	
	Other (Describe in Part XIII.)			1	10,868.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c	6,322,505.
	t XII Reconciliation of Expenses per Audited Financial State			_	
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		in Expenses per	rictu	••••
1	Total expenses and losses per audited financial statements			1	5,696,649.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			'	3,030,0430
a	Donated services and use of facilities	2a			
b	Prior year adjustments	···		-	
	Other losses			-	
	Other (Describe in Part XIII.)			-	
	Add lines 2a through 2d	•		2e	0.
3	Subtract line 2e from line 1			3	5,696,649.
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	4a	10,868.		
	Other (Describe in Part XIII.)			1	
	Add lines 4a and 4b	' <u>-</u>		4c	10,868.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,707,517.
	t XIII Supplemental Information.				
PAI	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac RT X, LINE 2: USA FILES INCOME TAX RETURNS IN THE U.S.	dditional info	rmation.		
	CALIFORNIA. WITH FEW EXCEPTIONS, LPUSA				
FEI	DERAL, STATE AND LOCAL, OR NON-U.S. INCOM	E TAX	EXAMINATION	IS B	Y TAX
AU'	CHORITIES FOR YEARS BEFORE 2019. LPUSA DO	ES NOT	EXPECT A M	[ATE]	RIAL NET
CHZ	ANGE IN UNRECOGNIZED TAX BENEFITS IN THE	NEXT T	WELVE MONTH	ıs.	

Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization **Employer identification number** LANGHAM PARTNERSHIP USA, INC., NFP 23-7417198 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (f) Total (a) Region (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors in the region recipients located in the region) of service(s) in the region in the region LITERATURE PROGRAM, PREACHING PROGRAM AND WORLDWIDE MINISTRY EUROPE GRANTS SUPPORT. 2,300,681. 3 a Subtotal 2,300,681. **b** Total from continuation 0. sheets to Part I c Totals (add lines 3a

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Schedule F (Form 990) 2021

2,300,681.

and 3b)

Schedule F (Form 990) 2021

LANGHAM PARTNERSHIP USA, INC., NFP

23-7417198

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			LITERATURE PROGRAM,					
		EUROPE (INCLUDING	PREACHING PROGRAM AND					
		ICELAND &	WORLDWIDE MINISTRY					
		GREENLAND) -	SUPPORT.	2,300,681.	WIRE TRANSFER	0.		
2 Enter total number of			I recognized as charities by the					

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2021

3 Enter total number of other organizations or entities .

(a) True of great an acciety as	(h) Denier	(c) Number of recipients	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description of	(h) Method of
(a) Type of grant or assistance	(b) Region	recipients	cash grant	cash disbursement	noncash assistance	noncash assistance	(h) Method of valuation (book, FMV, appraisal, othe

Schedule F (Form 990) 2021 LANGHAM PARTNERSHIP USA, INC., NFP

Part IV Foreign Forms

23-7417198

Page 4

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

23-7417198 LANGHAM PARTNERSHIP USA, INC., NFP Schedule F (Form 990) 2021 Page 5 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: SCHOLARS PREPARE AND SUBMIT AN ANNUAL BUDGET THAT IS USED TO DETERMINE THE AMOUNT OF SCHOLARSHIP NEEDED. LANGHAM PARTNERSHIP DOES NOT FUND THE ENTIRE BUDGET OR TUITION. THE SCHOLARSHIP IS PAID IN THREE INSTALLMENTS INTO THE STUDENT'S ACCOUNT AT THE EDUCATIONAL INSTITUTION, AND TUITION IS DEDUCTED FIRST. THE LANGHAM PARTNERSHIP SCHOLAR DIRECTOR STAYS IN CLOSE COMMUNICATION WITH THE SCHOLAR AND FACULTY MENTOR, MONITORING PROGRESS. THE SCHOLAR DIRECTOR IS SATISFIED WITH THE PROGRESS, THE NEXT INSTALLMENT IS RELEASED.

Schedule F (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

INC.

NFP

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

LANGHAM PARTNERSHIP USA,

Employer identification number 23-7417198

Pa	art I Questions Regarding Compensation			
•	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			Х
	The organization?	5a		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		25
6	, and the second			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
_		6a		Х
a h	The organization?	6b		X
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	OD		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		
	<u> </u>		!	

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BENJAMIN K. HOMAN	(i)	188,288.	0.	0.	11,547.	22,222.	222,057.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
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	(i)							
	ii)							

Schedule J (Form 990) 2021	LANGHAM	PARTNERSHIP US	SA,	INC., NFP		23-7417198	Page 3
Part III Supplemental Information	n						
		required for Part I, lines 1a, 1	b, 3,	4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	d 8, and for Part II. Also complete t	this part for any additional information	า.
	•				•		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization LANGHAM PARTNERSHIP USA, INC., NFP Employer identification number 23-7417198

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	11	372,682.	MEAN PRICE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for c	contributions				
	for which the organization completed Form 828							
	· ·	, ,		,		Y	es	No
30a	During the year, did the organization receive by	contribution	n any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date			•	~ ·			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.					-		
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	ıtions?	31		Х
	Does the organization hire or use third parties of					"		
	contributions?		•			32a		Х
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co				cked,			
1 1 1 1 1	describe in Part II.			•	Cobodulo M	<u></u>	200	000

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

Schedule M (Form 990) 2021

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Schedule M	1 (Form 990) 2021	LANGHAM	PARTNERSHIP	USA,	INC.,	NFP	23-7417198	Page 2
Part II	Supplementa	rt I, column (b), the	e number of contributi	on required	I by Part I, li mber of iter	ines 30b, ns receive	32b, and 33, and whether the organizaed, or a combination of both. Also com	tion
SCH M,	PART I,	COLUMN (B)					
REPORT	'ING NUMBE	R OF ITEM	S CONTRIBUT	ED				
132142 11-17-	21						Schedule M (Form	990) 2021

SCHEDULE O (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.

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LANGHAM PARTNERSHIP USA, INC., NFP

Employer identification number 23-7417198

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE LANGHAM PREACHING PROGRAM PARTNERS WITH NATIONAL LEADERS TO NURTURE INDIGENOUS PREACHING MOVEMENTS FOR PASTORS AND LAY PREACHERS ALL AROUND THE WORLD. THIS PARTNERSHIP PROVIDES PRACTICAL ON-SITE SUPPORT FOR PREACHERS, ORGANIZING TRAINING SEMINARS, PROVIDING RESOURCES, ENCOURAGING PREACHERS' GROUPS, AND BUILDING A LOCAL MOVEMENT COMMITTED TO BIBLE EXPOSITION. THE PROGRAM IS CURRENTLY ACTIVE IN 63 COUNTRIES. INCLUDING GRANTS OF \$ 618,032. EXPENSES \$ 621,681. REVENUE \$ 0. ENTITY PROGRAM EXPENSES \$ 837,895. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE LANGHAM PARTNERSHIP AUDIT COMMITTEE REVIEWS THE FORM 990 AND APPROVES IT. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD FORMALLY ASCRIBES TO THIS POLICY ANNUALLY, AND THE POLICY IS MONITORED BY THE AUDIT & INVESTMENT COMMITTEE. FORM 990, PART VI, SECTION B, LINE 15: WHEN THE BUDGET INDICATES THAT THE MINISTRY CAN SUPPORT SALARY INCREASES, INDUSTRY AND REGIONAL DATA ARE REVIEWED TO DETERMINE THE SALARY RANGE FOR EACH POSITION CONSIDERED FOR A SALARY INCREASE. FOR THE LANGHAM PARTNERSHIP PRESIDENT, THE BOARD MAKES A RECOMMENDATION, OPENS THE RECOMMENDATION FOR DISCUSSION, AND VOTES ON THE SALARY INCREASE. FOR ALL OTHER SALARY

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

Schedule O (Form 990) 2021

Name of the organization LANGHAM PARTNERSHIP USA, INC., NFP	Employer identification number 23-7417198
INCREASES, THE LANGHAM PARTNERSHIP PRESIDENT WAITS FOR BO	OARD APPROVAL OF
THE BUDGET CONTAINING THE SALARY INCREASES, AND DETERMIN	ES THE INDIVIDUAL
INCREASES BASED UPON EMPLOYEE PERFORMANCE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE STATEMENT OF FAITH IS POSTED ON THE LANGHAM PARTNERS	HIP WEBSITE. ALL
OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	172,085.
MANAGEMENT AND GENERAL EXPENSES	7,450.
FUNDRAISING EXPENSES	207,525
TOTAL EXPENSES	387,060.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	4,342.
MANAGEMENT AND GENERAL EXPENSES	5,626.
FUNDRAISING EXPENSES	3,195.
TOTAL EXPENSES	13,163.
GRAPHIC DESIGN:	
PROGRAM SERVICE EXPENSES	18,715.
MANAGEMENT AND GENERAL EXPENSES	24,252.
FUNDRAISING EXPENSES	13,777.
TOTAL EXPENSES	56,744.
PHOTOGRAPHY:	
132212 11-11-21	Schedule O (Form 990) 202

Schedule O (Form 990) 2021 Name of the organization LANGHAM PARTNERSHIP USA, INC., NFP	Page 2 Employer identification number 23-7417198
PROGRAM SERVICE EXPENSES	27,239.
MANAGEMENT AND GENERAL EXPENSES	35,299.
FUNDRAISING EXPENSES	20,052.
TOTAL EXPENSES	82,590.
PENSION PLAN ADMINISTRATOR:	
PROGRAM SERVICE EXPENSES	493.
MANAGEMENT AND GENERAL EXPENSES	639.
FUNDRAISING EXPENSES	363.
TOTAL EXPENSES	1,495.
SECRETARIAL AND ADMIN FEES:	
PROGRAM SERVICE EXPENSES	6,135.
MANAGEMENT AND GENERAL EXPENSES	7,950.
FUNDRAISING EXPENSES	4,516.
TOTAL EXPENSES	18,601.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	559,653.
FORM 990, PART XII, LINE2:	
THERE HAS BEEN NO CHANGE IN THE PROCESS FROM PRIOR YEARS.	

Schedule O (Form 990) 2021

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2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	BUILDINGS	VARIOUS	SL	40.00		16	690,000.				690,000.	362,250.		17,250.	379,500.
	* 990 PAGE 10 TOTAL BUILDINGS						690,000.				690,000.	362,250.		17,250.	379,500.
	OTHER														
2	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	40.00		16	60,000.				60,000.	31,500.		1,500.	33,000.
	* 990 PAGE 10 TOTAL OTHER						60,000.				60,000.	31,500.		1,500.	33,000.
	* GRAND TOTAL 990 PAGE 10 DEPR						750,000.				750,000.	393,750.		18,750.	412,500.

128111 04-01-21

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone