Department of the Treasury Internal Revenue Service

### **Short Form**

OMB No. 1545-0047

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

Open to Public Inspection

AF	or the	2022 calenda	ar year, or tax year beginning , 2022,	and ending	_	, 20		
B	Check if ap	plicable:	C Name of organization		D Employ	er identification number		
<u> </u>	Address cl	hange						
	Name cha	-	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Initial retur	n/terminated						
	Amended		City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption		
	Application	n pending			Numbe	er		
G /	Account	ing Method:	Cash Accrual Other (specify):	Н	Check 🗌 i	f the organization is <b>not</b>		
	Vebsite					o attach Schedule B		
			ck only one) — 🗌 501(c)(3) 🔲 501(c) ( ) (insert no.) 🗌 4947(a)(1) o	r 🗌 527	(Form 990	).		
			□ Corporation □ Trust □ Association □ Other:					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or 1					
			500,000 or more, file Form 990 instead of Form 990-EZ			\$		
Ρ	art I		e, Expenses, and Changes in Net Assets or Fund Balance					
	1		the organization used Schedule O to respond to any question					
	1		ns, gifts, grants, and similar amounts received			1		
	2	-	ervice revenue including government fees and contracts			2		
	3		ip dues and assessments			3		
	4	Investment			· ·	4		
	5a		unt from sale of assets other than inventory					
	b		or other basis and sales expenses	<u> </u>				
	с 6		s) from sale of assets other than inventory (subtract line 5b from I d fundraising events:	ine 5a)				
	а	Gross inco	ome from gaming (attach Schedule G if greater than					
Revenue			6a					
eve	b			of contributio	ns			
č			aising events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000)   6b	1				
	c d		t expenses from gaming and fundraising events <u>6c</u> e or (loss) from gaming and fundraising events (add lines 6a an		btract			
	u			u ob anu sui		òd		
	7a	/	s of inventory, less returns and allowances					
	b		of goods sold					
	c		t or (loss) from sales of inventory (subtract line 7b from line 7a)			7c		
	8		nue (describe in Schedule O)			8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9		
	10		similar amounts paid (list in Schedule O)			10		
	11		lid to or for members			11		
ŝ	12		her compensation, and employee benefits			12		
nse	13		al fees and other payments to independent contractors			13		
Expenses	14		/, rent, utilities, and maintenance			14		
ĔĂ	15		blications, postage, and shipping			15		
	16		nses (describe in Schedule O)			16		
	17		nses. Add lines 10 through 16			17		
s	18	Excess or (	deficit) for the year (subtract line 17 from line 9)			18		
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)					
As		end-of-yea	r figure reported on prior year's return) ...........		· · 1	19		
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		2	20		
<b>z</b>	21	Net assets	or fund balances at end of year. Combine lines 18 through 20 .		2	21		
For	Paperv	work Reduct	ion Act Notice, see the separate instructions.	. No. 10642I		Form <b>990-EZ</b> (2022)		

Form Pa	90-EZ (2022) t II Balance Sheets (see the instructions	for Part II)				Page 2
	Check if the organization used Schedul		ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of colum	n (B) <b>must</b> aaree wit	h line 21)		27	
Par		., .	,	Port III)	21	
	Check if the organization used Schedul is the organization's primary exempt purpose?					Expenses quired for section (c)(3) and 501(c)(4)
as n	ribe the organization's program service accomp easured by expenses. In a clear and concise r ons benefited, and other relevant information for e	manner, describe the	f its three largest p e services provided	rogram services, I, the number of		anizations; optional for ers.)
28						
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	🔲	28a	1
29						
	(Grants \$ ) If this amoun	t includes foreign gra	ants, check here .		29a	1
30			,			
	(Grants \$ ) If this amoun	t includes foreign gra	ants check here		30a	
21	Other program services (describe in Schedule O)					
01		t includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	
Par						
rai	Check if the organization used Schedul				iisiiu	
	Check in the organization used benedu				· ·	· · · · <u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio		Estimated amount of other compensation
		1				
					+	
					+	

Form 99	90-EZ (2022)		Р	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		ν.	
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	Yes	No
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 c	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, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 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 b	Enter amount of political expenditures, direct or indirect, as described in the instructions       37a         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; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved       38b         Section 501(c)(7) organizations. Enter:         Initiation fees and capital contributions included on line 9         Section for the destination of the destinatio			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
b	section 4911:; section 4912:; section 4955: 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		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	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 42a	List the states with which a copy of this return is filed: The organization's books are in care of: Leasted statestime and the statestime and th			
b	Located at: ZIP + 4 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)? If "Yes," enter the name of the foreign country:	42b	Yes	No
	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 <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
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	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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-EZ. See instructions	45a 45b		

Form **990-EZ** (2022)

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		

Part VI	Section 501(c)(3) Organizations Only		L	
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tab	les fo	or line	es
	50 and 51			

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		
50	Opened at this table for the supervised in the bight of a new supervised supervised (ath on these office as a line stores the			-1.1

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
	_	
	-	
d Total number of other independent contractors each receiving	over \$100.000	1

d I otal number of other independent contractors each receiving over \$100,000 . .

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer			Date			
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm's name			Firm's EIN			
	Firm's address	Phon	Phone no.				
May the IRS	discuss this return with the prep	parer shown above? See instructions			[	Yes 🗌 No	

SCHEE	OULE A
(Form 9	990)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Employer identification number

Part I	Reason for Public Charit	y Status.	(All organizations must	complete this pa	art.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

g Provide the following information about the supported organization(s)

	aboat the sapp	jertea erganization(e)				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support			1		1	
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4						
	payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the organization, check this box and <b>stop he</b>	re				ear as a sectic	
	on C. Computation of Public Suppor	-					
14	Public support percentage for 2022 (line 0		-			14	%
15 16a	Public support percentage from 2021 Sch 33 <sup>1</sup> / <sub>3</sub> % support test-2022. If the organ					15	% check this
IVa	box and <b>stop here</b> . The organization qua						
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> — <b>2021.</b> If the organithis box and <b>stop here</b> . The organization	zation did not	check a box c	on line 13 or 16	a, and line 15	is 331/3% or m	nore, check
17a	<b>10%-facts-and-circumstances test</b> — <b>2</b> 10% or more, and if the organization metart VI how the organization meets the organization	eets the facts facts	-and-circumst	ances test, ch	eck this box a	and stop here.	Explain in
b	<b>10%-facts-and-circumstances test</b> — <b>2</b> 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa	acts-and-circu	mstances test,	check this bo	ox and stop he	<b>re</b> . Explain
18	Private foundation. If the organization instructions						ox and see

#### 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
-	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6							
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
1a	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	line 6.)						
Saati	on B. Total Support						
		(-) 0010	(1-) 0010	(-) 0000	(-1) 0001	(-) 0000	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the						
	organization, check this box and <b>stop he</b>						
-	on C. Computation of Public Suppor	-					
15	Public support percentage for 2022 (line 8					15	%
16	Public support percentage from 2021 Sch					16	%
-	on D. Computation of Investment In		-				
17	Investment income percentage for 2022 (			-		17	%
18	Investment income percentage from 2021					18	%
19a	331/3% support tests-2022. If the organ						
	17 is not more than $33^{1/3}$ %, check this box		-	-		-	
b	331/3% support tests-2021. If the organiz						
	line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this l		-				
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	uctions .

Schedule A (Form 990) 2022

#### Part IV Supporting Organizations

(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.)

#### Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### 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 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

#### supported organizations played in this regard. 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). 1
- а 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.* b
- 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.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- 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.
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

3

2a

2b

3a

3b

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		ain in <b>Part VI</b> ). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<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 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-function	ally i	ntegrated Type III support	rting organization

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

Schedule A (Form 990) 2022

	e A (Form 990) 2022			-1	Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	<u>d)</u>	
Sect	on D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity	· · · ·		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets	nun vide detaile in Deut	1/0	4	
<u>5</u> 6	Qualified set-aside amounts (prior IRS approval required- Other distributions (describe in <b>Part VI</b> ). See instructions.	•	VI)	5 6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	1	
•	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	2	(1)	(ii)		(iii)
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e			_	
<u>g</u>	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			_	
4	Distributions for 2022 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI</b> . See instructions.				
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

SCHEDULE O (Form 990-EZ) 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.

Name of the Organzation

FRIENDS OF KAIROS NICARAGUA INC

OMB No. 1545-0047



Open to Public Inspection

Employer identification number 47-2380239

PART AND LINE NUMBER: PART I - LINE 10

DESCRIPTION	AMOUNT
FUNDS ARE TRANSFERRED TO FUNDACIÓN ESCUELA KAIROS PARA LA FORMACION WHICH IS A LEGAL NONPROFIT IN NICARAGUA. DONATIONS SENT IN THE FORM OF GRANTS IN SUPPORT OF WORK IN NICARAGUA.	\$32,396
PROGRAM SERVICES INCOME. FUNDS ACCEPTED ON BEHALF OF KAIROS FOUNDATION FOR PROGRAMS AND SERVICES RENDERED TO US COMMUNITIES. PROGRAM SERVICES CONSIST OF SUPPORT FOR US ORGANIZATIONS WORKING IN DEVELOPMENT EFFORTS IN NICARAGUA. SERVICES INCLUDE TRANSLATION, TRANSPORTATION, COMMUNITY BUILDING EXERCISES, ETC.	\$35,190
PART AND LINE NUMBER: PART I - LINE 16	
DESCRIPTION	AMOUNT
OTHER FEES. BANKING: 180 COMPUTER, WEBSITE: 180, FILING FEES: 90 - HAVE A ROUNDING ERROR IN HERE SOMEWHERE.	\$454
PART AND LINE NUMBER: PART III - PRIMARY EXEMPT PURPOSE	
SUPPORT EDUCATION AND DEVELOPMENT IN NICARAGUA	

PART AND LINE NUMBER: PART 1 - LINE 10

FUNDS ARE TRANSFERRED TO FUNDACIÓN ESCUELA KAIROS PARA LA FORMACION WHICH IS A LEGAL NONPROFIT IN NICARAGUA.

PART AND LINE NUMBER: PART 1 - LINE 10

LINE 10, GRANTS AND SIMILAR AMOUNTS DETAILS 32,396.72 DONATIONS SENT IN THE FORM OF

GRANTS IN SUPPORT OF WORK IN NICARAGUA. 35,190.00 PROGRAM SERVICES INCOME. FUNDS ACCEPTED ON BEHALF OF KAIROS FOUNDATION FOR PROGRAMS AND SERVICES RENDERED TO US COMMUNITIES. PROGRAM SERVICES CONSIST OF SUPPORT FOR US ORGANIZATIONS WORKING IN DEVELOPMENT EFFORTS IN NICARAGUA. SERVICES INCLUDE TRANSLATION, TRANSPORTATION, COMMUNITY BUILDING EXERCISES, ETC. 67,586.72 TOTAL GRANTS AND SIMILAR EXPENSES

PART AND LINE NUMBER: PART 1 - LINE 16

OTHER FEES. BANKING: 180.76 COMPUTER, WEBSITE: 180, FILING FEES: 91, FUND RAISING 375 TOTAL OTHER EXPENSES 826.76