## Part I  Summary

1. Briefly describe the organization’s mission or most significant activities: **The Samuel Lawrence Foundation strives to promote human interaction in communities by encouraging broader access to art, culture, science and medicine.**

2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a). 3

4. Number of independent voting members of the governing body (Part VI, line 1b). 4

5. Total number of individuals employed in calendar year 2022 (Part V, line 2a). 6

6. Total number of volunteers (estimate if necessary). 7

7a. Total unrelated business revenue from Part VIII, column (C), line 12. 7a

b. Net unrelated business taxable income from Form 990-T, Part I, line 11. 0

### Revenue


9. Program service revenue (Part VIII, column (A), lines 4–6). 0.

10. Investment income (Part VIII, column (A), line 7). 0.

11. Other revenue (Part VIII, column (A), lines 8–11). 0.


### Expenses

13. Salaries, other compensation, employee benefits (Part IX, column (A), lines 1–4). 0.

14. Benefits paid to or for members (Part IX, column (A), line 5). 0.

15. Other expenses (Part IX, column (A), lines 6–10). 0.


### Net Assets or Fund Balances

20. Total assets (Part X, column (A), line 1). 201,426. 231,803.

21. Total liabilities (Part X, column (B), line 1). 140,448. 140,448.

22. Net assets or fund balances. Subtract line 20 from line 19. 604. 336.

## Part II  Signature Block

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.

**Signature of officer:** BART ZIEGLER, PRESIDENT

Date: [07/17/2023]

**Preparer’s name:** LUCIA PALM

**Preparer’s signature:** LUCIA PALM

**Date:** 07/17/2023

**Check if self-employed:** Yes

**PTIN:** P00539864

**Firm’s name:** LUCIA PALM

**Firm’s EIN:** 75-2105802

**Firm’s address:** 391 S VINE STREET, ESCONDIDO, CA 92025

**Phone no.:** (760) 737-0698

May the IRS discuss this return with the preparer shown above? See instructions. Yes [X] No

For Paperwork Reduction Act Notice, see the separate instructions. **BAA**
Part III Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission:
   The Samuel Lawrence Foundation strives to promote human interaction in communities by encouraging broader access to art, culture, science and medicine.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? (Yes/No)

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? (Yes/No)

4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $33,900, including grants of $28,679) (Revenue $10,000)
   Environment and Science: Science is a crucial resource for evolving a sustainable future. The intricacy of global challenges calls for new methods and innovative outlooks within the scientific community. We advocate and aid these developments, focusing efforts on understanding and educating communities on the short and long term effects and risks of the San Onofre Power Plant and their plans for storage of nuclear waste.

4b (Code: ) (Expenses $109,420, including grants of $109,420) (Revenue $82,000)
   Arts and Culture: Connections matter and the Samuel Lawrence Foundation strives to connect communities to art and culture. We have sustained and amplified the work of several Southern California dance and ballet programs through our mini grants to deserving students. Our priority is to increase access to music and dance for families who otherwise would not have been exposed to the arts.

4c (Code: ) (Expenses $57,016, including grants of $57,016) (Revenue $32,600)
   Education: Strengthening a sense of knowledge, skill and value is pertinent to any individual, regardless of age. We distinguish ourselves as a building block needed for advancing education of all sorts - whether it be bridging the gap between San Diego Unified School District and access to live classical music, advocating for improved education of climate change, or providing budding scientists the funds needed to continue their education.

4d Other program services (Describe on Schedule O.)
   (Expenses $10,699, including grants of $10,699) (Revenue $0)

4e Total program service expenses $211,035.
Part IV Checklist of Required Schedules

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</table>
Part IV  Checklist of Required Schedules (continued)

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

23  Did the organization answer “Yes” to Part VII, Section A, line 3, 4, or 5, about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If “Yes,” complete Schedule J

24a  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If “Yes,” answer lines 24b through 24d and complete Schedule K. If “No,” go to line 25a

b  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d  Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?

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

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

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

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

28  Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):

a  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If “Yes,” complete Schedule L, Part IV

b  A family member of any individual described in line 28a? If “Yes,” complete Schedule L, Part IV

c  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

29  Did the organization receive more than $25,000 in non-cash contributions? If “Yes,” complete Schedule M

30  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If “Yes,” complete Schedule M

31  Did the organization liquidate, terminate, or dissolve and cease operations? If “Yes,” complete Schedule N, Part I

32  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If “Yes,” complete Schedule N, Part II

33  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If “Yes,” complete Schedule R, Part I

34  Was the organization related to any tax-exempt or taxable entity? If “Yes,” complete Schedule R, Part II, III, or IV, and Part V, line 1

35a  Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b  If “Yes” to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If “Yes,” complete Schedule R, Part V, line 2

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

37  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If “Yes,” complete Schedule R, Part VI

38  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.

Part V  Statements Regarding Other IRS Filings and Tax Compliance

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

1a  Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

1b  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

1c  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
## Part V: Statements Regarding Other IRS Filings and Tax Compliance (continued)

**2a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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**2b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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**3a** Did the organization have unrelated business gross income of $1,000 or more during the year?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

**3b** If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation on Schedule O.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

**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)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
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**4b** If "Yes," enter the name of the foreign country.


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<th>Yes</th>
<th>No</th>
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**5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

**5b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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**5c** If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

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<th>Yes</th>
<th>No</th>
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**6a** 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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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**6b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

<table>
<thead>
<tr>
<th>Yes</th>
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**7** Organizations that may receive deductible contributions under section 170(c).

- **7a** 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?
  
<table>
<thead>
<tr>
<th>Yes</th>
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- **7b** If "Yes," did the organization notify the donor of the value of the goods or services provided?
  
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<th>Yes</th>
<th>No</th>
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- **7c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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**7d** If "Yes," indicate the number of Forms 8282 filed during the year.

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<th>Yes</th>
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**7e** Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

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<th>Yes</th>
<th>No</th>
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**7f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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<th>Yes</th>
<th>No</th>
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**7g** Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?

<table>
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<th>Yes</th>
<th>No</th>
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**7h** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

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<th>Yes</th>
<th>No</th>
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**8** Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

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<th>Yes</th>
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**9** Sponsoring organizations maintaining donor advised funds.

- **9a** Did the sponsoring organization make any taxable distributions under section 4966?
  
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<th>Yes</th>
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- **9b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?
  
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<th>Yes</th>
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**10** Section 501(c)(7) organizations. Enter:

- **10a** Initiation fees and capital contributions included on Part VIII, line 12.
  
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<th>Yes</th>
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- **10b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.
  
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<th>Yes</th>
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**11** Section 501(c)(12) organizations. Enter:

- **11a** Gross income from members or shareholders.
  
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<th>Yes</th>
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- **11b** Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
  
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<th>Yes</th>
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**12a** Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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<th>Yes</th>
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**12b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

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<th>Yes</th>
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**13** Section 501(c)(29) qualified nonprofit health insurance issuers.

- **13a** Is the organization licensed to issue qualified health plans in more than one state?
  
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  **Note:** See the instructions for additional information the organization must report on Schedule O.

- **13b** 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.
  
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- **13c** Enter the amount of reserves on hand.
  
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**14a** Did the organization receive any payments for indoor tanning services during the tax year?

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<th>Yes</th>
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**14b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.

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**15** Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?

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<th>Yes</th>
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**16** Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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<th>Yes</th>
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**17** Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?

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If "Yes," complete Form 6069.
Part VI  Governance, Management, and Disclosure.  For each “Yes” response to lines 2 through 7b below, and for a “No” response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.  See instructions.

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ........................................... 8
   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 .... 7

2  Did any officer, director, trustee, or key employee have a family relationship or a business relationship
   with any other officer, director, trustee, or key employee? ..............................................

3  Did the organization delegate control over management duties customarily performed by or under the direct
   supervision of officers, directors, trustees, or key employees to a management company or other person? ....  

4  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ...  

5  Did the organization become aware during the year of a significant diversion of the organization’s assets? ....  

6  Did the organization have members or stockholders? ..............................................................  

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? .................................................................  
   b Are any governance decisions of the organization reserved to (or subject to approval by) members,
   stockholders, or persons other than the governing body? .....................................................  

8  Did the organization contemporaneously document the meetings held or written actions undertaken during
   the year by the following:
   a The governing body? ..........................................................  
   b Each committee with authority to act on behalf of the governing body? ..........................  

9  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at
   the organization’s mailing address?  If “Yes,” provide the names and addresses on Schedule O ........  

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates? .................................................................  
   b If “Yes,” did the organization have written policies and procedures governing the activities of such chapters,
   branches, and affiliates to ensure their operations are consistent with the organization’s exempt purposes? .... 

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  
   b Describe on Schedule O the process, if any, used by the organization to review this Form 990.  

12a Did the organization have a written conflict of interest policy?  If “No,” go to line 13 ..................  
   b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
   c Did the organization regularly and consistently monitor and enforce compliance with the policy?  If “Yes,”
   describe on Schedule O how this was done ..................................................  

13 Did the organization have a written whistleblower policy? ..............................................................  

14 Did the organization have a written document retention and destruction policy? .................................  

15 Did the process for determining compensation of the following persons include a review and approval by
   independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
   a The organization’s CEO, Executive Director, or top management official ..........................  
   b Other officers or key employees of the organization ..........................................................  
   c If “Yes” to line 15a or 15b, describe the process on Schedule O.  

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement
   with a taxable entity during the year? ...................................................................................  
   b If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its
   participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the
   organization’s exempt status with respect to such arrangements? ...........................................  

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed .............. CA

18 Section 6104 requires an organization to make its 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 Own website  □ Another’s website  □ Upon request  □ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,
   and financial statements available to the public during the tax year.  

20 State the name, address, and telephone number of the person who possesses the organization’s books and records.
   Bart Ziegler, PO BOX F, Del Mar, CA 92014 (858)481-1673
### 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.

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Bart Ziegler</td>
<td>20.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>President</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Farley Ziegler</td>
<td>10.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secretary</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Christopher Hoover</td>
<td>10.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treasurer</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Cathy Iwane</td>
<td>10.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Member</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Charles Ziegler</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Member</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Holly Pickerel</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Founder</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
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<td>(8)</td>
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<td>(11)</td>
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<td>(12)</td>
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<tr>
<td>(13)</td>
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<tr>
<td>(14)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.
**Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(15)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(16)</td>
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<td>(17)</td>
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<td>(18)</td>
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<td>(19)</td>
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<tr>
<td>(20)</td>
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<td>(21)</td>
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<td>(22)</td>
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<td>(24)</td>
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<td></td>
</tr>
<tr>
<td>(25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Subtotal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total from continuation sheets to Part VII, Section A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total (add lines 1b and 1c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If “Yes,” complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If “Yes,” complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If “Yes,” complete Schedule J for such person

---

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization
### Part VIII Statement of Revenue

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

#### Contributions, Gifts, Grants, and Other Similar Amounts

<table>
<thead>
<tr>
<th>Part</th>
<th>Description</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512–514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td>Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td>Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td>232,811</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g</td>
<td>Noncash contributions included in lines 1a–1f</td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h</td>
<td>Total. Add lines 1a–1f</td>
<td></td>
<td>232,811</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Part</th>
<th>Description</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f</td>
<td>All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>2g</td>
<td>Total. Add lines 2a–2f</td>
<td></td>
</tr>
</tbody>
</table>

#### Other Revenue

<table>
<thead>
<tr>
<th>Part</th>
<th>Description</th>
<th>(i) Real</th>
<th>(i) Personal</th>
<th>(i) Securities</th>
<th>(i) Other</th>
<th>(ii) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part</th>
<th>Description</th>
<th>(i) Real</th>
<th>(i) Personal</th>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td>Gross rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d</td>
<td>Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Less: cost or other basis and sales expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a</td>
<td>Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b</td>
<td>Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c</td>
<td>Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c</td>
<td>Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Part</th>
<th>Description</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td>All other revenue</td>
<td></td>
</tr>
<tr>
<td>11e</td>
<td>Total. Add lines 11a–11d</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Total revenue. See instructions</td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2022)
## Part IX  Statement of Functional Expenses

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

<table>
<thead>
<tr>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22 .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other employee benefits .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Payroll taxes .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Environmental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Science and Medicine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Arts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [ ] if following SOP 98-2 (ASC 958-720) . . .</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REV 05/17/23 PRO

Form 990 (2022)
### Part X Balance Sheet

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

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash—non-interest-bearing</td>
<td>141,525.</td>
<td>127,928.</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11 Investments—publicly traded securities</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12 Investments—other securities. See Part IV, line 11</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13 Investments—program-related. See Part IV, line 11</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>141,525. 16</td>
<td>127,928. 16</td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>1,077. 17</td>
<td>1,440. 17</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>1,077. 26</td>
<td>1,440. 26</td>
</tr>
</tbody>
</table>

Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances</th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 Net assets without donor restrictions</td>
<td>90,448. 27</td>
<td>76,488. 27</td>
</tr>
<tr>
<td>28 Net assets with donor restrictions</td>
<td>50,000. 28</td>
<td>50,000. 28</td>
</tr>
</tbody>
</table>

Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances</th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 Capital stock or trust principal, or current funds</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>30 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>31 Retained earnings, endowment, accumulated income, or other funds</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>32 Total net assets or fund balances</td>
<td>140,448. 32</td>
<td>126,488. 32</td>
</tr>
<tr>
<td>33 Total liabilities and net assets/fund balances</td>
<td>141,525. 33</td>
<td>127,928. 33</td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Net Assets
Check if Schedule O contains a response or note to any line in this Part XI  

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>10</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting
Check if Schedule O contains a response or note to any line in this Part XII  

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:  <strong>Cash</strong>  ☑  <strong>Accrual</strong>  ☐  <strong>Other</strong>  ☐  If the organization changed its method of accounting from a prior year or checked “Other,” explain on Schedule O.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?  ☐  If “Yes,” check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>☐ Separate basis  ☐ Consolidated basis  ☐ Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?  ☐  If “Yes,” check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>☐ Separate basis  ☐ Consolidated basis  ☐ Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>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?  ☐  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</td>
<td>2c</td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  ☐  If “Yes,” did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.</td>
<td>3a</td>
</tr>
<tr>
<td>3b</td>
<td></td>
<td>3b</td>
</tr>
</tbody>
</table>
Part I  Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

1  ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2  ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3  ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
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)(vii). (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 33⅓% 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 33⅓% 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):

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1–10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>330,108</td>
<td>166,564</td>
<td>232,443</td>
<td>257,426</td>
<td>232,811</td>
<td>1,219,352</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>330,108</td>
<td>166,564</td>
<td>232,443</td>
<td>257,426</td>
<td>232,811</td>
<td>1,219,352</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>330,108</td>
<td>166,564</td>
<td>232,443</td>
<td>257,426</td>
<td>232,811</td>
<td>1,219,352</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td>330,108</td>
<td>166,564</td>
<td>232,443</td>
<td>257,426</td>
<td>232,811</td>
<td>1,219,352</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))</td>
<td>100 %</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2021 Schedule A, Part II, line 14</td>
<td>100 %</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### a 33\% support test—2022

If the organization did not check the box on line 13, and line 14 is 33\% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

#### b 33\% support test—2021

If the organization did not check a box on line 13 or 16a, and line 15 is 33\% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

#### 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.

#### b 10%-facts-and-circumstances test—2021

If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

#### 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.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 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 <strong>stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2021 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Investment income percentage from 2021 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19a 33⅓% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and <strong>stop here</strong>. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b 33⅓% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and <strong>stop here</strong>. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

Part IV

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.)
### Part IV  Supporting Organizations (continued)

<table>
<thead>
<tr>
<th>Section E. Type III Functionally Integrated Supporting Organizations</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Has the organization accepted a gift or contribution from any of the following persons?</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>b A family member of a person described on line 11a above?</td>
<td>11c</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
<td></td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

### Section E. Type III Functionally Integrated Supporting Organizations

<table>
<thead>
<tr>
<th>Section E. Type III Functionally Integrated Supporting Organizations</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</td>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>a The organization satisfied the Activities Test. Complete line 2 below.</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>b The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Activities Test. Answer lines 2a and 2b below.</td>
<td>3a</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>3b</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Parent of Supported Organizations. Answer lines 3a and 3b below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If “Yes,” describe in Part VI the role played by the organization in this regard.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  [ ] Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

### Section A—Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B—Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by 0.035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C—Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 0.85 of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
<tr>
<td>7</td>
<td>[ ] Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D—Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
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<tr>
<td>6</td>
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<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

1. Amounts paid to supported organizations to accomplish exempt purposes
2. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity
3. Administrative expenses paid to accomplish exempt purposes of supported organizations
4. Amounts paid to acquire exempt-use assets
5. Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)
6. Other distributions (describe in Part VI). See instructions.
7. Total annual distributions. Add lines 1 through 6.
8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.
9. Distributable amount for 2022 from Section C, line 6
10. Line 8 amount divided by line 9 amount

#### Section E—Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2022</th>
<th>(iii) Distributable Amount for 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
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
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 3g, 3h, and 3i from line 3f.
5. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.
6. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. 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
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.)
Name of the organization: SAMUEL LAWRENCE FOUNDATION
Employer identification number: 27-1030462

Organization type (check one):

- **Form 990 or 990-EZ**
  - 501(c)(3) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust not treated as a private foundation
  - 527 political organization

- **Form 990-PF**
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, etc., purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering “N/A” in column (b) instead of the contributor name and address), II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year.

**Caution:** An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990), but it must answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990).
### Part I

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
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<td>BIG GREEN DAO</td>
<td>$15,000.00</td>
<td>Person <strong>X</strong></td>
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<td>Payroll □</td>
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<td>CAL ARTS COUNCIL</td>
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<td>Payroll □</td>
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<td>3</td>
<td>KELLEY PERKINS</td>
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<td>115 BROADWAY 5TH FLOOR</td>
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<td>ILUMINA CORPORATE FOUNDATION</td>
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<td>ROBERT ALPERN</td>
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<td>109 PIXLEY ROAD</td>
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<td>GREAT BARRINGTON MA 01230</td>
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<td>MARK Geyer</td>
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<td>2284 CORDERO ROAD</td>
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## Part I

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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<td>7</td>
<td>BART ZEIGLER PO BOX F DEL MAR CA 92014</td>
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<td>Person [x] Payroll [ ] Noncash [ ]</td>
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<td>8</td>
<td>THE LEO MODEL FOUNDATION 1500 WALNUT STREET SUITE 1300 PHILADELPHIA PA 19102</td>
<td>$10,000.00</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
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<td>SAN DIEGO COUNTY COMMUNICATIONS OFFICE</td>
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<td>THE WESTREICH FOUNDATION PO BOX 3601 RANCHO SANTA FE CA 92067</td>
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<td>Person [x] Payroll [ ] Noncash [ ]</td>
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<td>(Complete Part II for noncash contributions.)</td>
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<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
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</table>
**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)

Use duplicate copies of Part III if additional space is needed.

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<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
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<td>Transferee’s name, address, and ZIP + 4</td>
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<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
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<td>Transferee’s name, address, and ZIP + 4</td>
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</tbody>
</table>
**Part I General Information on Activities Outside the United States**. Complete if the organization answered “Yes” on Form 990, Part IV, line 14b.

1. **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? □ Yes □ No

2. **For grantmakers.** Describe in Part V the organization’s procedures for monitoring the use of its grants and other assistance outside the United States.

3. **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) South Asia</td>
<td>0</td>
<td>0</td>
<td>FLOATING SCHOOLS BANGLADESH Schools</td>
<td></td>
<td>31,801.</td>
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<tr>
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<td>3a Subtotal</td>
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<td></td>
<td>31,801.</td>
</tr>
<tr>
<td></td>
<td>b Total from continuation sheets to Part I</td>
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</tr>
<tr>
<td></td>
<td>c Totals (add lines 3a and 3b)</td>
<td>0</td>
<td>0</td>
<td></td>
<td>31,801.</td>
</tr>
</tbody>
</table>
### Part II Grants and Other Assistance to Organizations or Entities Outside the United States

Complete if the organization answered “Yes” on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>South Asia Education</td>
<td></td>
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</table>

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3 Enter total number of other organizations or entities.


<table>
<thead>
<tr>
<th>Type of grant or assistance</th>
<th>Region</th>
<th>Number of recipients</th>
<th>Amount of cash grant</th>
<th>Manner of cash disbursement</th>
<th>Amount of noncash assistance</th>
<th>Description of noncash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
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</tr>
</tbody>
</table>
Part IV  Foreign Forms

1  Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If “Yes,” the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926). □ Yes ☑ No

2  Did the organization have an interest in a foreign trust during the tax year? If “Yes,” the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don’t file with Form 990). □ Yes ☑ No

3  Did the organization have an ownership interest in a foreign corporation during the tax year? If “Yes,” the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471). □ Yes ☑ No

4  Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If “Yes,” the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621). □ Yes ☑ No

5  Did the organization have an ownership interest in a foreign partnership during the tax year? If “Yes,” the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865). □ Yes ☑ No

6  Did the organization have any operations in or related to any boycotting countries during the tax year? If “Yes,” the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don’t file with Form 990). □ Yes ☑ No
Pt I Line 2: Floating Schools: Shidhulai Swanirvar Sangstha (SSS) is a registered non-profit organization in Bangladesh with SIC Code 82,829 and NAICS Code 61,611.

The Samuel Lawrence Foundation acts as the fiscal sponsor to Shidhulai Swanirvar Sangstha in receiving and disbursing funds on behalf of SSS for the purpose of education and care for students. Our review included a yearly review and a connection with grantors towards Rezwan's project to understand the potential for the organization, the founder, and key staff. The organization is in good standing. The monitoring of the granted charitable funds are completed in coordination with the grantor.

The monitoring includes: annual report review, photos, and email updates. Executive Director
Ar. Abul Hasanat Mohammed Rezwan
Shidhulai Swanirvar Sangstha (SSS)
House No-3, Road No-2, Sheyalbari
Rupnagar R/A, Mirpur-2, Dhaka-1216
Bangladesh
Tel: 880 2 8056282, 8051124, 880 189228241
E-mail: rezwan@shidhulai.org
Website: https://www.shidhulai.org/

Pt II, Line 1: Cash method
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

<table>
<thead>
<tr>
<th>Part I</th>
<th>General Information on Grants and Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</td>
</tr>
<tr>
<td>2</td>
<td>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</td>
</tr>
</tbody>
</table>

| Part II | Grants and Other Assistance to Domestic Organizations and Domestic Governments. | Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed. |
|--------|------------------------------------------------------------------------------|
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) Barrio Botony | 27-1030462 | | 6,981. | | | | FISCAL SPONSORSHIP |
| (2) HYPER KELP INC. | 27-1030462 | | 10,000. | | | | FISCAL SPONSORSHIP |
| (3) LOVE IS WHAT LOVE DOES | | | 13,909. | | | | FISCAL SPONSORSHIP |
| (4) ALEXIS DISXON EXHIBITIONS | | | 101,255. | | | | FISCAL SPONSORSHIP |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 0
3 Enter total number of other organizations listed in the line 1 table. 4
### Part III  Grants and Other Assistance to Domestic Individuals.

Complete if the organization answered “Yes” on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of noncash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

### Part IV  Supplemental Information.

Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
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</tbody>
</table>
Pt VI, Line 11b: Two staff members assisted the accountant in the completion of the Form 990, the core nonprofit consultant reviewed and made comments to staff and board president, the board president reviewed before emailing a draft copy of the Form 990 to the board meeting 10/26/2022, and no adjustments were made to the document.

Pt VI, Line 19: The organization made its governing documents, conflict of interest policy, and financial statements available to the public upon request.

Pt VI, Line 8b: The Samuel Lawrence Foundation does not have any committees.

Pt VI, Line 12c: Yes, the organization regularly and consistently monitored and enforced compliance with the policy via regular meetings, board training, requiring abstention on board votes, expense reports, and review of financial statements.

Pt III, Line 4d:

Expenses: $10,699 including grants of: $10,699 Revenue: $0

Description: OTHER
**Part I**

Type of Return and Return Information

Check the box for the return for which you are using Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount or Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Form 990 check here</td>
<td>1b</td>
</tr>
<tr>
<td>2a</td>
<td>Form 990-EZ check here</td>
<td>2b</td>
</tr>
<tr>
<td>3a</td>
<td>Form 1120-POL check here</td>
<td>3b</td>
</tr>
<tr>
<td>4a</td>
<td>Form 990-PF check here</td>
<td>4b</td>
</tr>
<tr>
<td>5a</td>
<td>Form 8868 check here</td>
<td>5b</td>
</tr>
<tr>
<td>6a</td>
<td>Form 990-T check here</td>
<td>6b</td>
</tr>
<tr>
<td>7a</td>
<td>Form 4720 check here</td>
<td>7b</td>
</tr>
<tr>
<td>8a</td>
<td>Form 5227 check here</td>
<td>8b</td>
</tr>
<tr>
<td>9a</td>
<td>Form 5330 check here</td>
<td>9b</td>
</tr>
<tr>
<td>10a</td>
<td>Form 8038-CP check here</td>
<td>10b</td>
</tr>
</tbody>
</table>

**Part II**

Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize LUCIA PALM to enter my PIN 3 0 4 6 2 as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

**Signature of officer or person subject to tax**

Date 05/04/2023

**Part III**

Certification and Authentication

EROS’s EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

<table>
<thead>
<tr>
<th>ERO’s signature</th>
<th>Date 07/17/2023</th>
</tr>
</thead>
</table>

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.
Completing this form:

1. Read the instructions carefully.
2. Fill in the required fields.
3. Sign and date the form.
4. Check if self-employed.
5. Provide the FEIN.
6. Review and verify before submission.

**California Exempt Organization Annual Information Return**

**2022**

**Corporation/Organization name: SAMUEL LAWRENCE FOUNDATION**

**California corporation number: 3032984**

**Foreign country name:**

**City:** DEL MAR

**State:** CA

**Zip code:** 92014

**Paid Here**

**Sign Here**

**Preparer's signature:** LUCIA PALM

**Date:** 07-17-2023

**PTIN:** 00539864

**Firm's FEIN:** 75-2105802

**Telephone:** (760) 737-0698

**Address:** 391 S VINE STREET

**City:** ESCONDIDO

**State:** CA

**Zip code:** 92025

**Notice:**

- 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 taxpayer) is based on all information of which preparer has any knowledge.

**Part I**

Complete Part I unless not required to file this form. See General Information B and C.

<table>
<thead>
<tr>
<th>Receipts and Revenues</th>
<th>Expenses</th>
<th>Filing Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross sales or receipts from other sources. From Side 2, Part II, line 8</td>
<td>9 Total expenses and disbursements. From Side 2, Part II, line 18</td>
<td>11 Total payments</td>
</tr>
<tr>
<td>2 Gross dues and assessments from members and affiliates</td>
<td>10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8</td>
<td>12 Use tax. See General Information K</td>
</tr>
<tr>
<td>3 Gross contributions, gifts, grants, and similar amounts received</td>
<td></td>
<td>13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11</td>
</tr>
<tr>
<td>4 Total gross receipts for filing requirement test. Add line 1 through line 3</td>
<td></td>
<td>14 Use tax balance. If line 12 is more than line 13, subtract line 13 from line 12</td>
</tr>
<tr>
<td><strong>This line must be completed.</strong> If the result is less than $50,000, see General Information B</td>
<td></td>
<td>15 Penalties and interest. See General Information J</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result</td>
</tr>
<tr>
<td>5 Cost of goods sold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Cost or other basis, and sales expenses of assets sold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Total costs. Add line 5 and line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total gross income. Subtract line 7 from line 4</strong></td>
<td><strong>Total expenses. Subtract line 6 from line 7</strong></td>
<td><strong>Total gross income. Subtract line 7 from line 4.</strong></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Date filed with IRS:**

**Firm's FEIN:**

**Form 199 2022**

**Side 1**
### Part II
Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

#### Receipts from Other Sources
1. Gross sales or receipts from all business activities. See instructions.
2. Interest.
3. Dividends.
5. Gross royalties.
6. Gross amount received from sale of assets. (See instructions).
7. Other income. Attach schedule.
8. Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.
9. Contributions, gifts, grants, and similar amounts paid. Attach schedule.
10. Disbursements to or for members.
12. Other salaries and wages.
13. Interest.
15. Rents.
16. Depreciation and depletion (See instructions).
17. Other expenses and disbursements. Attach schedule.
18. Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.

#### Expenses and Disbursements

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Contributions, gifts, grants, and similar amounts paid</td>
<td>8,000</td>
</tr>
<tr>
<td>10</td>
<td>Disbursements to or for members</td>
<td>10,000</td>
</tr>
<tr>
<td>11</td>
<td>Compensation of officers, directors, and trustees</td>
<td>11,000</td>
</tr>
<tr>
<td>12</td>
<td>Other salaries and wages</td>
<td>12,000</td>
</tr>
<tr>
<td>13</td>
<td>Interest</td>
<td>13,000</td>
</tr>
<tr>
<td>14</td>
<td>Taxes</td>
<td>14,000</td>
</tr>
<tr>
<td>15</td>
<td>Rents</td>
<td>15,000</td>
</tr>
<tr>
<td>16</td>
<td>Depreciation and depletion</td>
<td>16,000</td>
</tr>
<tr>
<td>17</td>
<td>Other expenses and disbursements</td>
<td>17,203,000</td>
</tr>
<tr>
<td>18</td>
<td>Total expenses and disbursements</td>
<td>242,203,000</td>
</tr>
</tbody>
</table>

### Schedule L
#### Balance Sheet

<table>
<thead>
<tr>
<th>Assets</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash</td>
<td>141,525</td>
<td>141,525</td>
<td>127,928</td>
<td></td>
</tr>
<tr>
<td>2 Net accounts receivable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Net notes receivable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Inventories</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Federal and state government obligations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Investments in other bonds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Investments in stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Mortgage loans</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9 Other investments. Attach schedule</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>10 a Depreciable assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less accumulated depreciation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other assets. Attach schedule</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total assets</td>
<td>141,525</td>
<td>141,525</td>
<td>127,928</td>
<td></td>
</tr>
</tbody>
</table>

#### Liabilities and net worth

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Accounts payable</td>
<td>1,077</td>
<td>1,077</td>
<td>1,440</td>
<td></td>
</tr>
<tr>
<td>15 Contributions, gifts, or grants payable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Bonds and notes payable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Mortgages payable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Other liabilities. Attach schedule</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>19 Capital stock or principal fund</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Paid-in or capital surplus. Attach reconciliation</td>
<td>140,448</td>
<td>140,448</td>
<td>126,488</td>
<td></td>
</tr>
<tr>
<td>21 Retained earnings or income fund</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Total liabilities and net worth</td>
<td>141,525</td>
<td>141,525</td>
<td>127,928</td>
<td></td>
</tr>
</tbody>
</table>

### Schedule M-1
Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net income per books</td>
<td>-13,960</td>
</tr>
<tr>
<td>2</td>
<td>Federal income tax</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess of capital losses over capital gains</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Income not recorded on books this year. Attach schedule</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Expenses recorded on books this year not deducted in this return. Attach schedule</td>
<td>-13,960</td>
</tr>
<tr>
<td>6</td>
<td>Total. Add line 1 through line 5</td>
<td>-13,960</td>
</tr>
<tr>
<td>7</td>
<td>Income recorded on books this year not included in this return. Attach schedule</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Deductions in this return not charged against book income this year. Attach schedule</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Total. Add line 7 and line 8</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Net income per return</td>
<td></td>
</tr>
<tr>
<td>Other Liabilities:</td>
<td>Beginning of Tax Year</td>
<td>End of Tax Year</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------</td>
<td>-----------------</td>
</tr>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals to Form 199, Schedule L, line 18 . . . . . . . . . . . . . . . . . .
## Paid-in or Capital Surplus:

<table>
<thead>
<tr>
<th></th>
<th>Beginning of tax year</th>
<th>End of tax year</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNRESTRICTED NET ASSETS</td>
<td>90,448.</td>
<td>76,488.</td>
</tr>
<tr>
<td>RESTRICTED NET ASSETS</td>
<td>50,000.</td>
<td>50,000.</td>
</tr>
</tbody>
</table>

Totals to Form 199, Schedule L, line 20: 140,448. 126,488.
Exempt Organization name: SAMUEL LAWRENCE FOUNDATION
Identifying number: 27-1030462

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4) ................................................................. 1 232,811.
2 Total gross income (Form 199, line 8) ................................................................. 2 232,811.
3 Total expenses and disbursements (Form 199, line 9) .......................................... 3 242,203.

Part II Settle Your Account Electronically for Taxable Year 2022

4 □ Electronic funds withdrawal
   4a Amount ______________________
   4b Withdrawal date (mm/dd/yyyy) ______________________

Part III Banking Information (Have you verified the exempt organization’s banking information?)

5 Routing number______________________________________________
6 Account number______________________________________________
7 Type of account: □ Checking  □ Savings

Part IV Declaration of Officer

I authorize the exempt organization’s account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization’s 2022 California electronic return. To the best of my knowledge and belief, the exempt organization’s return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization’s fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization’s return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here ▶ ▶ PRESIDENT

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization’s return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization’s return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer’s signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization’s return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Under penalties of perjury, I declare that I have examined the above organization’s return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Date Accepted ______________________

DO NOT MAIL THIS FORM TO THE FTB
### Additional Information From 2022 California Exempt Organization Business

**Form 199: CA Exempt Organization Annual Information**

#### Part II, Line 11 - Compensation

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>BART ZIEGLER</td>
<td></td>
</tr>
<tr>
<td>FARLEY ZIEGLER</td>
<td></td>
</tr>
<tr>
<td>CHRISTOPHER HOOVER</td>
<td></td>
</tr>
<tr>
<td>CATHY IWANE</td>
<td></td>
</tr>
<tr>
<td>CHARLES ZIEGLER</td>
<td></td>
</tr>
<tr>
<td>HOLLY PICKEREL</td>
<td></td>
</tr>
</tbody>
</table>

**Total**

#### Form 199: CA Exempt Organization Annual Information

#### Part II, Line 17 - Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCOUNTING</td>
<td>1,141</td>
</tr>
<tr>
<td>OTHER</td>
<td>23,567</td>
</tr>
<tr>
<td>OFFICE EXPENSES</td>
<td>4,092</td>
</tr>
<tr>
<td>INFORMATION TECHNOLOGY</td>
<td>2,202</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>4,397</td>
</tr>
<tr>
<td>ENVIRONMENTAL</td>
<td>33,900</td>
</tr>
<tr>
<td>SCIENCE AND MEDICINE</td>
<td>6,132</td>
</tr>
<tr>
<td>ARTS</td>
<td>109,420</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>57,016</td>
</tr>
<tr>
<td>PROFESSIONAL FUNDRAISING SERVICES</td>
<td>336</td>
</tr>
</tbody>
</table>

**Total** 242,203