Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 www.irs.gov/Form990EZ for instructions and the latest information.

A	or the	2023 calenda	r year, or tax year beginning 01/01	/2023 an	d ending	12/3	31/2023		
В	Check if ap	neck if applicable: C Name of organization D Emp			D Emplo	yer identificatio	n number		
	Address c	ddress change FRIENDS OF KAIROS NICARAGUA INC						9	
	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telep								
=	Initial retur	651-300-0511							
=	Final retur Amended	F Grou	p Exemption						
=		n pending	Num	ber					
		ting Method:	Woodbury, MN 55129 Cash Accrual Other (specify):		н	Check	if the organiza	ation is not	
	Vebsite	-					to attach Sche		
JΤ	ax-exen	npt status (che	ck only one) — 🔽 501(c)(3) 🗌 501(c) () (inse	ert no.)	or 527	(Form 99	0).		
				sociation \square Other:	<u> </u>		,		
			7b to line 9 to determine gross receipts. If gross re		more, or if tota	al assets			
			500,000 or more, file Form 990 instead of Form 9				\$	24,302	
_	art I		e, Expenses, and Changes in Net Ass						
			the organization used Schedule O to resp		,			,	
_	1		ns, gifts, grants, and similar amounts receive				1	17,346	
	2		ervice revenue including government fees an			-	2	6,949	
	3	_	p dues and assessments			-	3	0,747	
	4	Investment	•				4	7	
	5a		unt from sale of assets other than inventory	1	 1		-		
ne						0			
	b	Less: cost or other basis and sales expenses						0	
	6		in or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)						
	а		iross income from gaming (attach Schedule G if greater than 15,000)						
Revenue	b	Gross inco	me from fundraising events (not including \$. 0	of contribution	ons			
Zè.		from fundr	aising events reported on line 1) (attach Sc						
_		sum of suc	h gross income and contributions exceeds \$	\$15,000) 6b		0			
	С	Less: direc	t expenses from gaming and fundraising eve	ents 6c		0			
	d		e or (loss) from gaming and fundraising eve		id 6b and su	btract			
		line 6c) .				[6d	0	
	7a	Gross sale	s of inventory, less returns and allowances	7a		0			
	b		of goods sold			0			
	С		t or (loss) from sales of inventory (subtract li				7c	0	
	8	•	nue (describe in Schedule O)	•		-	8	0	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	24,302	
	10		similar amounts paid (list in Schedule O)				10	37,031	
	11		id to or for members			[11	0	
Ś	12	•	her compensation, and employee benefits				12	0	
JSe	13		al fees and other payments to independent of			-	13	0	
Expenses	14		r, rent, utilities, and maintenance			-	14	0	
X	15		iblications, postage, and shipping			-	15	0	
	16		nses (describe in Schedule O) .See Schedu				16	1,802	
	17	Total expe	nses. Add lines 10 through 16	ie O, Statement i .		····	17		
	18	Fycess or	deficit) for the year (subtract line 17 from line	<u> </u>		• •	18	38,833	
ets	19		or fund balances at beginning of year (froi				10	-14,531	
SS			r figure reported on prior year's return) .				19	25 024	
Net Assets	20					- ⊢	20	25,921	
Š	21		ges in net assets or fund balances (explain i or fund balances at end of year. Combine lir				21	11 200	
	4	ואכו מסספוס	or rund balances at end or year. Combine III	ico io uniougii 20			4 1	11,390	

Form 990-EZ (2023) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 25,921 22 22 Cash, savings, and investments 11,390 23 0 23 0 Other assets (describe in Schedule O) 24 0 24 0 25,921 25 25 11,390 Total liabilities (describe in Schedule O) . . 26 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 27 25.921 27 11,390 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 2 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Funds accepted on behalf of Escuela Kairos for programs and services rendered on behalf of US organizations. These funds are sent directly to Escuela Kairos through our checking account. These are not grants, but transfers of funds received to facilitate payment for US participants. (Grants \$ 30,082) If this amount includes foreign grants, check here 28a 6,949 29 29a) If this amount includes foreign grants, check here . 30 30a 0) If this amount includes foreign grants, check here 31a 6,949 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (Forms W-2/1099-MISC/ (a) Name and title hours per week benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) **Richard Jones** 1.00 0 0 0 **Board Member** 0 Julie Sloan 1.00 0 n **Board Member** Pamela Jeffers 1.00 0 0 0 **Board Member** John Riehle 1.00 0 0 0 **Board Member** Michael Robertson 1.00 0 0 0 **Board Member, Treasurer** Carl Scheider 10.00 0 0 Board Member, Board Chair

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
40a	section 4911: 0; section 4912: 0; section 4955: 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed:			
42a		551-30	0-051	1
	Located at: 10953 Thone Road Woodhury MN 55129 7IP ± 4	55′	129	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
	40		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	7-70		
-	completed instead of Form 990-EZ	44b		/
С	Did the organization receive any payments for indoor tanning services during the year?	44c		V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	45h		./

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990-EZ (2023)						Р	age -
							Yes	No
	the organization engage, directly or in							
	andidates for public office? If "Yes," of		Part I			. 46		~
Part VI	Section 501(c)(3) Organizations							
	All section 501(c)(3) organization	s must answer que	stions 47–49b and	d 52, and (complete th	e tables to	or line	es
	50 and 51.							
	Check if the organization used Sch	nedule O to respond	to any question in	this Part \	<u>/I</u>	<u></u>		\sqcup
							Yes	No
	the organization engage in lobbying					tax		
-	? If "Yes," complete Schedule C, Part					. 47		~
	e organization a school as described ir		•			. 48		~
	the organization make any transfers to							~
	es," was the related organization a se							
	plete this table for the organization's							d key
emp	loyees) who each received more than	\$100,000 of comper	_	-		e, enter "N	one."	
		(b) Average	(c) Reportable compensation		alth benefits, ons to employee	(e) Estimate	d amou	ınt of
(a) Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MIS		ns, and deferred			
		devoted to position	1099-NEC)	com	pensation			
None								
	Il number of other employees paid over				-			
	pplete this table for the organization'			nt contracto	ors who each	n received	more	thar
\$100	0,000 of compensation from the organ	ilzation. Il there is no	ne, enter mone.					
(a) Name and business address of each independ	lent contractor	(b) Type of se	ervice	(c)) Compensation	on	
None								
None								
d Tota	Il number of other independent contra	actors each receiving	over \$100,000	_				
	the organization complete Schedu	_		ranizations	must attack	n a		
	pleted Schedule A					∵ Ves		No
	s of perjury, I declare that I have examined this r	return, including accompany	ving schedules and state	ments and to	the hest of my kr			
	nd complete. Declaration of preparer (other than					iowioago ana	Donor,	10 10
Sign	Signature of officer			1	Date			
Here	Carl Scheider, Board Chair							
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature		Date	Check] if PTIN		
					self-emplo	- 1		
Preparer Use Only				F	Firm's EIN			
OSE OIIIY	Firm's address				Phone no.			
May the IRS	S discuss this return with the preparer	shown above? See i	nstructions			. Yes		No

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

20**23**

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990 or Form 990-EZ.

Go to $\ensuremath{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

Open to Public Inspection

Employer identification number

	FRIENDS OF KAIROS NICARAGUA INC 47-2380239							
Par		<u> </u>					ons.	
The c	organization is not a private founda		,		-	•		
1	A church, convention of church					0(b)(1)(A)(i).		
2	A school described in section		,		•			
3	A hospital or a cooperative hos		<i>!</i>			,, ,, ,		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
5	An organization operated for t		collogo or university	owned o	r operate	d by a government	al unit described in	
3	section 170(b)(1)(A)(iv). (Comp		college of university	Owned 0	Operate	tu by a government	ai unit described ii	
6	☐ A federal, state, or local govern	•	mental unit described	l in secti o	on 170(h)	(1)(Δ)(v)		
7	An organization that normally						the general public	
	described in section 170(b)(1)		•	po	. a gove.		. and goneral palane	
8	A community trust described in		•	Part II.)				
9	☐ An agricultural research organi			•	erated in	conjunction with a la	and-grant college	
	or university or a non-land-graduniversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or	
10	An organization that normally r receipts from activities related	eceives (1) more	than 331/3% of its su	pport fro	m contrib	outions, membership	fees, and gross	
	support from gross investment	income and uni	related business taxal	ble incom	nė (less se	ection 511 tax) from	businesses	
	acquired by the organization a		•		•	•		
11	An organization organized and	•	•	-				
12	An organization organized and one or more publicly supported	•		•				
	the box on lines 12a through 12							
а			,, ,,				,	
_	the supported organization							
	supporting organization. You							
b	☐ Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having	
	control or management of t				persons	that control or mana	age the supported	
	organization(s). You must	-	•					
С							ally integrated with,	
	its supported organization(, ,	· ·		-			
d	Type III non-functionally i that is not functionally integ							
	requirement (see instruction						u an attentiveness	
е	_ ` `	•	•		-		. II. Type III	
·	functionally integrated, or T						ян, туретн	
f	Enter the number of supported of							
g	D 11 11 611 1 1 6	_						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of	
			(described on lines 1–10 above (see instructions))	,	ur governing ment?	support (see instructions)	other support (see instructions)	
						mon denome,		
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total	<u> </u>							

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2023 Page **3**

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,164	39,617	34,056	12,713	17,346	139,896
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	36,164	39,617	34,056	12,713	17,346	139,896
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	0	0	0	0	0	0
с 8	Public support. (Subtract line 7c from line 6.)	0	0	0	0	0	0
Secti	on B. Total Support						139,896
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	36,164	39,617	34,056	12,713	17,346	139,896
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29	1	1	3	7	41
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	29	1	1	3	7	41
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	-			-	17,353 ar as a section	
Secti	on C. Computation of Public Suppor			· · · · ·			
15	Public support percentage for 2023 (line 8			13 column (fl)		15	99.97 %
16	Public support percentage from 2022 Sch	, ,,,	•	, (,,		16	99.97 %
	on D. Computation of Investment In			<u> </u>		1 1	
17	Investment income percentage for 2023 (y line 13, colu	mn (f))	17	0.03 %
18	Investment income percentage from 2022			-		18	0.03 %
19a	331/3% support tests-2023. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m		6, and line
	17 is not more than 331/3%, check this box	and stop here .	The organization	on qualifies as a	a publicly suppo	orted organizati	on 🔽
b	331/3% support tests – 2022. If the organiz line 18 is not more than 331/3%, check this line 18 is not more than 301/3%, check this line 18 is not more than 301/3%.						
20	Private foundation. If the organization di	d not check a l	oox on line 14	19a or 19b o	heck this hox	and see instru	ctions \Box

Schedule A (Form 990) 2023 Page 4

Supporting Organizations Part IV

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

Se

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

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023 Page 6

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Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	integrated Type III suppo	rting organization

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Inspection Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number

FRIENDS OF KAIROS NICARAGUA INC	47-2380239
Form 990-EZ, Part I, Line 10 - Funds are transferred to FUNDACIÓN ESCUELA KAIROS PARA LA FORMAC	CION a legal nonprofit in
Nicaragua. 30082.21 Donations sent in the form of grants in support of work in Nicaragua. 6948.88 Progra	
accepted on behalf of Kairos Foundation for programs and services rendered to US communities. Program	
US organizations working in development efforts in Nicaragua. Services include translation, transportation	i, community building exercises,
etc. 37031.09 Total grants and similar expenses	

Schedule O, Statement 1

FRIENDS OF KAIROS NICARAGUA INC

Form: **Form 990-EZ (2023)** EIN: **47-2380239**

Page: 1

Part I, Line 16 Other Expenses Structured Explanation

Description	Amount
Banking fees for funds collection and movement	97
Outside computer expenses website domain	180
Filing fees	150
Fund Raising fees	1,375
Total:	1.802

Schedule O, Statement 2

FRIENDS OF KAIROS NICARAGUA INC

Form: Form 990-EZ (2023) EIN: 47-2380239

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Support for staff and staff development t in providing community organizing and small loan programs in several Nicaraguan communities. Community members number several hundred. Small loan program benefits about 70 individuals directly, many more indirectly by supporting economy. 30.082