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ObjectId: 202303209349300235 - Submission: 2023-11-15

TIN: 20-3472700

Form **990** 

Department of the

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

Under section 501(c), 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.

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

OMB No. 1545-0047

Open to Public Inspection

Treasu								inspection
Interna Aery (C			I dar year, or tax year beginning 01-01-2022 , and ending 12-31-2022					
_		oplicable: O	C Name of organization			D Employer	identificati	on number
	ess ch		FRIENDSHIP CIRCLE SD INC			20-34727	700	
	e chan		Doing business as					
Initial	return	1						
	eturn/te nded re	erminated C	Number and street (or P.O. box if mail is not delivered to street address)  Room/suit 2558 ROOSEVELT STREET STE 200E	е		E Telephone	number	
		pending				(408) 75		
			City or town, state or province, country, and ZIP or foreign postal code CARLSBAD, CA 92008					
						<b>G</b> Gross rece	eipts \$ 3,41	4,982
			F Name and address of principal officer:	H(a)	Is this	a group returi	n for	
			YOSEF RODAL 2558 ROOSEVELT STREET STE 200E		subord	linates?		☐ Yes <a>V</a> No
			CARLSBAD, CA 92008	H(b)	Are all include	subordinates ad?		☐ Yes ☐No
I Tax	-exem	npt status:	✓ 501(c)(3)			attach a list.	See instru	uctions.
J We	bsite	: www	v.friendshipsd.org	H(c)	Group	exemption nu	ımber 🕨	
				_				
<b>K</b> Form	of org	ganization: 🕻	Corporation Trust Association Other	L Year o	f formation	on: 2005	M State o	f legal domicile: CA
		0						
Pa	rt I	Sumn	nary ribe the organization's mission or most significant activities:					
		to enrich th	e lives of children, teens and adults with special needs through social and recreational	experie	nces an	d to inspire vo	olunteers	to participate in buildin
Ce		a stronger a	and more inclusive community.					
E E								
e e								
Governance	2	Check this		1 -				
	3		voting members of the governing body (Part VI, line 1a)	•			3	7
Activities &	4		independent voting members of the governing body (Part VI, line 1b)			4	7	
¥	5		per of individuals employed in calendar year 2021 (Part V, line 2a)	•			5	6
Act	6		per of volunteers (estimate if necessary)		6	75		
	7а		ated business revenue from Part VIII, column (C), line 12	•			7a	0
	D	Net unrela	ted business taxable income from Form 990-T, Part I, line 11	! W	7b			
	١,	0	one and arrate (Doub VIII line 1h)		Pr	ior Year	256	Current Year
2	8		ons and grants (Part VIII, line 1h)	-		150,		3,398,450
Revenue	9		ervice revenue (Part VIII, line 2g)	-		10	94	450
æ	10		t income (Part VIII, column (A), lines 3, 4, and 7d)	-			848	16,083
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_		52, 221,	700	3,414,982
			nue-add lines 8 through 11 (must equal <b>Part VIII</b> , column (A), line 12)			۷۷۱,	,,,,	
	13		I similar amounts paid (Part IX, column (A), lines 1–3)	_				(
	14		aid to or for members (Part IX, column (A), line 4)	-		005	270	
Sec	15		ther compensation, employee benefits (Part IX, column (A), lines 5–10)	-		285,	3/9	318,733
듄	l _		nal fundraising fees (Part IX, column (A), line 11e)	-				(
Expenses	b		ising expenses (Part IX, column (D), line 25) 185,753	_		400	276	00.00
	17	•	enses (Part IX, column (A), lines 11a–11d, 11f–24e)			132,		80,92
	18	-	nses. Add lines 13–17 (must equal <b>Part IX</b> , column (A), line 25)	_		417,		399,658
, 00	19	Kevenue le	ss expenses. Subtract line 18 from line 12		\_ = \_!!	-195,		3,015,324
Net Assets or Fund Balances				"	eginning	of Current Yea	•	End of Year
set	20	Total asse	ts ( <b>Part X</b> , line 16)			257,	255	3,280,947
t As	21		ties ( <b>Part X</b> , line 26)			•		5,042
Š	22		or fund balances. Subtract line 21 from line 20			257,	255	3,275,90

88	15	Salaries	, other compensation, employee benefi	ts ( <b>Part IX</b> , column (A), lines 5-10)		1	285,379	318,733
Expenses	16a	Profess	sional fundraising fees (Part IX, column	n (A), line 11e)				0
ф	b	Total fun	draising expenses (Part IX, column (D), line	25) 185,753				
Ω	17	Other ex	penses ( <b>Part IX</b> , column (A), lines 11a	–11d, 11f–24e)	•		132,376	80,925
	18	Total ex	penses. Add lines 13–17 (must equal <b>F</b>	Part IX, column (A), line 25)			417,755	399,658
	19	Revenue	e less expenses. Subtract line 18 from l	ine 12			-195,757	3,015,324
Net Assets or Fund Balances						Beginning of Curre	nt Year	End of Year
set	20	Total as	sets (Part X, line 16)				257,255	3,280,947
d B	21		bilities (Part X, line 26)				,	5,042
žĒ	22		ets or fund balances. Subtract line 21 f				257,255	3,275,905
Pa	rt II	Sign	nature Block			<u>I</u>		
			erjury, I declare that I have examined thi nplete. Declaration of preparer (other th					owledge and belief, it is
		Signa	ature of officer			2023-11-15 Date		
Sign I	lere	, o.g.n				Date		
			F RODAL Executive Dir. or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check :	PTIN F P010629	03
Paic			Firm's name	LLD		self-employed	-	
Prep	oare	er Use				Firm's EIN	27-1750103	
Only	,		Firm's address > 4929 WILSHIRE BLVD STE	985		Phone no. (32	23) 936-2777	_
			LOS ANGELES, CA 9001	0				
			this return with the preparer shown about the ction Act Notice, see the separate inst	,		🛂	Yes 🗌 No	
				Page 2 ——		Cat. No. 1128		Form <b>990</b> (2021)
Form 9	90 (2	2021)						Page <b>2</b>
Par	t III	State	ement of Program Service Accom	plishments				
		Chec	k if Schedule O contains a response or	note to any line in this Part III				. $\square$
1	Brief	ly descril	be the organization's mission:					
			children, teens and adults with special ommunity.	needs through social and recreations	ıl experiences ar	nd to inspire voluntee	ers to particip	oate in building a stronger
anu m	ore in	ciusive c	Offilinatility.					
2	Did t	he organ	ization undertake any significant progra	am services during the year which we	ere not listed on			
	the p	rior Forn	n 990 or 990-EZ?				☐ Yes	s 🔽 No
			ibe these new services on Schedule O.					
3		•	ization cease conducting, or make sign	,	,, ,			
							L	Yes 🔽 No
4		•	ibe these changes on Schedule O.	.l:_b				ti F01(-)(2)
•	and		organization's program service accomp organizations are required to report th ted.					
4a	(Cod	e:	) (Expenses \$	168,456 including grants of \$		) (Revenue \$	3,398,4	50)
	educ	ational env	on provides friends and companions for childr vironment. Our programs include: friends at h , sibling support, inclusion workshops and tea	ome, family events, weekend outings, adult	d other cognitive d programs, teen girl	lisabilities and fosters of ls club, camp let loose, s	ompassion and pecialized class	d inclusion in a general sses, home hospitality, parent
4b	(Cod	e:	) (Expenses \$	including grants of \$		) (Revenue \$		)
	_							
4c	(Cod	e:	) (Expenses \$	including grants of \$		) (Revenue \$		)

	educational environment. Our programs include: friends at home, family events, weekend outings, adult programs, teen girls club, camp let loose, specialized class support groups, sibling support, inclusion workshops and teen leadership training and volunteerism.	, , , , , , ,	no noopita	<i>,</i> ,,
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)		
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)		
4d	Other program services (Describe in Schedule O.)			
40	(Expenses \$ including grants of \$ ) (Revenue \$ )			
4e	Total program service expenses 168,456			
	Page 3 ———————————————————————————————————			Page 3
Pai	t 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	Yes Yes	No
1 2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2		No No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> See instructions.	3	Yes	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.   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 4	Yes	
2 3 4	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.  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 4 5	Yes	No No
2 3 4 5	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.  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 4	Yes	No No
2 3 4 5	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.  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	2 3 4 5	Yes	No No No
2 3 4 5 6	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.  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	2 3 4 5	Yes	No No No No
2 3 4 5 6 7	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.  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  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  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  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  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	2 3 4 5 6 7 8	Yes	No No No No No
2 3 4 5 6 7 8	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.  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	2 3 4 5 6 7 8 9	Yes	No No No No No No
2 3 4 5 6 7 8 9	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.  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 .  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .  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 .  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 .  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .  Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for 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 .  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V .  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	2 3 4 5 6 7 8 9	Yes	No No No No No No
2 3 4 5 6 7 8 9 10 11 a b	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.  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 <i>Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete <i>Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete <i>Schedule C, Part III</i> 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 <i>Schedule D, Part II</i> 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 <i>Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete <i>Schedule D</i> , Part III  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 <i>Schedule D</i> , Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete <i>Schedule D</i> , Part V  If the organization's answer to any of the following questions is "Yes," then complete <i>Schedule D</i> , Part V, VII, VIII, IX, or X, as applicable.	2 3 4 5 6 7 8	Yes	No No No No No No

8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No				
9	Did the organization report an amount in <b>Part X</b> , line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in <b>Part X</b> ; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, <b>Part IV</b>	9		No				
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No				
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	Yes					
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	Yes					
С	Did the organization report an amount for investments—program related in <b>Part X</b> , line 13 that is 5% or more of its total assets reported in <b>Part X</b> , line 16? If "Yes," complete Schedule D, <b>Part VIII</b>	11c		No				
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		No				
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes					
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's							
12a	liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X **  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		No				
	Schedule D, Parts XI and XII 📆	12a		No				
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		No				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No				
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		No				
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							
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		No				
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		No				
18								
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		No				
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No				
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		No				
			Form 9	90 (2021)				
	Page 4							
Form	990 (2021)			Page 4				
	Checklist of Required Schedules (continued)			i uge				
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a	<b>24</b> 0						
	disqualified person during the year? If "Yes." complete Schedule L. Part I	١ ٥٠-		NI.				

		I	Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No				
23	Did the organization answer "Yes" to <b>Part VII</b> , Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240						
	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						
25a	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		No				
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		No				
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?  If "Yes," complete Schedule M	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and	32						
	301.7701-3? If "Yes," complete Schedule R, <b>Part I</b>	33		No				
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		No				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		No				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No				
38	Did the organization complete Schedule O and provide explanations on Schedule O for <b>Part VI</b> , lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes					
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V		Vac	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No				
b								
С								
		Form 9	<b>90</b> (2021)					

	partnership for federal income tax purposes? IT "Yes," complete Schedule R, Part VI	3/							
38	Did the organization complete Schedule O and provide explanations on Schedule O for <b>Part VI</b> , lines 11b and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Yes						
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes						
			Form 9	<b>90</b> (2021)					
	Page 5								
	raye 3								
Form	990 (2021)			Page 5					
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and								
	Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes						
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No					
b	If "Yes," has it filed a Form 990-T for this year?!f "No" to line 3b, provide an explanation in Schedule O	3b							
	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		No					
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any	6a		No					
b	contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?								
_		6b							
7	Organizations that may receive deductible contributions under section 170(c).		.,						
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	Yes						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No					
d	If "Yes," indicate the number of Forms 8282 filed during the year	)							
	Diddle and discount of the final activities to the second of the second								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
		7g		No					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.								
a									
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  10b								
11	Section 501(c)(12) organizations. Enter:	1							
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)								
129	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
1 L a	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?								

				1		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained be excess business holdings at any time during the year?	by the spo	onsoring organization have	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	$\label{eq:decomposition} Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \ .$			9b		
10	Section 501(c)(7) organizations. Enter:	_				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		1		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
b	Note. See the instructions for additional information the organization must report on Schedule 0.  Enter the amount of reserves the organization is required to maintain by the states in which the	126				
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c		4		
14a	3,1,3		•	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur payment(s) during the year?			15		No
16	e?	16		No		
17	Section F01/a)(21) arganizations. Did the trust any diagnalified person or mine exerctor engage in	ony ootis	vition that would requit in the			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	n any activ	vities that would result in the	17	Form 9	<b>90</b> (2021
	imposition of an excise tax under section 4951, 4952, or 4953?	any activ	vities that would result in the	17	Form 9	
Form	imposition of an excise tax under section 4951, 4952, or 4953? .  If "Yes," complete Form 6069.  Page 6  990 (2021)  rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b believes the circumstances, processes, or changes in Schedule O. See instructions.			8a, 8b, or		Page (
Form Par	imposition of an excise tax under section 4951, 4952, or 4953? .  If "Yes," complete Form 6069.  Page 6  990 (2021)  rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b belonger.			8a, 8b, or	10b belo	Page (
Form Par	imposition of an excise tax under section 4951, 4952, or 4953? .  If "Yes," complete Form 6069.  Page 6  990 (2021)  To VI  Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b belief describe the circumstances, processes, or changes in Schedule 0. See instructions.  Check if Schedule 0 contains a response or note to any line in this Part VI			8a, 8b, or	10b belo	Page (
Form Par	imposition of an excise tax under section 4951, 4952, or 4953? .  If "Yes," complete Form 6069.  Page 6  990 (2021)  To VI  Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b belief describe the circumstances, processes, or changes in Schedule 0. See instructions.  Check if Schedule 0 contains a response or note to any line in this Part VI			8a, 8b, or	10b belot	Page <b>(</b> v,
Form Par	imposition of an excise tax under section 4951, 4952, or 4953? .  If "Yes," complete Form 6069.  Page 6  990 (2021)  Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b believes the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI  ction A. Governing Body and Management	low, and fo		8a, 8b, or	10b belot	Page <b>(</b> v,
Form Par	imposition of an excise tax under section 4951, 4952, or 4953? .  If "Yes," complete Form 6069.  Page 6  990 (2021)  To VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b belief describe the circumstances, processes, or changes in Schedule 0. See instructions.  Check if Schedule 0 contains a response or note to any line in this Part VI .  ction A. Governing Body and Management  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	low, and fo	or a "No" response to lines &	8a, 8b, or	10b belot	Page <b>(</b> v,
Form Pai	imposition of an excise tax under section 4951, 4952, or 4953? .  If "Yes," complete Form 6069.  Page 6  990 (2021)  If VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b belief describe the circumstances, processes, or changes in Schedule 0. See instructions.  Check if Schedule 0 contains a response or note to any line in this Part VI .  Ction A. Governing Body and Management  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 is Schedule 0.	low, and for	or a "No" response to lines 8	3a, 8b, or	10b belot	Page <b>(</b> v,
Form Par	imposition of an excise tax under section 4951, 4952, or 4953? .  If "Yes," complete Form 6069.  Page 6  990 (2021)  If VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b believes the circumstances, processes, or changes in Schedule 0. See instructions.  Check if Schedule 0 contains a response or note to any line in this Part VI .  In the number of voting members of the governing body at the end of the tax year lift 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 is Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship.	low, and for	or a "No" response to lines &	3a, 8b, or	10b belot	Page (
Form Par	imposition of an excise tax under section 4951, 4952, or 4953? .  If "Yes," complete Form 6069.  Page 6  990 (2021)  If VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b belief describe the circumstances, processes, or changes in Schedule 0. See instructions.  Check if Schedule 0 contains a response or note to any line in this Part VI  Ction A. Governing Body and Management  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 schedule 0.  Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the state of the second	low, and for the direct	or a "No" response to lines	33a, 8b, or	10b belot	Page 6
Form Pair  See  1a  b  2	imposition of an excise tax under section 4951, 4952, or 4953? .  If "Yes," complete Form 6069.  Page 6  990 (2021)  If VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b belief describe the circumstances, processes, or changes in Schedule 0. See instructions.  Check if Schedule 0 contains a response or note to any line in this Part VI  Ction A. Governing Body and Management  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 is Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the directors or trustees, or key employees to a management company or other person?	low, and for the direct and 1990 was	or a "No" response to lines	2 3	10b belot	Page 6 No No
Form Pail See 1a b 2 3 4	imposition of an excise tax under section 4951, 4952, or 4953? .  If "Yes," complete Form 6069.  Page 6  990 (2021)  Reversal of Schedule O See instructions. Check if Schedule O contains a response or note to any line in this Part VI Cotion A. Governing Body and Management  Enter the number of voting members of the governing body at the end of the tax year lif 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 schedule O.  Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form	low, and for the direct a 990 was ssets? .	or a "No" response to lines	2 3	10b belot	Page 6 No No No
Form   Par	If "Yes," complete Form 6069.  Page 6  Page 7  Page 8  Page 9  Page 8  Page 8  Page 8  Page 8  Page 9  Page 8  Page 8  Page 8  Page 8  Page 8  Page 9  Page 6  Page 9	low, and for the direct an 990 was ssets?	by other officer, director, supervision of officers, filed?	2 3 4 5	10b belot	No No No No
Form   Par	If "Yes," complete Form 6069.  Page 6  Page 7  Page 7  Page 7  Page 8	in 1b ip with an the direct 1990 was ssets? appoint or stockhold	by other officer, director, supervision of officers, filed?	2 3 4 5 6	10b belot	No No No No No
Form   Par	If "Yes," complete Form 6069.  Page 6  Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b belifies the circumstances, processes, or changes in Schedule 0. See instructions. Check if Schedule 0 contains a response or note to any line in this Part VI  Ction A. Governing Body and Management  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 is Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form Did the organization become aware during the year of a significant diversion of the organization's as Did the organization have members or stockholders?  Did the organization have members or stockholders?  Are any governance decisions of the organization reserved to (or subject to approval by) members,	in 1b ip with an 1990 was ssets?	or a "No" response to lines	2 3 4 5 6	10b belot	No No No No No No No No No
Form   Par	Imposition of an excise tax under section 4951, 4952, or 4953? . If "Yes," complete Form 6069.  Page 6  990 (2021)  If VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b belidescribe the circumstances, processes, or changes in Schedule 0. See instructions. Check if Schedule 0 contains a response or note to any line in this Part VI	in 1b ip with an 1990 was ssets?	or a "No" response to lines	2 3 4 5 6	10b belot	No No No No No No No No No
See   1a   b   2   3   4   5   6   7a   b   8   8	If "Yes," complete Form 6069.  Page 6  Page 7  Page 7  Page 7  Page 8  Page 6  Page 7  Page 8  Page 6  Page 7  Page 8  Page 6  Page 7  Page 8  Page 9  Page 6  Page 8  Page 9  Page 6  Page 8	low, and for the direct and appoint or stockhold and during the direct and appoint or the direct	by other officer, director, supervision of officers, filed?	2 3 4 5 6 7a 7b	10b belot	No No No No No No No No No

	directors or trustees, or key employees to a management company or other person? .	3		NO
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	_
9	Is there any officer, director, trustee, or key employee listed in <b>Part VII</b> , Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule 0	9		No
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	ـــــــــا		
	ction B. 1 onoics (This occiton B requests information about politics not required by the internal Neventae occi.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
_		11a	Yes	ļ
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	_
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	_
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100	103	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16-		NI-
<b>L</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture	16a		No
Б	arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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:  VOSEF RODAL 2558 ROOSEVELT STREET STE 203E CARLSBAD, CA 92008 (408) 755-5770			
			Form 9	<b>90</b> (2021)
	Page 7			
Form 9	990 (2021)			Page <b>7</b>
Par	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independ	ent		1 1911
	Check if Schedule O contains a response or note to any line in this Part VII			
Sec	ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	-	-	
	mplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's ta	year.		
of con	List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount npensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.			
	ist all of the organization's <b>current</b> key employees, if any. See the instructions for definition of "key employee."			
	ist the organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee or key employee) eceived 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.

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	1	0	_

orm 990 (202	21)	Page
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	

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	than c		x, un 1 offi	t che less cer a			(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	2/1099- MISC/1099-NEC)	organization and related organizations
(1) YOSEF RODAL	25.00			Х				37,167	0	60,395
Executive Dir.	0.00			^				37,167	U	60,393
(2) ELISHEVA GREEN	25.00	х		Х				0	0	0
Treasurer	0.00			^					U	0
(3) Barry Galgut	5.00	· ·						0	0	0
Chairman	0.00	Х						0	0	U
(4) Cherri Cary	5.00	Х		Х				0	0	0
Secretary	0.00	^		^				U	U	0
(5) Lyn Zanders	5.00	х						0	0	0
Director	0.00							o o	0	0
(6) Chalom Boudjnah	5.00	х						0	0	0
DESIGNATOR	0.00	Α						o o	0	O
(7) Yeruchem Eilfort	5.00	x						0	0	0
DESIGNATOR	0.00							o o	0	O
(8) Dovid Smoller	5.00	х		Х				0	0	0
President	0.00			^				S	,	
		<del>                                     </del>								
			-							
	-	-								

		Ī								1	•		
(8) Dov	vid Smoller		5.00										
Preside	ent		0.00	Х		Х					0	0	0
			0.00							<u> </u>	+	+	
												+	
												+	
												+	
												Form 9	<b>90</b> (2021)
					D	- 0							
					Pag	e 8							
Form	990 (2021)												Page <b>8</b>
	Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es, and	High	nest	Com	pensat	ted E	Employees (contin	ued)		r age <b>c</b>
1 01	, , , , ,			•				'					
	(A)	(B)	D	<i>(</i> .1	(C	;)	1			(D)	(E)	(F)	
	Name and title	Average hours per		tion (do oox, unl						Reportable ompensation from	Reportable compensation from	Estimated of oth	
		week (list	off	icer and	d a dir	recto	r/trus	tee)	the	e organization (W-	related	compensat	
		any hours for related	악파	-	2	증	90	<u> </u>	2/	(1099-MISC/1099- NEC)	organizations (W- 2/1099-MISC/1099-	the organiza	
		organizations	앞	stit	Officer	Уө	E S	Former		,	NEC)	organiza	ntions
		below dotted line)	Individual trustee or director	Institutional Trustee	~	Key employee	employee	1 12					
		,	ž ž	na		юy	9 0						
			JSt.	ฮ		ě	9						
			õ	810			60						
							eg						
				-	+			-				<del></del>	
		<u> </u>			_				-				
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			1	$\dashv$	+	1	+	+	$\vdash$			<del>                                     </del>	
		1			+	-	-	_	$\vdash$			<del> </del>	
	Sub-Total						•	·					
	Total from continuation sheets to Part VII, Se							`—		07117			(0.005
	Total (add lines 1b and 1c)			•			•	<u>'I</u>		37,167			60,395
2	Total number of individuals (including but n compensation from the organization 0	ot limited to thos	se liste	d above	e) wh	o rec	eived	more	than	\$100,000 of report	able		
												Yes	No
3	Did the organization list any <b>former</b> officer,	director or truste	e, kev	emplov	ee. or	hiah	nest o	ompen	sate	ed emplovee on line	1a?	-	
-	If "Yes," complete Schedule J for such individ		-			-			•			3	No
4	For any individual listed on line 1a, is the su	m of reportable	nomno	nestion	and	otho	r com	nenco	tion :	from the organization			- 110
-	organizations greater than \$150,000? If "Ye.	s," complete Sche	dule J	for suc	h h	Jule		Pensa	uon	nom me organizati	on and related		
	individual					•	•		•		· ·   /	4	No
5	Did any person listed on line 1a receive or a	ccrue compensa	tion fr	om anv	unrel	lated	lorga	nizatio	n or	individual for service	es rendered to the		

19 Sub-Total																	
Total form continuation sheets to Part VII, Section A.																	
4 Total (add lines 1b and 1c) .	1b :	Sub-Total								•							
2 Total number of individuals (neutring but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a?  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization greater than \$100,000 of view to complete Schedule J for such individual organization or individual for services rendered to the organization or greater than \$100,000 of compensation from the organization or individual for services rendered to the organization organization or individual for services rendered to the organization or										•							
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1 a?  1º "Yes", complete Schedule 3 for such individual.  3 No  1º "Yes", complete Schedule 3 for such individual.  4 No  5 Did any person listed on line 1 a receive or accrue compensation and other compensation from the organization and related organizations greater than \$150,000 in 1º received an accrue compensation from the organization or individual for such individual is and on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization. The complete than \$150,000 in 1º received organization or individual for services rendered to the organization.  5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization.  The properties that table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  No Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  No Page 9  Form 990 (2021)  Form 4 for organization for the contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization for the or	d ·	Total (add lines 1b and 1c)			•	• •	•			•			37,167				60,395
3 Did the organization list any former officer, director of trustee, key employee, on highest compensated employee on line 1a?  4 Fives complete Schedule of for such individual  5 Fire any individual listed on line 1a. is the sum of reportable compensation and other compensation from the organization and related organization? If 1945, complete Schedule of for such individual  5 Did any person listed on line 1a receive or accord ecompensation from any unrelated organization or individual for services rendered to the programation? If 1945, complete Schedule of for such person.  5 Did any person listed on line 1a receive or accord ecompensation from any unrelated organization or individual for services rendered to the programation? If 1945, complete Schedule of for such person.  6 No  8 Section B. Independent Contractors  1 Complete that safe for your flephest compensated independent contractors that received more than \$100,000 of compensation from the organization.  Report compensation for the calendar year ending with or within the organization's tax year.  9 No  8 Normal subjects of the calendar year ending with or within the organization's tax year.  9 Page 9  Form 990 (2021)	2			t limited to	thos	e listed a	above)	) wh	no rece	eived n	nore t	than \$100,0	00 of repor	table			
3 Did the organization is lat any former offices director or trustee, key employee, or highest compensated employee on line 1a?  4 For any individual lated on line in the organization and related organization and related organization and related organization is greater than \$150,000? If "Nes" complete Schedule J for such individual is tested on line is a neceive or accrue compensation from the organization and related organization and related organization of line is a neceive or accrue compensation from any unrelated organization or individual for services rendered to the organization? "Nes" complete Schedule J for such person.  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? (C)  Nerve and bonness address  Occupied that table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  Name and bonness address  Occupied that table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  Page 9  Part VIII Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII.  Occupied that the page of the pa		compensation from the organization														•	•
### Section B. Individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization and related organizations greater than \$150,000 if Yes( complete Schedule J for such organization) or individual for services rendered to the organization of the calendar year ending with the organization's tax year.  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization in the organization in the organization of individual for services rendered to the organization of form the organization in the organization of the calendar year ending with the organization of services rendered to the organization of individual for services rendered to the organization of services rendered to the organization o																Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000 of compensation from the organization and related organization or individual for services rendered to the organization? We's, complete Schedule J for such present organization? We's complete Schedule J for such present organization? We's complete Schedule J for such present organization or individual for services rendered to the organization? We's complete Schedule J for such present organization? We's complete Schedule J for such present organization? We's complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.    No	3	= -				-			-			sated empl	oyee on lin	e 1a?			
organizations greater than \$150,0007 of "rec" complete Schedule of or such individual of the individu		•													3		No
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the cryamization?* "Yes," complete Schedule J for such person.    Section B. Independent Contractors   Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.   Report compensation for the calendar year ending with or within the organization's tax year.    Report compensation for the calendar year ending with or within the organization's tax year.    Section B. Independent Contractors   No.	4	For any individual listed on line 1a, is organizations greater than \$150,000	s the sun 12 <i>If "Ye</i> s	n of reporta " complete :	able c Sche	compens:	ation a	and	lother	comp	ensat	ion from th	e organizat	ion and related			
Section B. Independent Contractors    Complete this table for your five highest compensation independent contractors that received more than \$100,000 of compensation from the organization.    Report complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.    Report compensation for the calendar year ending with or within the organization's tax year.    Page 7				·											1		No
Section B. Independent Contractors  1 Complete bits balle for your five lightest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.    Name and business address   Description of services   Compensation from the organization of services   Description of services   Compensation from the organization of services   Description of services   Compensation from the organization   Page 9	5	Did any person listed on line 1a rece	eive or ac	orije compe	ensat	tion from	anvi	ınre	alated (	organi	zatior	n or individi	ial for servi	ices rendered to th			110
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  Report compensation for the calendar year ending with or within the organization's tax year.  (a)  Name and business address  (b)  Name and business address  (c)  Compensation  Description of services  (d)  Description of services  (e)  Compensation  (f)  Description of services  (g)  Page 9  Form 990 (2021)  Form 990 (2021)  Page 9  Form 990 (2021)  Page 9  Form 990 (2021)  Page 9  Form 990 (2021)  Form 990 (2021)  Form 990 (2021)  Page 9  Form 990 (2021)  Form 990	•	· ·					•			-		i or marria	adi toi ocivi	ioco rendered to th			No
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.    Page 9		nation P. Indopondent Contractor	•														No
Report compensation for the calendar year ending with or within the organization's tax year.    Name and business address   Description of services   Compensation				npensated i	ndep	endent c	ontra	ctor	rs that	receiv	ed mo	ore than \$1	00.000 of c	compensation from	the ora	anization.	
Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation  Form 990 (2021)  Page 9  Form 990 (2021)  Page 9  Form 990 (2021)  Page 9    Compensation   Compensa																	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0  Form 990 (2021)  Page 9  Page			Name ar		addres	ss							Des				
Form 990 (2021)  Page 9  Page														,			-
Form 990 (2021)  Page 9  Page																	
Form 990 (2021)  Page 9  Page																	
Form 990 (2021)  Page 9  Page		Total number of independent of the control of	oro /:!	iding by	. # 1: ·	it a cl + · · ·	05- "	o	ما دا- :	ا اد		ived	than #1001	000 of c '			
Page 9			ors (inclu	iaing but no	ot iim	nea to th	iose li	ste	u apov	e) who	rece	eivea more	man \$100,0	υυ οτ compensati	on		
Part VIII Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII		<u> </u>														Form 9	<b>990</b> (2021)
Part VIII Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII																	
Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII .    Canal   Cana							_	Pag	ge 9								
Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII .    Canal   Cana	Form	000 (2021)															5 0
Check if Schedule O contains a response or note to any line in this Part VIII																	Page 9
Total revenue Related or exempt function revenue as described from tax under section function free function free function free function free function function free function free function functions	Г					a anu lina	in thi	: _ D	) ort \/								
gerated campaigns . 1a    Total Add lines 1a-1f		Check if Schedule O conta	ains a res	sponse or no	ote to	o arry line	e in uni	IS F			·			(c)	<u> </u>	(D)	)
function revenue tax under sections 512 - 514    State								T	Total re	venue	!						
### derivated campaigns .													•		t		
mbership dues	-											reve	nue			512 - 5	514
mbership dues	£ f	g lerated campaigns	1a														
f All other contributions, gifts, grants, and similar amounts not included above  1f  3,398,450  g Noncash contributions included in lines 1a -1f\$  1g  h Total. Add lines 1a-1f	E .	<del></del>	1 .														
f All other contributions, gifts, grants, and similar amounts not included above  3,398,450  g Noncash contributions included in lines 1a -1f.:\$  h Total. Add lines 1a-1f	S.	mbership dues	1b														
f All other contributions, gifts, grants, and similar amounts not included above  3,398,450  g Noncash contributions included in lines 1a -1f.:\$  h Total. Add lines 1a-1f	É		i														
f All other contributions, gifts, grants, and similar amounts not included above  1f  3,398,450  g Noncash contributions included in lines 1a -1f\$  1g  h Total. Add lines 1a-1f	10	andraising events	1c														
f All other contributions, gifts, grants, and similar amounts not included above  1f  3,398,450  g Noncash contributions included in lines 1a -1f\$  1g  h Total. Add lines 1a-1f	ë	<u></u>															
f All other contributions, gifts, grants, and similar amounts not included above  1f  3,398,450  g Noncash contributions included in lines 1a -1f\$  1g  h Total. Add lines 1a-1f	3	ated organizations	1d														
f All other contributions, gifts, grants, and similar amounts not included above  3,398,450  g Noncash contributions included in lines 1a -1f.:\$  h Total. Add lines 1a-1f	里	5	1 -														
f All other contributions, gifts, grants, and similar amounts not included above  3,398,450  g Noncash contributions included in lines 1a -1f.:\$  h Total. Add lines 1a-1f	0	rernment grants (contributions)	1e														
similar amounts not included above  3,398,450  g Noncash contributions included in lines 1a -1f:\$  h Total. Add lines 1a-1f			1														
3,398,450  g Noncash contributions included in lines 1a   -1f:\$ 1g  h Total. Add lines 1a-1f			1f														
1g   1g   1g   1g   1g   1g   1g   1g		ı															
1g  h Total. Add lines 1a-1f		3,398,450															
h Total. Add lines 1a-1f	g	Noncash contributions included in lines 1a															
3,398,450  Business Code  450  450		- 11.ф	1g														
3,398,450  Business Code  450  450																	
3,398,450  Business Code  450  450	h 1	Total. Add lines 1a-1f				2.000	450										
2a MISCELLANEOUS INCOME 450 450	щ			F	Busin						T			1			
Za MISCELLANDOS INCOME		20 MISCELL ANEOLIS INCOME		<u> </u>	_ 40111		+				450		450		-		
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ommar amounto not	i iiioiuucu c	.borc	1f					
3,398,450								
g Noncash contributio - 1f:\$	ons include	d in lii	nes 1a <b>1g</b>					
<b>h Total</b> . Add lines 1a	a-1f .			3,398,45	50			
		_		Business Code	450	450		
2a MISCELLANEOU	US INCOM	E			430	430		
				-				
Be -				-				
92								
Program Service Revenue								
				-				
ğ .				_				
f All other prog	gram serv	ice re	evenue.					
9 Total. Add lin	nes 2a-2	f	🕨	45	50			
3 Investment inco similar amount	ome (incl	uding	g dividends, interest	, and other	16,082			16,08
			ax-exempt bond pro	ceeds	0			
<b>5</b> Royalties .		 — ;		•	. 0			
	l,		(i) Real	(ii) Personal				
6a Gross rents		6a						
b Less: rental expenses		6b						
c Rental income or (loss)	ne	6c						
, ,	come or		)	<u> </u>	0			
	Γ		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other tha inventory	an	7a						
b Less: cost or ot basis and sales expenses	ther S	7b						
c Gain or (loss)		7c						
<b>d</b> Net gain or (				<b>•</b>	0			
Gross income frincluding \$ contributions re See Part IV, lin  b Less: direct e. c Net income o	eported on	line 1	of c).					
b Less: direct e								
© Net income o	or (loss) f	rom f	fundraising events	•	0			
Gross income See Part IV, li	from gam ine 19	ning a	ctivities.					
<b>b</b> Less: direct e								
<b>c</b> Net income o	or (loss) f	rom g	gaming activities .	•	0			
<b>10a</b> Gross sales o returns and a	of invento allowance	ry, le: s .	ss · 10a					
<b>b</b> Less: cost of	goods so	old	10b					
			sales of inventory .		0			
Mis 11a INSURANCE	scellaneo		venue	Business Code				
· · - INSURANCE	. FRUUEE	סט						
1						l	l	l

_		1	1	ī
<b>5</b>				
Gross income from gaming activities. See Part IV, line 19				
94				
c Net income or (loss) from gaming activities	_	0	p	
10a Gross sales of inventory, less				
returns and allowances 10a				
b Less: cost of goods sold 10b				
		0		
C Net income or (loss) from sales of inventory	1			
11a INSURANCE PROCEEDS	_			
INSURANCE PROCEEDS				
b PPP LOAN FORGIVENESS				
c				
d All advantages				
d All other revenue				
e Total. Add lines 11a-11d		0		
12 Total revenue. See instructions	3,414,9	.02	50	16,082
	3,414,9	02 4.	30	Form <b>990</b> (2021)
	Page 10			
5 000 (0004)				
Form 990 (2021)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complet	e all columns. All other	organizations must com	nplete column (A).	
Check if Schedule 0 contains a response or note to any line i			(C)	. U
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program serviceexpenses	Managamantand	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic	0		general expenses	ехрепаеа
governments. See <b>Part IV</b> , line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line	0			
22				
3 Grants and other assistance to foreign organizations, foreign	0			
governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
	0			
5 Compensation of current officers directors trustees and key	_	68.293	19.513	9.756
5 Compensation of current officers, directors, trustees, and key employees	97,562	68,293	19,513	9,756
employees	_	68,293	19,513	9,756
employees	97,562	68,293	19,513	9,756
employees	97,562			
employees	97,562 0 201,171	68,293 39,195		9,756
employees	97,562			
employees	97,562 0 201,171 0	39,195		161,976
employees	97,562 0 201,171 0	39,195	800	161,976 TIN: 20-3472700
employees	97,562 0 201,171 0 Submission: 2023-1 16,000 Status and Pi	39,195  1-15	1,000	161,976 TIN: 20-3472700
employees	97,562  0  201,171  0  Submission: 2023-1  16,000  Status and Pt  Is a section 501(c)(3),0	39,195  1-15	1,000	161,976 TIN: 20-3472700
employees	97,562  0  201,171  0  Submission: 2023-1  16,000  Status and Pi is a section 501(c)(3),60  nonexempt charitable	39,195  1-15 2,800 4,000  Iblic Suppor rganization or a section trust	1,000	161,976  TIN: 20-3472700  OMB No. 1545-004900  2022
employees	97,562  0  201,171  0  Submission: 2023-1  16,000  Status and Pi Is a section 501(c)(3),6 ) nonexempt charitable to Form 990 or Form 990	39,195  1-15 2,800 4,000  Iblic Suppor reganization or a section trust 0-EZ.	1,000	161,976  TIN: 20-3472700  OMB No. 1545-004900  2022  Open to Public
employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c) (3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  efficiency for the fire services (non-employees):  Complete if the organization 4947(a)(1)  Department of the  Treasury ounting Internal Revenue Service	97,562  0  201,171  0  Submission: 2023-1  16,000  Status and Pi Is a section 501(c)(3),6 ) nonexempt charitable to Form 990 or Form 990	39,195  1-15 2,800 4,000  Iblic Suppor reganization or a section trust 0-EZ.	3,002 1,9	161,976  TIN: 20-3472700  OMB No. 1545-004900  2022  Open to Public Inspection
employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c) (3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  entire Public Visual Render  ObjectId: 202303209349300235 - TO Payroll taxes  SCHEDULE (Somplete if the organization    Public Charity (Complete if the organization    Public Charity (Complete if the organization    Foo to www.irs.gov/Form	97,562  0  201,171  0  Submission: 2023-1  16,000  Status and Pi Is a section 501(c)(3),6 ) nonexempt charitable to Form 990 or Form 990	39,195  1-15 2,800 4,000  Iblic Suppor reganization or a section trust 0-EZ.	3,002 1,9 Employer identification	161,976  TIN: 20-3472700  OMB No. 1545-004900  2022  Open to Public Inspection
employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c) (3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  efficiency (as a contribution of the co	97,562  0  201,171  0  Submission: 2023-1  16,000  Status and Pi Is a section 501(c)(3),6 ) nonexempt charitable to Form 990 or Form 990 or Form 990 for instructions, and	1-15 Z,800 4,000 4	3,002 1,9	161,976  TIN: 20-3472700 OMB No. 1545-004900  2022  Open to Public Inspection number
employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c) (3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  effice Public Visual Render  ObjectId: 202303209349300235-  10 Payroll taxes  SCHEDULE A  Payroll taxes  SCHEDULE A  Complete if the organization  Form 990)  a Management  Departurgant of the  Treasury  Internal Revenue Service  Narfie Of the Www.irs.gov/Form  Part I  Pa	Submission: 2023-1 16,000 Status and Pi Is a section 501(c)(3),6 ) nonexempt charitable to Form 990 or Form 990 for instructions, and  0  ust complete this pa h 12, check only one 150	39,195  1-15 4,000  Iblic Suppor reganization or a section trust 0-EZ. the latest information.  rt.) See instructions.	3,002 1,9 3,002 1,9 Employer identification 20-3472700	161,976  TIN: 20-3472700 OMB No. 1545-004900  2022  Open to Public Inspection number
employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c) (3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  effice Public Visual Render  ObjectId: 202303209349300235-  10 Payroll taxes  SCHEDULE A  Payroll taxes  SCHEDULE A  Complete if the organization  Form 990)  a Management  Departurgant of the  Treasury  Internal Revenue Service  Narfie Of the Www.irs.gov/Form  Part I  Pa	Submission: 2023-1 16,000 Status and Pi Is a section 501(c)(3),6 ) nonexempt charitable to Form 990 or Form 990 for instructions, and  0  ust complete this pa h 12, check only one 150	39,195  1-15 4,000  Iblic Suppor reganization or a section trust 0-EZ. the latest information.  rt.) See instructions.	3,002 1,9 3,002 1,9 Employer identification 20-3472700	161,976  TIN: 20-3472700  OMB No. 1545-004900  2022  Open to Public Inspection  number
employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c) (3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  effice Public Visual Refiger ObjectId: 202303209349300235-  10 Payroll taxes  SCHEDULE A  Payroll taxes  SCHEDULE A  (Form 990)  a Management	97,562  0  201,171  0  Submission: 2023-1  16,000  Status and Pt  Is a section 501(c)(3)(3)(3)(3)(3)(4)(3)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	39,195  1-15 4,000  Iblic Suppor reganization or a section trust 0-EZ. the latest information.  rt.) See instructions.	3,002 1,900 1,9 20-3472700 1,216	161,976  TIN: 20-3472700 OMB No. 1545-004900  2022  Open to Public Inspection number
employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c) (3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  efficiency from the first of t	97,562  0  201,171  0  Submission: 2023-1  16,000  Status and Pt  Is a section 501(c)(3)(3)(3)(3)(3)(4)(3)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	39,195  1-15  4,000  Iblic Suppor reganization or a section trust 0-EZ. the latest information.  rt.) See instructions.	3,002 1,900 1,9 20-3472700 1,216	161,976  TIN: 20-3472700  OMB No. 1545-004900  2022  Open to Public Inspection  number

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SC	Payroll taxes HEDULE A Fees for services (no			D	ublic	Chari	tv (	Ctatu	e and D	ıkı	ic Suppor			1,000	10	MB No. 1545-00	)4900
(Fo	orm 990) a Management	n-emplo	oyees):				•				nization or a section				1	<del>202</del> 4	<b>—</b>
		•	• •		inpicte ii	494	7(a)(1	) nonexe	mpt charitable	trus	t	<u> </u>			14	<u> </u>	
	<b>La</b> nduengean't of the asurv	•	•		- C- 4				990 or Form					3,002		Open to Public	С
Inte	asury c Accounting rnal Revenue Service				Go to w	<u>ww.irs.gov/</u>	<u>Form</u>	990 tor in	istructions, supp	tne	latest information	•		1,9		Inspection	
	Fle of the organization	•				•			0			Employer	identif	cation	nu	mber	
FRIE	e Professional fundrais	ing serv	vices. See	e Part	I <b>V</b> , line 17	•			0			20-34727	00				
$\overline{}$	Part I nem managen	PPUBL	c Chari	ty Sta	us (All o	rganizatio	ons n	nust con	nplete this p	rt.) :	See instructions			1,216			
The	go @ydanneiz (alfibin eis1n1 ogtaempo	oiwatexo	eedat1@f	%bæfclan	es & 5t, isso (UF	ironnli(nAe)sa1mt	<b>buot</b> ,g	h 12, che	ck only one∂ <del>b</del> を	k.)	34						
_ 1	list line 11g expenses A church, co		n of chur	ches, c	r associa	tion of chu	rches	describe	d in section 17	n(h)(	(1)(∆)(i)				-		
12 2	A school des	otion	 in <b>sectio</b> i	n 170(l	o)(1)(A)(ii	). (Attach S	Sched	ule E (For	8,123 <del>m 990).) :</del>		8,12	3			-		
13 3	Office expenses .								323	III/A	\/III\			323			
14														1,664	L	-!	
15	Ro_tiesA medical re															, city, and state:	
16	Anorganizat	tion ope	erated for	the be	nefit of å	college or i	univer	sity owne	ed or operated	by a	9,96 governmental unit	described	in secti	on 170	0(b)	(1)(A)(iv). (Con	1,424 n <u>plete</u>
17 . 6	,	 ate.or.lo	· ·	rnmen	t or gover	pmental ur	nit des	cribed in	section 170(b	(1)(/	1)(v)				_		
18 7	Pa ents of deral str or local public official											donor-!	المالم ا	00=:F-	<b>.</b>	costion 170/L\	(1\/A\
19	Conferences, Convent	non ma etenRast	norman Meetir	y recer nas	ves a subs	stantiai pai	t OI It	s support	nom a govern 0	nen	tai unit or mom the	general po	iblic de	scribed	Q III	section 170(b)	(1)(A)
20	Int st A communit				tion 170(l	b)(1)(A)(vi)	). (Cor	<del>nplete Pa</del>	art II.) 48					48	-		
29 29	Pa ent Aroa griffialte	tal resea	arch orga	inizatio	n describ	ed in <b>170(</b> b	o)(1)(	(ix) ope	erated in conju	ction	n with a land-grant	college or	univers	ity or a	a no	n-land grant co	llege
73	of agricultur	e. See ir	nstructio	ns. Ent	er the nan	ne, city, and	d state	of the c	<u>ollege or unive</u>	sity:					4_		
טד 23	Depreciation depletic An organization Insurancets exempt fu																ted to
	taxable inco Other expenses, Item mi_ellaneous expen	me (les	s section	511 ta	x) from b	usinesses :	acqui	ed by the	organization	fter	<del>June 30, 1975. Se</del>	e section 5	<del>09(a)(2</del>	). (Cor	nple	ete Part III.)	
44																	
12	/ / o. gaa.	ion org	it list line anized ar	1246	inenses of	in Schedule	the be	nefit of, t	o perform the	unct	ions of, or to carry	out the pu	rposes	of one	or	more publicly	9
	supported of									tion	509(a)(3). Check 8,483		iines 12	a thro	ugn	1 12d that descr	ibes
а	Type I. A sup	porting	g organiza	ation o	perated, s	upervised,	or co	ntrolled b	y its supported	orga	anization(s), typica	ally by givin	g the su	ipporte	ed c	organization(s)	the
b	b AUTOMOSYEETEXPE																498
b	supporting c	rganiza	g organız <u>ıtion</u> vest	ed in the	iupervised <del>ie same p</del>	ersons tha	t con	rol or ma	on with its sup mage the supp	orted	ed organization(s), Horganization(s),	(ou must c	control <del>omplet</del>	or mai <del>e Part</del>	llay ₩, (	Sections A and	e
С	c PHONE & INTERNE Type III fund	tionally	integrat	ed. A s	upporting	organizati	on op	erated in	connection wi	th, an	d functionally inte	grated with	n, its su	pporte	d or	rganization(s) (s	see
d	instructions)				•			n operate	ad in contacti	n wit	h its supported	nanization	(c) that	ie not	fun	ctionally integra	ated
-	The organiza	ation ge	nerally m	nust sa	tisfy a dis	tribution re	quire	nent and	an attentivene	ss re	quirement (see in:	structions).	You m	ust co	mpl	ete Part IV, Sec	tions
	e All other expenses								6,539		2,71			3,794		<b>-</b>	30
25	To functional expe	ox II trie <b>nses</b> . A integrat	dorganiz do lines ed suppo	auon re I throu orting c	ecelyed a gh 24e rganizatio	written det on.	ermin	ation noi	11 the 1833 1,658	. IS a	Type i, Type ii, type	ge ili fullcti	onany n	45,449	teu,	or Type III Hou	85,753
2 <b>6</b>	Jointe onten Gombolet	esthisplir	neendvojā	4peracc	nization	reported in	n .										
g		g inforn	nation ab	out the	e supporte	ed organiza	nu ation(s	s).									
	(i) Nagraisi 9 solortadio (ASC 958-720).	BrgaHFZ:	tion e	□(ii	EMONIU	SOP 9812	Type anizat				zation listed in g document?	(v) Ai moneta	mount o		(	( <b>vi)</b> Amount of o support (see	
						(describe	ed on	lines 1-	your gov	4111111	g document:		structio			imetime 9908	
							bove ( uction	•									
								— Pag	e 11								
F	m 000 (2021)								Yes		No					_	
<u>rori</u>	n 990 (2021)	ho-t								#					F	Pa	ge 11
_	Part X Balance S						•							•			
Tot				h a I m a 4			0-+ 1	N- 1100			(4)			 Loska			2022
	Paperwork Reduction A m 990 or 990-EZ.	ACT NOTI	ce, see t	ne inst	ructions t	or	Cat. I	No. 1128	bF		( <b>A</b> ) Beginning o	f year		Sche		<b>e A (B)rm 990)</b> End of year	2022
	1 Cash-non-inte	erest-be	aring .									91,515	1	1			,608
_	2 Savings and to		•					Pa	ge 2			-	2	$\vdash$			0
	3 Pledges and g	•	-										3				0
Sch	edul <b>a,</b> A (Fxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx												4			P	ag <b>@2</b>
	Part II pan Supplort	Sched	ule fer (	Organ	zatiens	Describe	file \$	ections	tauzee(b,)(a)(A	(iv)	and 170(b)(1)(A	(vi)	<del>                                     </del>				
	emp( <b>©/en;ple</b>	ateopaty	foifuyder, c	sheete	ediatheo bto	ibotonline3	<b>5</b> ,%7ç <b>c</b>	omt8obledPe	entity on ifathie/	orga	nization failed t	o qualify ı	under I	art III	l. If	the organizat	tion
_	memplement en Section A.Pub#cdSuh	quallify eraecei	/*ยทั <b>ต่</b> ยัง <sup>o</sup> livables fr	om oth	sts·listed er disaua	lified perso	ease	comple s defined	te Part III.) under section				<del>                                     </del>	H			
Ca	lendar year (or fiscal ye	ar begi	nning in	ibed i	(a) 2018 <sup>4</sup>	<del>1958(c)(3)</del> (	(b) 2	019	(c) 2020	)	( <b>d</b> ) 2021	10	<b>e</b> ) 2 <b>6</b> 22	$\vdash$		(f) Total	0
1 60	Gifts, grants, contribut Notes and loa membership fees rece	ions an	d ivable, ne	t t								Ť	7				0
ā	any8unuknyælndpæriets")for	r sale or	ruse .		<u></u> .	<u> </u>	<u>.</u>	<u></u> .					8				0
- 49	tay ravanuas laviad fa	r tha ara	aanizatio	n'c									-			1	

Tota	Check if Schedule O contains					Į.						0
	aperwork Reduction Act Notice, see the Ins	tructions f	or	Cat.	No. 11285F			(A)				le A <b>(B</b> )rm 990) 2022
Form	990 or 990-EZ.							Beginning of year	•			End of year
	<b>1</b> Cash-non-interest-bearing			•	Б. 0			9	1,515	5 1		575,608
	2 Savings and temporary cash investr	ients .			Page 2	-				Ž		Û
	3 Pledges and grants receivable, net									3		0
Sche	dul <b>ୟ</b> A (Face ଓ ଜନ୍ମର) r202 ƙable, net									4		Pag <b>e</b> )2
F	art II Dan Supporth Schedule for Organ	i <b>jzatiiens</b> d	Describ	edfilm (	Sections 11/20	(b)(d)(A)(iv)	and 1	70(b)(1)(A)(vi)				
	employempleatoonly of hyder, sheek	ediaheobto	botoniae	3 <b>5</b> ,%7ç0	ont8ob#dPentitly	oon ffathie√orga	nizati	ion failed to qua	alify	under F	art III. If	the organization
	mentaged សបុល្បត់ក្រុម ខេត្ត គេមិន ប្រាស់ ction A. Propred Suppose evables from ot	sts listed her disqua	below, p	olease sons (a	e complete Pa	art III.) er section						
Cale	ndar year (or fiscal year beginning in)	(8)2678 <sup>4</sup>	<del>958(c)(3</del> )	(Pa) 2	019	(c) 2020		(d) 2021	- 10	(e) 2 <b>6</b> 22		(f) Total 0
ets	pifts, grants, contributions, and Notes and loans receivable, net nembership fees received. (Do not include			<u> </u>				X / -	Ť	7		0
ete	nembership fees received. (Do not include Iny <b>8</b> unu <b>ksuvæhtjoarie</b> ts')for sale or use								+	8		0
28	ax revenues levies for the organization's prepaid expenses and deferred char penelit and either paid to or expended on		<u> </u>	<u> </u>	<u></u>				#	9		0
A	penéfit and either païd to or expended on '''' Is <b>ba</b> hal£and, buildings, and equipment: cos		ooio I	'	•				-	<del> </del>		<del>-</del>
3	he value on the previous part of the value of the previous bed	or other b	asis.	10a		17,969						
	y a governmental unit to the organization vithout charge		-	10b		11,376		1	0,186	10c		6,593
4	ontal. Addviesten entre-upphb Bcly traded securit	ies .								11		0
5	he portion of total contributions by each 12 Investments—other securities See F erson (other than a governmental unit or											2,698,746
	person (öther than a governmental unit or unalicly swuppoundentos-gambopounomientedessee l											0
	n line 1 that exceeds 2% of the amount											0
6	hown on the piale assets (f). Public souperta satus aset in a put in the different in the d			-								0
	ction BroTatal Support lines 1 through 15	(must say	al lina 22	)			<b>—</b>	25	7.255	16	1	3.280.947
Calc	ndar year (or fiseal year beginning in) Accounts now line 4.	(a) 2018	iai iiile 33	( <b>b</b> ) 2	2019	(c) 2020		(d) 2021		(4) 2022		(f) Total
		ises .	• •	1 .					_	17		
8	GBoss in Counts prograbileterest, dividends, payments received on securities loans,									18		
	rents, royalties and income from similar									19		
9	20urcesax-exempt bond liabilities Net income from unrelated business	_	<u> </u>	+ -					_	20		
es	Net income from unrelated business activities, whether us not the business is it is									21		
1ĕ	regularly carried obther payables to any cur Other income. Do not include gain or loss	rent or forr	ner office	direc	tor, trustee, ke	y employee,			-			
abi	Other income Portot her use gain or losatri from the sales of capital assets (Explain in Part VI)			nieu ei	itity or rairilly r	nember of any				22		
1:5	Part VI.)			+		+	<u> </u>					
12	Gross receipts from related activities, etc. (s  124 Unsecured notes and loans payable	ee instruct	tions)	rtico						32		
13	First 5 years. If the Form 990 is for the orga 25 Other liabilities (including federal inc	nization's f	irst, seco	nd, thir	d, fourth, or fif	th tax year as a	section	<del>on 501(c)(3) orga</del>	nizat		k this bo	x and stop here 5,042
	Uther liabilities (including rederal included on lines 1.7 - 2.3)	ome tax, p 4). Comple	ayables t te. <b>Part.</b> X	o relati	ed third parties hedule D	s, and other	▶(			25		5,042
Se	ction C. Computation of Public Suppo											
14	P <b>U</b> blic s <b>toppbliabilities</b> tageddin <b>es</b> 212/(threeg								(	76		5,042
15%	Public support percentage for 2020 Schedu Organizations that follow FASB ASC 33 1/3% ஆடிழரு ந்து t—2022. If the organizat	le A. Part II <b>958. chec</b>	, line 14 . k here ►		and complete	lines 27, 28.				15		
162									ОХ			
Balar	and stoppings the with antidated as inicious 23 1/3 % are prosets that a 2020 the state of a constant and a second a second and a second a second and a second a second and a second and a second and a	Sa publicly	supporte	d·orga	nization	 a and line 15 is			thie	. 2,7	<b>-</b> U	
	box and <b>stop here</b> . The organization qualif						7 00 170	on or more, oneor		28	_	
17g	10%-fa <b>cts:anitationsmatanteadest-H2022</b> AS	SELASO 950	Biz <b>etieck</b> d	ie recit	che <mark>ck</mark> aahdxcor	nlivhetê 3inlesa, o	r 16b,	and line 14 is 109	or n	ore, and	if the or	ganization meets
-	the "fac <b>29 ahrboigh</b> u <b>83</b> stances" test, check th	iis box and	stop her	e. Expl	ain in Part VI h	ow the organiz	ation ı	meets the "facts-	and-c	ircumsta	nces" te	st. The
5 or	29 anization qualifies as a publicity supported	d organiza	tion . :	 	· · · · · · · · · · · · · · · · · · ·	. • U	165 -	r 170 and !: 15	ic 10	29	to ondit	the organization
e e	जिल्लामा अन्य का जाती है। जिल्लामा अनुसार के प्रमुख्य	ilding on be check this	box and	անարն stop he	e <b>re.</b> Explain in f	Part VI how the	organ	nization meets the	e "fae	ង <b>បន្សា</b> ល <del>tp and e</del>		need" toot. The
Assets	30%-facts-and-cispmassanses, testar2, 21 meets the "facts-and-circumstances" test, 31 Retained earnings, endowment, accu organization qualifies as a publicly support	ımulated in ed organiz	come, or ation	other	funds · · · · · · ·	▶□		25	7,255	31		3,275,905
18	Parate Total dations state of ugah izalison etid n	ot check a	box on lii	ne 13,	16a, 16b, 17a,	or 17b, check t	nis bo	x and see 25	7,255	32		3,275,905
Ž	i <b>ß\$</b> truct <b>īonts</b> l.liabilities and net assets/fund l	palances .	•• .	<b>.</b>				25	7,255	. 33 .	▶ [	3,280,947
											Schedu	e A (Form 990) 2021)
					Page 3							
					- lage 3							
Eorm	990 (2021) dule A (Form 990) 2022											Page <b>12</b>
Sche	,		_	., .		20( )(2)						Page <b>13</b> Page <b>3</b>
	Part III Check पिखामीका कार्य में शिवा करिया कि कार्य	ganizatio askedatbo	ns Desc	ribed	in Section 50 நெக்⊋ஊ≉.சுண	บ <b>ฯ(a)(2)</b> if the organia	ation	failed to qualif	v un	der Dan	t II If the	ornanization
	Check पंजरतिस्ताहर है है। fails to qualify under the	ъроя <b>з</b> егор tests liste	ed below	יייy יוּאַ∩פּי /, plea	se complete	Part II.)	,auqii	ranca to qualit	y UIII	ال الما	- 10, 11 (116	. organization
_s	ection Aevenblic Support Part VIII. colun	nn (A). line	12) .					<u> </u>		1		3.414.982
Cale 2	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and it IX, colur	(a) 2018 n r (A), line	25) .	(b)	2019	(c) 2020		(d) 2021		(e) <del>2022</del> <b>2</b>		(f) Total 399,658
Т 3	reverse the seeperse se de la contributions, and	orn line 1	484,27	<b>'</b> 1	441,160	0 3	395,153	118,	583	3	3,398,45	
_	anv "unusual grants.") .	1				1	•	Ι		Ľ.	+	5,5 : 5,52 1

A	organization qualifies as a publicly supported	ed organization.								· ·
18	Parate Total destions state of grading the control of the control	t check a box on line	3, 16a, 16b, 17a, o	r 17b, check this box	and see 257,25	55	32		3	3,275,905
Ne	i <b>β\$</b> truct <b>Tonts</b> I.liabilities and net assets/fund b	alances		•	257,25	55 . :	33	. ▶[	) ;	3,280,947
								<del>Schedule</del>	A (Form)	990\20213
										(2021)
			Page 3							
			ugo							
Eorm	990 (2021) Jule A (Form 990) 2022									Page 12
Sched	100 431									Page 3
	Part III Conciliation of Nei Assets						_			
	Check (Formplette only if any che				failed to qualify u	nder	Part	II. If the	organiza	ition
	fails to qualify under the t		please complete i	<sup>2</sup> aπ II.)		-				
Calo	ctiona A. P. H. Blig Support   Part VIII. column	n (A). line 12) I (a) 2018	<b>(b)</b> 2019	(c) 2020	( <b>d</b> ) 2021	(6) 2	1 2022		(f) Total	3.414.982
7	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	r (A), line 25) .			•	(0) 2	2		(i) rotar	399,658
3	mentherships see penseive sulthement include		441,160		118,583		3	3,398,450		3, <b>6</b> 189,3214
4	any "unusual grants.") . Olesaseethes from balanses as beginning o	vear (must equal P	art X. iine 32. coium	n (A))		H	4			257,255
5	nerchardingeordanismons, - shiming invertigations, - shiming invertiga			( 1)		l	5			
	or facilities furnished in any activity that is	2,933			. 94	<u> </u>		450		3,47
6	r Daneted spevings maduums of special impu		• • • •				6			
7 3	Principles of the state of the	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	<del> </del>	$\vdash$	7			
8	afriotre aried ardius to but siness under.		'				8			3,326
9	section 513 Other changes in net assets or fund balance Tax revenues levied for the organizations	es (explain in Sched	ule 0)			L	9			
4 10	lax revenues levied for the organizations blane as a each eather and all an one scape and eather and a law		ough 9 (must equal)	Part X. line 32 colun	n (B))	<b> </b> -	10			3,275,905
	ita babalt		Jugii J (muot equal)	urt X, iiile 02, coluii	(5))	L				0,270,300
5 <sup>12</sup> a	The value Financial Statements and Re									
	by a governmental spit to the organizatione without charge	sponse or note to an	y line in this Part XI							
6	Total. Add lines 1 through 5	487,204	441,160	395,153	118,677			3,398,900	Yes	4,841,094
7 <sub>a</sub>	Amounts included on lines 1, 2, and 3 he Foregived from disqualified persons	ım 990: 52 <mark>56</mark> 0	Cash Ase, August	Other 52,200	20,000			3,204,261		3,381,161
Ċ	received from disqualified persons.  Afthe again taken changed in a gethod of a	ecounting from a pr		·	20,000			0,204,201		0,001,10
b	received from other than disqualified	postanting norm a pri	l your or or or or or	Surer, expignition						
2a	paraentathorogamization's greaterat fationent	s compiled or reviev	ved by an independe	nt accountant?				2a		No
	or 1% of the amount on line 13 for the year If Yes, check a box below to indicate wheth	er the financial state	ements for the year	vere compiled or rev	iewed on a separate	hasis	s			<del>                                     </del>
^	consolidated basis, or both:	52.500	52.200	52.200	20.000		-,	3,204,261		3,381,161
8	Public support. (Subtract line 7c from line.	. ,	52,255	02,200	20,000			0,201,201	1	
	0.)									1,459,933
Sp	ction Bn Total Support financial statement	s audited by an inde	pendent accountant	?				2b		No
Cale	ndar vear (or fiscal vear beginning in) 🖿 🗀	(a) 2018 er the financial state 487,204	(b) 2019	(c) 2020 vere audited on a se	(d) 2021 parate basis, sensel	(e) 2	2022 <del>d basi</del>	6	(f) Total	
9	Amounts from line 6	487,204	441,160	395,153	118,677			3,398,900		4,841,094
10a	Gross income from interest, dividends,		D But a sure distant	1 1						
	payments received on securities oans rents, royalties and income from similar		□ Both consoligate	d and separate basi	18,848			16,082		132,073
, c	SOURCES to line 2a or 2b, does the organizati	on have a committe	that assumes resp	onsibility for oversig	nt				ļ	
b	Untile authorities, taxable in another fin section 511 taxes) from businesses	ancial statements a	d coloction of an in							
		arroidi otatorriorrio di	iu selection of an inc	dependent accounta	nt?			2c		(
	action of taxes in the dames of the control of taxes in the control of taxes in the control of taxes in taxes in the control of taxes in taxes in the control of taxes in taxe	ight process or selec	tion process during	dependent accounta the tax year, explain	nt? in Schedule O.			2c		
С	acthanecoanization செற்ற அரசர்கள் its overs Add lines 10a and 10b.	ight process or selec 16,400	tion process during 73,612	the tax year, explain 7,131	in Schedule O. 18,848			2c 16,082		132,073
c 118a	#Congregation - ปีดูกุฎตามะ its overs Add lines 10a and 10b. Net income from และ lated businesses organized to the congression of the congression	ight process or selec 16,400	tion process during 73,612	the tax year, explain 7,131	in Schedule O. 18,848	and	ОМВ	16,082		
	Add lines 10a and 10b.  Net an estimated for the unitable state of the lines are activities not another or line 10b.	ight process or select 16,400 nization required to	tion process during 73,612 undergo an audit or	the tax year, explain 7,131 audits as set forth in	in Schedule O. 18,848 the Single Audit Act			16,082		
	Add lines 10a and 10b.  Netanesure of a neuropage ther its overs Add lines 10a and 10b.  Netanesure of a neuropage the lines the orga อะหับเปลด pot the business is regularly มลาหลา did the organization undergo the re	ght process or selection 16,400 nization required to quired audit or audit.	tion process during 73,612 undergo an audit or ?! If the organization	the tax year, explain 7,131 audits as set forth in	in Schedule O. 18,848 the Single Audit Act			16,082 <b>3a</b>		
1 % a	Actine contraction and 10b.  Netaine of the network and the size of t	ght process or selection 16,400 nization required to quired audit or audit.	tion process during 73,612 undergo an audit or ?! If the organization	the tax year, explain 7,131 audits as set forth in	in Schedule O. 18,848 the Single Audit Act			16,082		No (
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Æ¢.	990.(2021)	turn to	Form	
15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))			9.360
16	Public support percentage from 2021 Schedule A, Part III, line 15  Software ID: 22015553		8	1.970
	ction D. Computation of Investment Income Percentage			
17 Forn	Investment income percentage for 2022 (line 10c, column (f) advided by line 13; 80 in m (f); 100 in			2.660 S
19a	33 1/3% support tests-2022. If the organization did not check the box on line 14 and line 15 is more than 33 1/3%, and line 17 is not more than	33 1/3%		
20	check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		n 33 1/3'	
		ile A (i	01111 990	J) 2022
Sche	dule A (Form 990) 2022			Page 4
12b, ( Secti	Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Pons A and D, and complete Part V.)  Section A. All Supporting Organizations	art I, co		юх
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
_		1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	2		
Ja	bid the digalization have a supported digalization described in section 301(c)(4), (3), or (0): 11 Tes, answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	Ju		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in	3b		
·	Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes,"			
	describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a) (1) or (2)? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing			
IJ	document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3) (C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	0		
		9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had			
	an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		

U	Substitutions only, was the substitution the result of an event beyond the organizations control:	ου		
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .			
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 <b>Part VI</b> .	9a 9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10a		
	L Schedu		orm 990	1) 2022
				-,
	Page 5			
	Tage 5			
Sched	ule A (Form 990) 2022			Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Heatha arganization accounted a gift or contribution from any of the fallowing narround?		100	110
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?			
	a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
	, , , , , , , , , , , , , , , , , , , ,			
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported	1		
	organization(s) that operated, supervised or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
C-	ation D. All Type III Supporting Organizations			
<u> </u>	ction D. All Type III Supporting Organizations		Yes	No
_			res	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_	<b>.</b>	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the	۷		
-	organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
	ction E. Type III Functionally-Integrated Supporting Organizations			

		organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the same persons that controlled or managed the supported organization(s).	the sup	oporting organization was vested in	1		<u> </u>
5	Sect	ion D. All Type III Supporting Organizations					
		7. 1. 3 3				Yes	No
1		Did the organization provide to each of its supported organizations, by the last day of the fifth mon notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the fithe date of notification, and (iii) copies of the organization's governing documents in effect on the previously provided?	ne Form	n 990 that was most recently filed as			
_		··			1		
2		Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the s the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization mair</i>					
		relationship with the supported organization(s).			2		
3		By reason of the relationship described in line 2 above, did the organization's supported organizatio organization's investment policies and in directing the use of the organization's income or assets a describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			3		
					J		
1		<b>ion E. Type III Functionally-Integrated Supporting Organizations</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during	the ve	ear (see instructions):			
	а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	, the ye	ar (occ monuono).			
	b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> belo	ow.				
	С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported		rnment entity (see instructions)			
2		Activities Test. Answer lines 2a and 2b below.	a gove	minent entity (see instructions)			
-		ACTIVITIES TEST. PAISMET HITES ZU UITU ZU DETOM.				Yes	No
	•	Did substantially all of the organization's activities during the tax year directly further the exempt punch which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizatio</b> furthered their exempt purposes, how the organization was responsive to those supported organization that these activities constituted substantially all of its activities.	ns and	<b>explain</b> how these activities directly			
		mat these activities constituted substantially all of its activities.			2a		
		Did the activities described on line 2a, above constitute activities that, but for the organization's inv supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for th organization(s) would have engaged in these activities but for the organization's involvement.					
					2b		
3		Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>					
		Did the organization have the power to regularly appoint or elect a majority of the officers, directors organizations?If "Yes" or "No", provide details in <b>Part VI.</b>	s, or tru	stees of each of the supported	3a		
		Did the organization exercise a substantial degree of direction over the policies, programs and action organizations? If "Yes," describe in <b>Part VI</b> , the role played by the organization in this regard.	vities o	of each of its supported			
				Schad	3b	orm 990	1) 2022
				Concu	ale A (i	01111 330	, 2022
		Page 6					
Sch	edu	le A (Form 990) 2022					Page <b>6</b>
F	art	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1		Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2 functionally integrated supporting organizations must complete Sections A through E.	0, 1970	(explain in <b>Part VI</b> ). See instructions	. All oth	ner Type	III non-
		Section A - Adjusted Net Income		(A) Prior Year	` '	ent Year onal)	r 
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	` '	ent Year onal)	r 
1		Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
	а	Average monthly value of securities	1a				
	I-		1b				
		Average monthly cash balances					
	С	Fair market value of other non-exempt-use assets  Total (add lines 1a, 1b, and 1c)	1c 1d				

5	Depreciation and depletion		5			ı	
6	Portion of operating expenses paid or incurred for production management, conservation, or maintenance of property held finstructions)		6				
7	Other expenses (see instructions)		7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)		8			_	
<u>,                                    </u>	Section B - Minimum Asset Amount			(A) Prior Y	ear		(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see assets held for part of year):	e instructions for short tax year or	1				
а	Average monthly value of securities		1a				
b	Average monthly cash balances		1b				
	Fair market value of other non-exempt-use assets		1c				
	Total (add lines 1a, 1b, and 1c)		1d				
	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt use asset	S	2				
3	Subtract line 2 from line 1d		3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for g	reater 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				
	Section C - Distributable Amount						Current Year
1	Adjusted net income for prior year (from Section A, line 8, Colu	ımn A)	1				
2	Enter 85% of line 1		2				
3	Minimum asset amount for prior year (from Section B, line 8, 0	Column A)	3				
4	Enter greater of line 2 or line 3		4				
5	Income tax imposed in prior year		5				
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject reduction (see instructions)	ect to emergency temporary	6				
7	Check here if the current year is the organization's first	as a non-functionally-integrated Typ	e III sup	porting organizat	ion (see		ons) d <b>ule A (Form 990) 202</b> 2
						Scried	Jule A (FOITH 990) 2022
		Page 7					
Schedu	ıle A (Form 990) 2022						Page <b>7</b>
Par	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizations		(cont	inued)		
Secti	on D - Distributions						Current Year
1 A	mounts paid to supported organizations to accomplish exemp	t purposes			1		
	mounts paid to perform activity that directly furthers exempt p	urposes of supported organizations,	in		2		
	dministrative expenses paid to accomplish exempt purposes of	of supported organizations			3		
<b>4</b> A	mounts paid to acquire exempt-use assets				4		
<b>E</b> 0	ualified set-aside amounts (prior IRS approval required - provide	dotaile in Part VI)			5		
		00235 - Submission: 2023-11-	15		J		TIN: 20-34727
					-	$\overline{}$	OMB No. 1545-0047
	rar annual distributions. Add lines 1 through 6.  990) Stributions to attentive supported organizations to which ane	chedule of Contributo			7		2022
epart <del>a</del>	密部は神 <b>Páft等</b> がSee instructions <b>F Go to <u>ww</u></b> Revenue Service	w.irs.gov/Form990 for the latest	informa	ation.	8		2022
	ietributable amount fdr 2022 from Section C, line 6 of the organization				Emplo	yer identif	fication number
ROFINE	ું કાર્યાના તાલુકાના કાર્યા કાર્યાના ક				10 20 34	20700	
)rg <b>ā</b> r	aiziatiidīn-t Pipetr(bbtiok Afle):ations (see instructions)	(i) Excess Distributions	Uı	( <del>ii)</del> nderdistributions Pre-2022	2001		(iii) Distributable nount for 2022
ilers	stributable amount for 2022 froge Saction. C, line 6						
2 Un	derdistributions, if any, for years prior to 2022 nable cause required– explain in <b>Part VI</b> ). ବ୍ୟୟୟସେସ କରାଜ:EZ						
OHSE	eg HetRichark.EZ	ber) organization					

<ul> <li>Qualified set-aside amounts (prior iks approval required - provide</li> </ul>	e aetaiis in <b>Part VI</b> )		5	
efile Public Visual Render ObjectId: 20230320934930	00235 - Submission: 2023-11	l-15	6	TIN: 20-3472700
Schedule B Total annual distributions. Add lines 1 through 6.	chedule of Contribu	tors	7	OMB No. 1545-0047
Form 990) 8 Distributions to attentive supported organizations to which in A epart <del>ugalish p <b>ar</b> 39</del> )/See instructions	t <b>igshi ±จะโจกา</b> ซาเขียุญเพิ่ม <b>น โร</b> ะคศเซี <u>rw.irs.gov/Form990</u> for the lates	990-PF. st information.	8	2022
9 Distributable amount for 2022 from Section C, line 6			و ا	
lame of the organization RENAS ଆନୋସନୋସ୍ତ୍ର Line 9 amount			Emple)	ver identification number
10-Line o allouit divided by Line 9 allouit	I	/::\	20 347	<del>2700 (iii)</del>
Organization-typer(bution Allerations (see instructions)	(i) Excess Distributions	<del>(ii)</del> Underdistributions Pre-2022		Distributable Amount for 2022
HeDistributable amount for 2022 from Saction C, line 6				
2 Underdistributions, if any, for years prior to 2022 reasonable cause required—explain in Part VI).  Ornsee Hetrical Control of the control	ber) organization			
a From 2017	t charitable trust <b>not</b> treate	d as a private foundat	ion	
<b>c</b> From 2019				
d From 2020	IION			
e From 2021				
orm 500 DF g Applied to underdistributions of prior years	tate foundation			
h Applied to 2022 distributable am 1914 4947(a)(1) nonexem i Carryover from 2017 not applied (see instructions)	t charitable trust treated as	a private foundation		
j Remainder. Subtract lines 3g, 3h, a 3fond 18 ftaxable priv 4 Distributions for 2022 from Section D, line 7:	ate foundation			
\$				
CHE CRPH 950 POR GRAINT SHOWS CONTROL TO THE General Rul		- O	2	Dula Carlinaturations
Nঠাক তেপি প্র ও ও প্রতির্বাধীক উত্তর্গ প্রতিপ্রতির্বিধি কর্ম করিছে (বিজ্ঞানি করিছে Ala and 4b from line 4.	can cneck boxes for both th	e General Rule and a s	special	Rule. See Instructions.
<b>Sefferal iRude</b> nderdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . ্ৰামেন্টাপ্টাণ্ডাণু ganization filing Form 990, 990-EZ, or	990-PF that received, during	the year, contribution	ns total	ing \$5,000 or more (in mon
6 Remaining or her distribution for Horn 22 Post and the from line 1. If the amount is greater than zero, explain in Part VI. See instructions.				
7 Excess distributions carryover to 2023. Add lines Special Rules				
8 Breakdown of line 7:				
a ি ভিন্ত প্রিক্রাভিনা described in section 501(c)(				
b Excess fem 82016ns 509(a)(1) and 170(b)(1)(A)(vi), th				
c Excessioned ଫୁଡିm any one contributor, during the yea d Excession ଫୁଡିଆ, line 1h, or (ii) Form 990-EZ, line 1.		greater of (1) \$5,000	or (2) 2	<u>'% of the amount on (i) For</u> n
e Excess from 2022				Schedule A (Form 990) (2022)
For an organization described in section 501(c)( during the year, total contributions of more than or for the prevention of cruelty to children or anii	\$1,000 exclusively for religion	ous, charitable, scienti		
Schedule Ad Farm and Anization described in section 501(c)(	7), (8), or (10) filing Form 99	00 or 990-EZ that recei	ived fro	om any one contribut®ege 8
Part \durin <b>§utple year</b> at <b>ofdinibution</b> किलोबी अवशिक्षणकी शिक्षणकी है। If this box हिंब दी बेटे रहिन्दु होती के निवास की किलोकी कि हिंदी है। 1c, 2a, 2b, 3a and 3b; Part V, line 1: Part V, Section B, li purposit किलो किलोबी किलोबी किलोबी किलोबी किलोकी किलोकी किलो religious, charitable, etc., contributions totaling \$	Sign Bris en at Were Pet Wise et in ne 1e: Part V Section D, lines 5, 6, 6 the <b>General Rule</b> applies to	Undingthe Pattly, for tion early section Early Section Early Section Early section because of the control of th	TEUMACH Clinesiv Lines 2 Jause it	NS Setaled More 1826 \$25,000 Per 1826 \$25,000 Per 1826 Pe
caution: An organization that isn't covered by the Gener	Facts And Circumstances Test al Rule and/or the Special R	ules doesn't file Scheo	dule B	(Form 990,
90-EZ, or 990-PF), but it <b>must</b> answer "No" on Part IV, li	ne 2, of its Form 990; or che	eck the box on line H o	f its Fo	orm 990-EZ
90-EZ, or 990-PF) eference		Explanation	טפפ וווו	,
Con Decree and Deduction A. M. C		0-1-11 006101		Schedule A.(Farm 920).2022
For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.		Cat. No. 30613X		Schedule B (Form 990) (202

If this book in the second sec	geatabofdminathons wide was explained by a control of the party for the	r <b>p.oise.\$7.but 17.0</b> is& <b>x</b> edian frigethe year 5, 6, and 8, and Part V, s to this organizat	Section D. lines i Section E, lines 2 Ion because i	ใช้เกิดให้ Seffantalines etc. 5, and 6. Also complete this i received <i>nonexclusively</i>
90-EZ, or 990-PF)	Facts And Circumstances T ization that isn't covered by the General Rule and/or the Specia ), but it <b>must</b> answer "No" on Part IV, line 2, of its Form 990; or PFF, Part I, line 2, to certify that it doesn't meet the filing require	check the box on	line H of its Fo	orm 990-EZ
990-EZ, or 990-PF	eference	Explanation		
For Paperwork Reduct for Form 990, 990-EZ,	tion Act Notice, see the Instructions , or 990-PF.	Cat. No. 306	13X	Schedule B (Form 990) (202
	Page 2			
Additional Dat	a			Return to Form
Schedule B (Form	990) (2022)		Page	2
Name of organization FRIENDSHIP CIRCLE S			Employer ident 20-3472700	ification number
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4		(c) ntributions	(d) Type of contribution
<u>RESTRICTED</u>	,		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4		(c) ntributions	contributions.) (d) Type of contribution
-			\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) ntributions	(d) Type of contribution
-			\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) ntributions	(d) Type of contribution
- (a)	(b)		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4		s \$	Type of contribution  Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

-		_	Person Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
=	-		Payroll
			Noncash
			(Complete Part II for noncash contributions.)
	•		Schedule B (Form 990) (2022
	Page 3		
	(7		_
Schedule B Name of orga	(Form 990) (2022)	Employer identification nu	Page
	CIRCLE SD INC		ilibei
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	20-3472700	
(a)		(c)	(1)
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a)	(6)	(c)	(4)
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	1 1 73	(See instructions)	
_		\$	
(a)	(b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
		(oce manuchons)	
-		\$	- <u> </u>
		()	
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions)	Date received
		·	
-		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions)	Date received
-		\$	<u> </u>
(a)		(c)	(.1)
Na fram	(b)	FMAN (or estimate)	(d)

(a) No. from Part I	Description	(b) n of noncash p	roperty given			(c) or estimate) nstructions)	(d) Date received	
-						\$_		
(a) No. from Part I	Description	(b) n of noncash p	roperty given	-	•	(c) or estimate) nstructions)	(d) Date received	
-						\$_		
(a) No. from Part I	Description	(b) n of noncash p	roperty given	- 111	•	(c) or estimate) nstructions)	(d) Date received	
-						\$_		
	<u> </u>						Schedule B (Form 990) (2022)	
			——— Р	age 4				
				3				
Schedule E	3 (Form 990) (2022)					l Employer	Page 4 identification number	
	CIRCLE SD INC					20-34727		
(a)	\$1,000 for the year from any o completing Part III, enter the to information once. See instruct Use duplicate copies of Part III	otal of <i>exclusive</i> ions.) <b>&gt;</b> \$	<i>ly</i> religious, ch					
No. from Part I	(b) Purpose of gif	t	(c) Use of gift			(d) Description of how gift is held		
			` '	Transfer of gift				
_	Transferee's name, a	address, and ZI	P 4	Re	elationship	o of transferor to	o transferee	
(a) No. from Part I	(b) Purpose of gif	t	(	(c) Use of gift		(d) Descri	iption of how gift is held	
-								
	Transferee's name, a	address, and 71	` ,	Transfer of gift	elationshir	o of transferor to	o transferee	
efile Public	· ·	23032093493002					TIN: 20-3472700	
SCHEDUL	-E D ,	Suppleme	ntal Finan	<del>cial Stateme</del>	ntc		OMB No. 1545-004/	
(For(a)990) No. from Part I	(b) Purpose of gif	t ► Complete if th	e organization an	( <b>a)eleaeye\$;gifit</b> Form 9 1c, 11d, 11e, 11f, 12a, o	90,	(d) Descr	iptiano qui is held	
Department of Treasury	▶ G	o to <u>www.irs.gov/</u> Fo		ctions and the latest info	ormation.		Open to Public Inspection	
Name of the	e organization		(e)	Transfer of gift		Employer identificat		
	CIRCLE SD INC Transferee's name, a					ე <mark>⊙f₄tran</mark> §feror to	o transferee	
Part I	Organizations Maintaining Don Complete if the organization an				S			
(2)				onor advised funds		( <b>b</b> ) Funds an	d other accounts	
1 (dbtal ի։ No. from 2 parggreg	umber at end of year (b) Purpose of gif ate value of contributions to (during ye	t ear)	(	( <del>c) Use of gift</del>		<del>(d) Descr</del> i	<del>iption of how gift is he</del> ld	

efile	Publ	c <del>Visual Re</del>	nder	ObjectId: 20230320934930	0235 - Submissi	on: 2023-11-15			TIN: 20-3472700
SCH	EDU	LE D		Cupplome	ntol Finan	<del></del>			OMB No. 1545-0047
(Forta No. f Par	)990) rom		(b) F	Purpose of gift > Complete if	he organization ar			(d) Descri	pti <b>2002</b> gi <b>2</b> is held
Depart		of the			Attach to Fo	rm 990.			Open to Public
Treasu		nue Service		► Go to <u>www.irs.gov/</u>	F <u>orm990</u> for instru	ctions and the latest informati	ion.		Inspection
Nam	e of th	e organizatio			(e	Transfer of gift	Emp	oloyer identificat	ion number
FRIEN	IDSHIF	CIRCLE SD INC	Transf	eree's name, address, and z			nship <sub>o</sub> o	f <sub>4</sub> transferor to	o transferee
Pai	rt I	Organiza	tions M	laintaining Donor Advised Fun	ds or Other Simi	ar Funds or Accounts			
		Complete	e if the o	organization answered "Yes" or					<del></del> _
1 (a	A1	number at end	J - 6	ı	- (a) [	onor advised funds	<del> </del>	( <b>b</b> ) Funds an	d other accounts
No. f	rom Aggre	gate value of	(b) F contribu	Purpose of gift tions to (during year)		(c) Use of gift (d) Description			
				om (during year)					
	-	ga <del>te value at</del>					<u> </u>		
5	prope	erty, subject to	o the org Transf	n all donors and donor advisors in v anization's exclusive legal control? eree's name, address, and z	<u> </u>	Relatio	nship o	f transferor to	otrar Fe <b>Ye</b> e No
6				n all grantees, donors, and donor ad onor or donor advisor, or for any oth				itable purposes a	and
					<del></del>	·			Yes No
Par	t II	Conserva	ation Ea	sements.	<u> </u>			90	hedule B (Form 990) (202
				organization answered "Yes" or		•			
1	Purpo	ose(s) of con	servation	n easements held by the organization	on (check all that a	pply).			
		Preservation	of land	for public use (e.g., recreation or ed	lucation)	Preservation of a	n historica	Illy important lan	d area
		Protection of				Preservation of a	certified h	istoric structure	
Add	d⊡o	nal Data	of open	space					Return to Form
2		olete lines 2a e tax year.	through	2d if the organization held a qualifi	ed conservation co	ntribution in the form of a con	servation		<u> </u>
а		•	nservatio	on easements			2a	Held at t	he End of the Year
				conservation easements			2b		
		•	•	sements on a certified historic stru			2c		
				sements included in (c) acquired a	fter 7/25/06, and n	ot on a historic structure listed	l in 2d		
	the National Register								
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year								
4	Numb	per of states	where pr	operty subject to conservation eas	ement is located	,			
5	Does	the organiza	tion have	e a written policy regarding the perions it holds?	odic monitoring, in:		_ s, and enfo		
						on and anfa-ris · · · ·			Yes No
6	Staff •	and voluntee	ı nours d	devoted to monitoring, inspecting, h	andling of violation	is, and enforcing conservation	easemen	is auring the yea	I
7	Amou	unt of expens	es incurr	red in monitoring, inspecting, handl	ing of violations, ar	nd enforcing conservation ease	ements du	ring the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)  (4)(B)(ii)?								
9				ne organization reports conservation, if applicable, the text of the footno		•			Yes UNO
Par				ng for conservation easements.  laintaining Collections of Art, I	Historical Treasu	ıres, or Other Similar Asse	ts.		
	16.1			organization answered "Yes" or				and a first to the second	
1a	other	similar asset	ts held fo	as permitted under FASB ASC 958, or public exhibition, education, or re escribes these items.					
b	other	similar asset	ts held fo	as permitted under FASB ASC 958, or public exhibition, education, or re	search in furtheran	ce of public service, provide th			
				n 990, Part VIII, line 1			<b>-</b> \$		
(ii)				90, Part X · · · · · · · · · · ·					
2	follow	ving amounts	required	d or held works of art, historical tread to be reported under FASB ASC 95	58 relating to these	items:		!	
а	Rever	nue included	on Form	990, Part VIII, line 1			<b>*</b> \$		
b	Asset	ts included in	Form 99	90, Part X			▶\$		

	g						
Par	t III Organizations Maintaining Collection			ther Simila	r Assets.		
1a	Complete if the organization answered If the organization elected, as permitted under FASE other similar assets held for public exhibition, education financial statements that describes these items.	3 ASC 958, not to repor	t in its revenue st				
b	If the organization elected, as permitted under FASE other similar assets held for public exhibition, educations and the similar assets held for public exhibition, educations are similar assets held for public exhibition.						
(i)	Revenue included on Form 990, Part VIII, line 1				▶\$		
(ii)	Assets included in Form 990, Part X				<b>▶</b> \$		<del></del>
2	If the organization received or held works of art, his					:he	
	following amounts required to be reported under FA Revenue included on Form 990, Part VIII, line 1	•			<b>.</b> .		
a	, ,				· · · · · · · · · · · · · · · · · · ·		
b Far Da	Assets included in Form 990, Part X				Cat. No. 5228	OOD Coho	 dule D (Form 990) 2021
rui Pa	perwork Reduction Act Notice, see the instructions	101 F01111 990.			Cal. NO. 5220	SCIIE	uule D (F01111 990) 2021
			Page 2				
Sched	ule D (Form 990) 2021						Page <b>2</b>
Par		s of Art. Historical 1	reasures, or O	ther Simila	r Assets (con	tinued)	i age <b>z</b>
3	Using the organization's acquisition, accession, and					•	(check all that
_	apply):						
а	Public exhibition		d 🗆	Loan or exc	hange progran	ns	
b	Scholarly research		e 🗌	Other			
С	Preservation for future generations						
4	Provide a description of the organization's collection	ns and explain how the	y further the orga	ınization's ex	empt purpose	in	
	Part XIII.						
5	During the year, did the organization solicit or receiv assets to be sold to raise funds rather than to be made to the solicit or received assets to be sold to raise funds rather than to be made to the solicit or received assets to be sold to raise funds rather than to be made to the solicit or received assets to be sold to raise funds rather than to be made to the solicit or received assets to be sold to raise funds rather than to be made to the solicit or received assets to be sold to raise funds rather than to be made to the solicit or received as the					□ Ye	es 🗆 No
Par	Escrow and Custodial Arrangements.	d "\\a=" == F==== 000	) Dant IV line 0				
	Complete if the organization answered					on Form 990, Part X	., iine ∠1.
1a	Is the organization an agent, trustee, custodian or o included on Form 990, Part X?						
						U Y€	es U No
b	If "Yes," explain the arrangement in Part XIII and cor	nplete the following ta	ble:			Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Form 99				nility?	□ Y€	es D No
ъ b	-					∪ Y€	es U No
Pai	If "Yes," explain the arrangement in Part XIII. Check It V Endowment Funds.	nere ii the explanation	nas been provide	u iii Part XIII			
I ai	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 10	).			
		(a) Current year	(b) Prior year		wo years back	(d) Three years back	(e) Four years back
	Beginning of year balance						
	Contributions						
	let investment earnings, gains, and losses						
	Grants or scholarships						
	Other expenditures for facilities and programs						
f A	Administrative expenses						
g E	End of year balance						
2	Provide the estimated percentage of the current year	ar end balance (line 1g,	column (a)) held	as:			<u> </u>
а	Board designated or quasi-endowment						
b	Permanent endowment						
С	Term endowment ▶						
	The percentages on lines 2a, 2b, and 2c should equa	al 100%.					
3a	Are there endowment funds not in the possession or organization by:	of the organization that	are held and adm	ninistered fo	the		Yes No
	(i) Unrelated organizations					<b>□</b> ;	3a(i)
	(ii) Related organizations						Ba(ii)
b	If "Yes" on 3a(ii), are the related organizations listed					<u> </u>	3b
4	Describe in Part XIII the intended uses of the organi	zation's endowment fu	ınds.			<u> </u>	<u> </u>

1 5 111

	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage	ge of the current year end	d balance (line 1g,	column (a	)) held as:			<u>.</u>		
а	Board designated or quasi-endo	wment 🕨								
b	b Permanent endowment									
С	Term endowment									
22	The percentages on lines 2a, 2b, Are there endowment funds not	•		ara hald a	nd administa	rad for the				
3a	organization by:  (i) Unrelated organizations .							Yes No		
	(ii) Related organizations .							3a(ii)		
b	If "Yes" on 3a(ii), are the related	-					•	3b		
4	Describe in Part XIII the intended		on's endowment fu	nds.						
Pa	rt VI Land, Buildings, and	<b>Equipment.</b> nization answered "Ye	es" on Form 990	Part IV	ine 11a Se	- Form 990 Pa	art X line 10			
	Description of property	(a) Cost or other bas (investment)			asis (other)		ted depreciation	(d) Book value		
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
е	Other				17,969		11,376	6,593		
	. Add lines 1a through 1e. (Column	n (d) must equal Form 990	0, Part X, column (E	3), line 10(d	c).)	<b>&gt;</b>		6,593		
								Schedule D (Form 990) 2021		
				Page 3						
Sche	dule D (Form 990) 2021							Page <b>3</b>		
Pa	rt VII Investments - Other	Securities.						. 3		
		nization answered "Ye		, Part IV,		Form 990, Pa				
		on of security or categor ng name of security)	ry		( <b>b)</b> Book value		(c) Method of v Cost or end-of-year			
(1) Fi	nancial derivatives									
` '	losely-held equity interests									
<b>(3)</b> Ot	her									
(A)										
(B)										
(C)										
(D)										
(F)										
(G)										
(H)										
	(Column (b) must equal Form 990, Part )	X, col. (B) line 12.)		•	2,698,746					
Pa	rt VIII Investments - Progr									
		anization answered 'Y		, Part IV,	line 11c. Se					
	(a)	Description of investme	ent			(b) Book value		ethod of valuation: id-of-year market value		
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										

**Explanation** 

Return

(6)		
(8)		
spfile Public Visual Render ObjectId: 202303209349300235 - Submission: 2023-11-15		TIN: 20-3472700
GCHEDULE Qual Form 990, Part X. Supplemental Information to Form 990 or 990	-F7	OMB No. 1545-0047
kt Olimy 2010) certain tax positions. In Part XIII, provingteretor provincientromatibe regesponses trospecificatoris cines constants are ec	rts the org	
uncertain tax positions under FIN 48 (ASC 740). Check here in 18 18 18 18 18 18 18 18 18 18 18 18 18		Open to Public
nternal Revenue Service ► Go to <u>www.irs.gov/Form990</u> for the latest information.		Inspection
Name of the organization FRIENDSHIP CIRCLE SD INC Page 4	nployer id	entification number
21	)-3472700	
Return Reference Explanation		
Form 990, Part VI, Section B, Line 11b	ON.	
Form 990, Part VI, Section C, Line 19		
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<del>Schedule 0 (Form 99</del> 0) 2021
a Investment expenses not included on Form 990. Part VIII. line 7b . 4a		
Additional Data		Return to Form
c Add lines 4a and 4b	4c	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line Software ID: 22015553  Part XII Reconciliation of Expenses per Audited Financial Software Properties For Return.	5	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b         Prior year adjustments         2b           c         Other losses         2c	_	
d. Other (Describe in Book VIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line XII, lines 2d and 4b. Also complete this part to provide any additional information.	e 2; Part XI,	lines 2d and 4b; and Part
7.11, 111.00 Zu unu 1817 1100 complete une pur te promo un guantional información		
Return Reference Explanation		
	\$	Schedule D (Form 990) 2021
	\$	Schedule D (Form 990) 2021

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