Form **990**

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/Form990 for instructions and the latest information.

| Α | For the | 2022 calend | dar yea | ar, or tax | year beg | ginning | | | , 20 |)22, a | nd endir | ıg | | , | 20 | | |
|---------------------------|--|---|---|---------------------------------|------------------------|-----------------------------|----------------------|---------------------------------|-----------------------------------|-------------------|--------------------|--------------------------|----------------|--------------------|-----------------|--------------|--|
| В | Check if a | applicable: | С | | | | | | | | | | D Emplo | yer identif | fication num | iber | |
| | Addr | ess change | FILI | [| | | | | | | | | 46- | 10093 | 340 | | |
| | Nam | e change | 6430 | BOSE | LANE | | | | | | | | E Teleph | | | | |
| | | ıl return | SAN | JOSE, | CA 95 | 5120 | | | | | | | (40 | 8) 60 | 15-802 | 5 | |
| | \vdash | return/terminated | | | | | | | | | | (408) 605-8025 | | | | | |
| | | nded return | | | | | | | | | | | G Gross | receints 5 | 3 | 476,040. | |
| | - | ication pending | F Nar | me and addr | ass of princ | cinal office | r. 5 | sa Deam | | | | H(a) Is this | | | | Yes X No | |
| | ДАрріі | | Came | e As C | 7 horre | | ·· Ros | sa Deam | ant | | | ` ' | | | _ | Yes No | |
| _ | Tay ay | empt status: | X 501 | | 501(c) | |) (| insert no.) | 4947(a)(1 | l) or | 527 | H(b) Are all If "No," | " attach a lis | t. See inst | ructions. | | |
| <u>'</u> | | | | | | (|) (| ilisert ilu.) | 4347(a)(1 |) 01 | 327 | | | | | | |
| | Webs | | | LI-INC | | 1 1 | | 1 1 | | Ι. | | H(c) Group | | | | | |
| K | | | | poration | Trust | Asso | ciation | Other | | L Yea | ar of format | ion: 201 | 5 W | State of le | gal domicile | : CA | |
| Pa | rt I | Summary | <u>y</u> | | | | | | | | | | | | | | |
| | 1 B | riefly describ | be the | organiza | tion's mi | ssion or | r most | significant | activities: | <u>See</u> | <u>Sche</u> | <u>dule 0</u> | | | | | |
| 9 | _ | . – – – – - | | | | | | | | | | | | | | | |
| Activities & Governance | _ | | | | | | | | | | | | | | | | |
| ē | 2 - | | | :4 db a | | tion die | | | | | | | F0/ af ita | | | | |
| é | | Check this box if the organization discontinued its operations or disposed of more than Number of voting members of the governing body (Part VI, line 1a) | | | | | | | | | | | seis. | 4 | | | |
| -જ | | lumber of inc | | | | | | | | | | | | 4 | | 4 | |
| <u>e</u> | | otal number | | | | | | | | | | | | 5 | | 0 | |
| ≅ | | otal number | | | | | | | | | | | | 6 | | 6 | |
| Act | 7 a ⊤ | otal unrelate | ed busi | iness reve | enue froi | m Part \ | VIII, co | olumn (C), | line 12 | | | | | 7a | | 2. | |
| _ | b N | let unrelated | busin | ess taxab | le incom | ne from | Form | 990-T, Par | t I, line 11. | | | | | 7b | | 0. | |
| | | | | | | | | | | | | Р | rior Year | | Curre | ent Year | |
| 4 | 8 C | ontributions | and g | rants (Pa | rt VIII, li | ne 1h) | | | | | | | 459, | 106. | | 209,992. | |
| Revenue | 9 P | rogram serv | /ice rev | venue (Pa | art VIII, I | ine 2g) . | | | | | | | | | | | |
| è. | 10 Ir | nvestment in | ncome | (Part VIII | , column | n (A), lin | nes 3, 4 | 4, and 7d) | | | | | 7,0 | 010. | | 143,365. | |
| ď | | ther revenue | | | | | | | | | | | | | | | |
| | | otal revenue | | | | | | | | | | | 466,4 | | | 353,357. | |
| | | Grants and si | | | | | | | | | | | 478, | 945. | | 449,340. | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | | | | | | | | | | | | | | |
| ø | 15 S | 5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | | | | | | | | | | | | | |
| Expenses | 16a P | rofessional f | ssional fundraising fees (Part IX, column (A), line 11e) | | | | | | | | | | | | | | |
| þer | b T | otal fundrais | sina ex | penses (f | Part IX. | column | (D). lir | ne 25) | | | | | | | | | |
| Ä | | | | | | | | _ | | | | | 10, | 5/10 | | 8,969. | |
| | | • | er expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | | | | | | | 458,309. | | | | | |
| | | dar expense Revenue less | | | | | | | | | | | 489,5 -23,5 | | | 104,952. | |
| - S | | evenue iess | cxpci | ises. Sub | tract fire | 5 10 1101 | III IIIIC | 14 | | | | | • | | | of Year | |
| ts o | | otal assets (| (Part X | (line 16) | | | | | | | | | ng of Curre | | Ellu | 59,844. | |
| Net Assets Fund Balanc | | otal liabilities | • | | | | | | | | | | 31,. | 0. | | 0. | |
| et/ | | let assets or | ` | • | , | | | | | | | | F7 : | | | | |
| | 22 N | | | | Subtrac | t iiile Zi | 1 110111 | III le 20 | | | | • | 57, | L4/. | | 59,844. | |
| | | Signatur | | | | | | | | | | | | | | | |
| Unde | er penaltie: olete. Decl | s of perjury, I de laration of prepa | eclare tha arer (othe | at I have exa er than office | mined this r) is based | return, incl on all info | luding ad rmation | ccompanying s of which prepa | chedules and s rer has any kno | stateme owledg | ents, and to e. | the best of m | ny knowledge | and belie | ef, it is true, | correct, and | |
| | | | | | | | | | | | | | | | | | |
| c: | | Signature of | officer | | | | | | | | | Date | | | | | |
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| Pa | | Jacque | | | | | | | DiSalv | 0 | | self-employed P01215967 | | | | | |
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| US | e Only | Firm's addre | | 7671 E | | | | eet | | | | | Firm's EIN | | 27224 | | |
| | | | | Gilroy | | 95020 | | | | | | | Phone no. | 4088 | 42004 | | |
| May | /the IP¹ | S discuss thi | ns retii | rn with th | e nrenai | rer show | vn aho | WAZ SAA in | etructions | | | | | | Y Voc | · No | |

 4e Total program service expenses
 458,309.

 BAA
 TEEA0102L 09/01/22

 Form 990 (2022)

) (Revenue \$

including grants of

4d Other program services (Describe on Schedule O.)

(Expenses

Part IV | Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| 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 | | X |
| b | Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | 11b | | Х |
| С | Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Χ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV. | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |

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Part IV Checklist of Required Schedules (continued)

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| | | | Yes | No |
|-----|---|-----|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | 23 | | Х |
| 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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| 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 | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. | 27 | | Х |
| | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| 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 | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | Х |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. | 34 | | Х |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> | 37 | | Х |
| | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Par | TV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Check in Concedure C contains a response of note to any fine in this fact v | | Yes | _— |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | res | NO |
|----|--|------------|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Χ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| 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 | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Х |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | 37 |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| h | as required? | 7 g | | |
| 8 | Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | 7h | | |
| | organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Cross income from mambers or shareholders | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | 12 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| h | Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in | | | |
| | which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i> | 14a 14b | | 77 |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | ıΨIJ | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would | 17 | | |
| | result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | | |
| | | _ | | |

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ 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?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

ROSA DEAMANT 32888 BUTTERCUP LN SOUAW VALLEY CA 93675 (408) 605-8025

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| <u> </u> | | | | (C) | | | | , | , | |
|-------------------------------|--|-----------------------------------|-----------------------|--------------------------------|---------------------------------------|---------------------------------|--------|--|--|---|
| (A) Name and title | (B) Average hours per | | dire | (do n box, an c ector | ot che unles officer /truste | | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other |
| | per week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099- MISC/1099-NEC) | (W-2/1099- MISC/1099-NEC) | compensation from the organization and related organizations |
| (1) Anna Yallorakis President | <u>5_</u> _ | - | | Х | | | | 0. | 0. | 0. |
| (2) Cleo Constantin Secretary | 5 0 | | | Χ | | | | 0. | 0. | 0. |
| (3) Rosa Deamant CFO | $-\frac{20}{0}$ | - | | Х | | | | 0. | 0. | 0. |
| (4) Roberta Sardell Treasurer | <u>5</u> | | | Х | | | | 0. | 0. | 0. |
| <u>(5)</u> | | | | | | | | | | |
| <u></u> | | - | | | | | | | | |
| <u>(7)</u> | | | | | | | | | | |
| | | | | | | | | | | |
| <u>(9)</u> | | - | | | | | | | | |
| (10) | | - | | | | | | | | |
| (11) | | - | | | | | | | | |
| (12) | | - | | | | | | | | |
| (13) | | - | | | | | | | | |
| (14) | | | | | | | | | | |

| Pal | rt VII Section A. Officers, Directors, Tr | ustees, | ney | Em | 1pi | oye | es, | and | a Hignest Con | ipensated Emp | ioyees (continued) |
|-------------|--|----------------------------|-----------------------------------|-----------------------|--------------|-----------------|------------------------------|--------------------|--|-------------------------------------|--|
| | | (B) | | | ((| C) | | | | | |
| | (A) Name and title | | (do | not o | Pos check | sition more | e than | one | (D) | (E) | (F) |
| | | | box offi | , unle cer ar | ess pend a | erson direct | is bot or/trus | h an tee) | Reportable compensation from | Reportable compensation from | Estimated amount of other |
| | | week (list any hours | or c | Isn | 읔 | Κe | emp | 흑 | the organization (W-2/1099- MISC/1099-NEC) | related organizations (W-2/1099- | compensation from |
| | | for related | Individual or director | itutic | Officer | Key employee | oloye | Former | MISC/1099-NEC) | MISC/1099-NEC) | the organization and related organizations |
| | | organiza - tions | tor ta | malt | | ploye | comp | | | | - |
| | | below dotted line) | Individual trustee or director | institutional trustee | | ŏ | Highest compensated employee | | | | |
| | | illie) | | ď | | | ited | | | | |
| (15) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (16) | | | | | | | | | | | |
| (17) | | 1 | | | | | | | | | |
| <u>(17)</u> | | | | | | | | | | | |
| (18) | | | | | | | | | | | |
| | | 1 | | | | | | | | | |
| (19) | | 1 | | | | | | | | | |
| | | | | | | <u> </u> | | | | | |
| (20) | | | | | | | | | | | |
| (21) | | | | | | | | | | | |
| <u>\/</u> | | 1 | | | | | | | | | |
| (22) | | | | | | | | | | | |
| | | | | | | <u> </u> | | | | | |
| (23) | | | | | | | | | | | |
| (24) | | | | | | | | | | | |
| <u>\</u> /_ | | 1 | • | | | | | | | | |
| (25) | | | | | | | | | | | |
| | |] | | | | | | | | | |
| | Subtotal | | | | | | | | 0. | 0. | 0. |
| | Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c) | | | | | | | | 0. | 0. 0. | <u> </u> |
| | Total number of individuals (including but not limited | | | | | | | | | | |
| _ | from the organization 0 | | | | , | | | | , , , , , , , , , , , , , , , , , , , | | |
| | - | | | | | | | | | | Yes No |
| 3 | Did the organization list any former officer, direct | ctor, truste | e, ke | ey e | mpl | oyee | e, or | high | nest compensated | l employee | 2 " |
| | on line 1a? If "Yes,"complete Schedule J for suc | | | | | | | | | | . 3 X |
| 4 | For any individual listed on line 1a, is the sum of the organization and related organizations great | f reportab er than \$1 | le co 50.0 | mpe | ensa If " | ation Yes. | and " cor | oth <i>nole</i> | er compensation ete Schedule J for | from | |
| | such individual | | | | | | | | | | . 4 X |
| 5 | Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Ye | le comper | satio | n fr | om dule | any | unre | late | ed organization or | individual | . 5 X |
| Sec | tion B. Independent Contractors | <i>5, 66111p1</i> | | 0110 | aarc | | 01 00 | 011 | 3073071 | | · 0 1 |
| 1 | Complete this table for your five highest comper compensation from the organization. Report comper | sated ind | epen | den | t co | ntra | ctors | tha | it received more t | han \$100,000 of | - |
| | | | uie c | alell | uai | yeai | enui | ng v | (B) | | |
| | (A) Name and business add | Iress | | | | | | | Description | of services | (C) Compensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | _ | | | | | | | | | | |
| 2 | Total number of independent contractors (including | but not lim | ited to | o the | ose I | liste | d abo | ve) | who received more | than | |
| | \$100,000 of compensation from the organization | | | | | | | , | | | |

Part VIII Statement of Revenue

| | | Check if Schedule O contains a | a response or note to an | y line in this Part V | III | | |
|---|-----|--|--------------------------|-----------------------|--|---|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Ŋ. N | 1a | Federated campaigns | 1a | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | b | Membership dues | 1b | | | | |
| ج ق | c | Fundraising events | 1c | | | | |
| Ę,Ę | 4 | Related organizations | 1d | | | | |
| 흔 | u | Government grants (contributions) | 1e | | | | |
| Sin | f | All other contributions, gifts, grants, and | ie . | | | | |
| 章 章 | • | similar amounts not included above | 1f 209,992. | | | | |
| 들 을 | q | Noncash contributions included in | 203/3321 | | | | |
| E E | • | lines 1a-1f | 1g | | | | |
| ™ | h | Total. Add lines 1a-1f | | 209,992. | | | |
| e | | | Business Code | | | | |
| 듄 | 2a | | | | | | |
| æ | b | | | | | | |
| <u>e</u> | С | | | | | | |
| en | d | | | | | | |
| S | е | | | | | | |
| Ta | f | All other program service revenue | e | | | | |
| Program Service Revenue | q | - | | | | | |
| | 3 | Investment income (including divide | | | | | |
| | 3 | other similar amounts) | interest, and | 2. | | 2. | |
| | 4 | Income from investment of tax-ex | kempt bond proceeds | | | 2. | |
| | 5 | Royalties | · | | | | |
| | | (i) Re | | | | | |
| | 6a | Gross rents 6a | (, | | | | |
| | | Less: rental expenses 6b | | | | | |
| | | | | | | | |
| | | Rental income or (loss) 6c | | | | | |
| | a | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from (i) Secur | rities (ii) Other | | | | |
| | | sales of assets other than inventory 7a 266, | 046. | | | | |
| | b | Less: cost or other basis | | | | | |
| | | and sales expenses 7b 122, | | | | | |
| | _ | Gain or (loss) | 363. | | | | |
| | d | Net gain or (loss) | | 143,363. | 143,363. | | |
| Other Revenue | 8a | Gross income from fundraising events (not including \$ | 8a | | | | |
| ē | b | Less: direct expenses | 8b | | | | |
| 충 | | Net income or (loss) from fundrai | sing events | | | | |
| _ | 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| | | Less: direct expenses | 9b | | | | |
| | С | Net income or (loss) from gaming | g activities | | | | |
| | | Gross sales of inventory, less returns and allowances | 1 0a | | | | |
| | | Less: cost of goods sold | 10b | | | | |
| | С | Net income or (loss) from sales of | | | | | |
| S | | | Business Code | | | | |
| scellaneous Revenue | 11a | | | | | | |
| 滿 | b | | | | | | |
| scellaneo Revenue | С | | | | | | |
| <u> </u> | d | All other revenue | | | | | |
| Σ | е | Total. Add lines 11a-11d | | | | | |
| _ | 12 | Total revenue. See instructions | | 353,357. | 143,363. | 2. | 0. |

Part IX Statement of Functional Expenses

SOP 98-2 (ASC 958-720).....

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 449,340. 449,340 Compensation of current officers, directors, trustees, and key employees 0. 0. 0 0. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).... 10 Fees for services (nonemployees): c Accounting..... 1,700 1,700 **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) 12 Advertising and promotion..... 2,235. 2,235. 1,496. 1,496. 13 Information technology..... 14 480. 480. 15 Royalties.... 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 Payments to affiliates..... 21 Depreciation, depletion, and amortization.... 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).... 2,508 2,508 PAYPAL PROCESSING FEES b BANK FEES 450 450 REGISTRATION FEE С 100 100 d e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . 458,309. 458,309 0 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here

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Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|---------------------------|-----|--|--------------------------|-----|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash — non-interest-bearing | 56,637. | 1 | 59,333. |
| | 2 | Savings and temporary cash investments. | 510. | 2 | 510. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| ts | 8 | Inventories for sale or use | | 8 | |
| Assets | 9 | Prepaid expenses and deferred charges | | 9 | |
| As | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| | | Less: accumulated depreciation | | 10c | |
| | 11 | Investments – publicly traded securities. | | 11 | |
| | 12 | Investments – other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments – program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets. | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | 1. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 57,147. | 16 | 59,844. |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| ies | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| ij | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0. | 26 | 0. |
| es | | Organizations that follow FASB ASC 958, check here | | | |
| nce | | and complete lines 27, 28, 32, and 33. | | | |
| ala | 27 | Net assets without donor restrictions | 57,147. | 27 | 59,844. |
| 18 | 28 | Net assets with donor restrictions | | 28 | |
| Net Assets or Fund Balano | | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 883 | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| t.A | 32 | Total net assets or fund balances | 57,147. | 32 | 59,844. |
| ž | 33 | Total liabilities and net assets/fund balances. | 57,147. | 33 | 59,844. |
| | | | | | |

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| Pai | t XI Reconciliation of Net Assets | | | | _ |
|-----|---|-----------|------|----------------|------------------|
| | Check if Schedule O contains a response or note to any line in this Part XI. | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3 | 53,3 | 357. |
| 2 | Total expenses (must equal Part IX, column (A), line 25). | 2 | 4 | 58,3 | 309. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1 | 04,9 |) 52. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 57,1 | 47. |
| 5 | Net unrealized gains (losses) on investments. | 5 | 1 | 07,6 | 549. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | | 59,8 | 244 |
| Pai | t XII Financial Statements and Reporting | | | <u> </u> | /11. |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | Check if Schedule O Contains a response of note to any line in this rait Air | | | Yes | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | res | NO |
| • | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review | ed on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both: | ate | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| | | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant? | , | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | |
| 32 | on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | l Iniform | | | |
| 30 | Guidance, 2 C.F.R Part 200, Subpart F? | | За | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | | i 7 | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> | 3b | | |
| BAA | TEEA0112L 09/01/22 | | Form | n 990 (| (2022) |

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

| Name | f th | e organization | | Employer identif | Employer identification number | | | | | | | |
|-------|------|---|--|---|--------------------------------|--|---|---|--|--|--|--|
| FIL | | | | | | 46-1009340 | | | | | | |
| Par | | Reason for Public Cha | | | | | | uctions. | | | | |
| The c | rga | anization is not a private found | • | • | | - | • | | | | | |
| 1 | | A church, convention of church | | | | b)(1)(A)(| (i). | | | | | |
| 2 | | A school described in sectio | n 170(b)(1)(A)(ii). (Att | ach Schedule E (Form | 990).) | | | | | | | |
| 3 | | A hospital or a cooperative h | nospital service organi | ization described in se | ction 170 | 0(b)(1)(A | ۸)(iii). | | | | | |
| 4 | | A medical research organiza | ition operated in conju | unction with a hospital | describe | d in sec | ction 170(b)(1)(A)(iii). | Enter the hospital's | | | | |
| | | name, city, and state: | | | | | | | | | | |
| 5 | L | An organization operated for section 170(b)(1)(A)(iv). (Co | the benefit of a colle emplete Part II.) | ge or university owned | or oper | ated by | a governmental unit | described in | | | | |
| 6 | | A federal, state, or local gov | ernment or governme | ntal unit described in s | section 1 | 70(b)(1) |)(A)(v). | | | | | |
| 7 | | An organization that normally rin section 170(b)(1)(A)(vi). | receives a substantial p Complete Part II.) | art of its support from a | governm | ental un | it or from the general p | public described | | | | |
| 8 | | A community trust described | l in section 170(b)(1)(| A)(vi). (Complete Part | II.) | | | | | | | |
| 9 | | - | | | | oniunctio | on with a land-grant co | lleae | | | | |
| • | | 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 | X | An organization that normall from activities related to its a investment income and unre June 30, 1975. See section! | exempt functions, sub lated business taxabl | iject to certain exception income (less section | ons; and | (2) no r | more than 33-1/3% of | f its support from gross | | | | |
| 11 | | An organization organized a | nd operated exclusive | ly to test for public saf | ety. See | section | 1 509(a)(4). | | | | | |
| 12 | | An organization organized and operated exclusively to test to pashe safety. See Section 355(a)(-1). 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. | | | | | | | | | | |
| а | | | | | | | | | | | | |
| - | | Type I. A supporting organizati organization(s) the power to re complete Part IV, Sections A | egularly appoint or elect A and B. | a majority of the directo | rs or trus | stees of | the supporting organiza | ation. You must | | | | |
| b | | Type II. A supporting organiz management of the supporting must complete Part IV, Sect | organization vested in | ontrolled in connection the same persons that of | with its control or | support manage | ted organization(s), be the supported organiz | y having control or ation(s). You | | | | |
| С | | Type III functionally integrated organization(s) (see instruction | | ion operated in connection | n with, an | nd functi | onally integrated with, in | ts supported | | | | |
| d | | Type III non-functionally integ functionally integrated. The c instructions). You must com | rated. A supporting org | anization operated in co | nnection | with its | supported organization | (s) that is not | | | | |
| е | | Check this box if the organiz integrated, or Type III non-fu | ation received a writte | en determination from | the IRS | that it is | s a Type I, Type II, Ty | pe III functionally | | | | |
| f | Εı | nter the number of supported | | | | | | | | | | |
| g | | rovide the following informatio | | | | | | | | | | |
| | i) N | ame of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | in your g | s the tion listed loverning ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | | |
| | | | | | Yes | No | | | | | | |
| | | | | | 162 | NO | | | | | | |
| (A) | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

Schedule A (Form 990) 2022 FILI 46-1009340 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year (a) 2018 **(b)** 2019 (d) 2021 (e) 2022 (f) Total (c) 2020 beginning in) 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... 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 (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total beginning in) Amounts from line 4..... Gross income from interest, dividends, payments received on securities loans, rents, rovalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 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) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))..... %

16a 33-1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

15

Schedule A (Form 990) 2022

%

b 33-1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. 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 organization.......

15 Public support percentage from 2021 Schedule A, Part II, line 14......

BAA

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions...

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.)

Page 3

| Sec | tion 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.") | 364,835. | 375,426. | 270,056. | 459,406. | 209,992. | 1,679,715. | | | |
| 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 | 304,033. | 373,420. | 270,030. | 439,400. | 209, 992. | 0. | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | 0. | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | 364,835. | 375,426. | 270,056. | 459,406. 0. | 209,992. | 1,679,715. | | | |
| 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. | 0. | 0. | 0. | 0. | 0. | | | | |
| ^ | Add lines 7a and 7b | | | | | | 0. | | | |
| | Public support. (Subtract line 7c from line 6.) | 0. | 0. | 0. | 0. | 0. | 1,679,715. | | | |
| Sec | tion B. Total Support | | | | | | <u> </u> | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | | | |
| | Amounts from line 6 | 364,835. | 375,426. | 270,056. | 459,406. | 209,992. | 1,679,715. | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | 0. | | | |
| | income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | 0. | 0 | 0 | 0 | 0. | 0. | | | |
| | 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. | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0. | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | 364,835. | 375,426. | 270,056. | 459,406. | 209,992. | 1,679,715. | | | |
| | First 5 years. If the Form 990 is organization, check this box and | stop here | | third, fourth, or fi | fth tax year as a s | ection 501(c)(3) | | | | |
| | tion C. Computation of Pul | | | | | | | | | |
| | Public support percentage for 20 | • | • | | | | 100.00 % | | | |
| | Public support percentage from 2 | | | | | 16 | 100.00 % | | | |
| | tion D. Computation of Inv | | | | | T -= T | | | | |
| 17 | Investment income percentage for | • | | - | | | 0.00 % | | | |
| 18 | Investment income percentage f | | | | | | 0.00 % | | | |
| | 9a 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%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | | | |
| 20 | Private foundation. If the organization | | - | | | | | | | |

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.)

Page 4

Section A. All Supporting Organizations

| | | | Yes | No |
|-----|--|--------------|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 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. | 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. | 3с | | |
| 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. | 4 a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was | | | |
| | accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5 c | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | 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 . | 9с | | |
| 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)? 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.) | 1 0 b | | |

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|------------|--------------------|---------------|
| Part IV | Supporting Organ | izations (con |

| Pa | rt IV Supporting Organizations (continued) | | | |
|-----|--|--------|---------|-----|
| | the the constitution and the original and the following and the following areas 2 | | 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 | | |
| ı | b A family member of a person described on line 11a above? | 11b | | |
| (| C A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. | 11c | | |
| Sec | ction B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 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 Part VI how control or management of the | | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Sec | ction D. All Type III Supporting Organizations | | | |
| | , | | 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 | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided: | • | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| Sec | ction E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| | b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| | c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | instru | uctions | 5). |
| 2 | Activities Test. <i>Answer lines 2a and 2b below.</i> | | Yes | No |
| | a 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? <i>If "Yes," explain in Part VI the</i> | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 3b | | |

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

BAA Schedule A (Form 990) 2022

| Pai | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | |
|---------------------------|---|----|--|--|--|
| Section D — Distributions | | | | | |
| 1 | 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 | 3 | | | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required – provide details in Part VI) | 5 | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 | | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details | | | | |
| | in Part VI). See instructions. | 8 | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 | | | |
| 10 | Line 8 amount divided by line 9 amount | 10 | | | |

| Section E — Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) 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 | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| i Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a 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 Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2023. 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 | | | |
| e Excess from 2022 | | | |
| | | | |

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Part VI

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

SCHEDULE O (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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FILI

Department of the Treasury Internal Revenue Service

Employer identification number 46-1009340

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

The mission for Fili, Inc. is to help a featured charity or worthy humanitarian project reach a goal or self-sustainability. There are so many programs in the world struggling to create positive change, but often fail because of the need to fundraise. We take on that labor to help charities reach success.

Form 990, Part III, Line 1 - Organization Mission

The mission for Fili, Inc. is to help a featured charity or worthy humanitarian project reach a goal or self-sustainability. There are so many programs in the world struggling to create positive change, but often fail because of the need to fundraise. We take on that labor to help charities reach success.

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Fili, Inc will adhere to a document retention and destruction policy as an accountability and transparency measure. The board members will adhere to guidelines for the handling, backing up, archiving and destruction of documents on an on-going basis, agreed upon by majority vote of the board. These guidelines foster good record keeping procedures that promote data integrity. In its current form, this policy is executed through email, personal computer folders, and a google cloud folder associated with the email help@fili-inc.com.

Per the instructions on the Form 990, officers, directors, or trustees and key employees are required to annually disclose interests that could give rise to conflicts. The process for this is for volunteers or board members to email the Board of Directors and determine the next steps per the Conflict-of-Interest policy.