### Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the	2022 calend	ar year, or tax year beginning , 202	22, and ending			, 20
<b>B</b> c	heck if ap	oplicable:	C Name of organization		D Emplo	oyer identificat	ion number
	Address change The Fyera Foundation 45						
<u> </u>	lame cha	E Teleph	hone number				
$\overline{}$	nitial retu		P.O. Box 493		310	4282714	
=	ınaı retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	•	F Grou	p Exemption	
=		n pending	Boulder Creek, CA 95006		Num	ber	
G A	ccount	ting Method:	X Cash ☐ Accrual Other (specify):	Н	Check	if the organi	zation is <b>not</b>
	ebsite/	-	fyera.org			to attach Sch	
J Ta	ax-exen		eck only one) — 🗵 501(c)(3) 🗌 501(c) ( ) (insert no.) 🔲 4947(a)(1	) or 527	(Form 99	90).	
KF	orm of	organization:		r:			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if tota	l assets		
(Par	t II, col		6500,000 or more, file Form 990 instead of Form 990-EZ			\$	96,322.
Pa	art I		e, Expenses, and Changes in Net Assets or Fund Bala	,			,
			the organization used Schedule O to respond to any question			. <u></u>	🗵
	1		ons, gifts, grants, and similar amounts received			1	96,322.
	2	Program s	ervice revenue including government fees and contracts		[	2	
	3	Membersh	ip dues and assessments			3	
	4	Investment				4	
	5a		,	a			
	b			b			
	с 6		ss) from sale of assets other than inventory (subtract line 5b from ad fundraising events:	n line 5a)		5c	
ne	а	Gross inc \$15,000)	ome from gaming (attach Schedule G if greater than	a			
Revenue	b	from fundr	me from fundraising events (not including \$ aising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000)   6	of contributio	ons		
	С		- L	c			
	d		e or (loss) from gaming and fundraising events (add lines 6a	-	btract		
		line 6c)				6d	
	7a	Gross sale	s of inventory, less returns and allowances	a			
	b			b			
	С		it or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	
	8	Other reve	nue (describe in Schedule O)			8	
	9	Total reve	<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	96,322.
	10		d similar amounts paid (list in Schedule O)			10	
	11	Benefits pa	aid to or for members		[	11	
S	12	Salaries, o	ther compensation, and employee benefits		[	12	
Expenses	13	Profession	al fees and other payments to independent contractors			13	6,360.
be	14	Occupanc	y, rent, utilities, and maintenance			14	
ш	15		ublications, postage, and shipping			15	
	16		enses (describe in Schedule O) See.			16	79,173.
	17	Total expe	enses. Add lines 10 through 16			17	85,533.
ठ	18	Excess or	(deficit) for the year (subtract line 17 from line 9)			18	10,789.
Se	19		or fund balances at beginning of year (from line 27, column	. ,, .			
As		=	r figure reported on prior year's return)			19	48,841.
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)			20	
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20			21	59,630.

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Pa	Balance Sheets (see the instructions	,			
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II.... <sub>.</sub> .	
				(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			49,075.	63,457.
23	Land and buildings			2	23
24	Other assets (describe in Schedule O)			500.	<b>24</b> 500.
25	Total assets			49,575.	<b>25</b> 63,957.
26	Total liabilities (describe in Schedule O)			734.	<b>26</b> 4,327.
27	Net assets or fund balances (line 27 of column	n (B) <b>must</b> agree with	n line 21)	48,841.	59,630.
Par	Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)	
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🗵	Expenses
Wha	t is the organization's primary exempt purpose?	See Part III	Stmt		(Required for section
	ribe the organization's program service accompli				501(c)(3) and 501(c)(4) organizations; optional for
as m	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.	e services provided	, the number of	others.)
28	Services for kids:In the village of Chipuko, Zimbabwe we It now provides water to 1,119 families, including 1,220 Children receive nutrition suppl. meals at school. We've started an a	) school-age children. agricultural project that pro	This allowed more girls vides fresh vegetables, and	to access schools is a source of income.	••
	,	includes foreign gra			<b>28a</b> 38,683.
29	Conservation: Creating a sustainable organic regeneration agricultura As well as assisting "ASSERT" financially and with infrastruct				
	(Grants \$ 0. ) If this amount	includes foreign gra	nts, check here .	🗆 :	<b>29a</b> 11,485.
30	Resources for Refugees: Assisted one family of Nicaraguan refugess Subsequently empowering them to support 200 refugees from Venezuela, Ukraine, C Translated and Distributed Our Refugee Welcome Support Letter to  (Grants \$ 0. ) If this amount	Cuba, and Nicaragua in their resp	ective locations with resilience ish, Hungarian, and Spanis	and vocational training. Sh Speaking Refugees	<b>30a</b> 10,268.
31	Other program services (describe in Schedule O)	Aunitus	THE DEPTH ON DESIGN OF THE RESIDENCE OF		20,2001
٠.	, ,	includes foreign gra			31a
32	Total program service expenses (add lines 28a				<b>32</b> 60,436.
Par					
ı aı	Check if the organization used Schedule				
	Officer in the organization asea concaute	O to respond to di			_ · · · · <u></u> _
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	e (e) Estimated amount of other compensation
She	va Carr				
Pre	sident	15.00	0.	0.	0.
Mel	inda Dewey				
Sec	retary	4.00	0.	0.	0.
San	dra Solano-McGuire				
Tre	asurer	5.00	0.	0.	0.
		_			
		_			
-					

Part V

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			Г
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved	Joa		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911:; section 4912:; section 4955:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed: CA			
42a	· · · · · · · · · · · · · · · · · · ·		5-88	13
	Located at: 304 Indian Trace, Ste. 279, Weston FL ZIP+4 333	26 		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	×	
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c	×	
	If "Yes," enter the name of the foreign country:  NU			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		×
_	Did the organization receive any payments for indoor tanning services during the year?	44c		-^
Q C	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	740		Ĥ
d	explanation in Schedule O	44-1		
4-	·	44d		.,
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-F7 See instructions	15h	1	~

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40	5					Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of						
Part			Taiti		·   46		×
are	All section 501(c)(3) organization 50 and 51.	s must answer que		•	he tables t	for lin	es
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI			. []
47	Did the organization engage in lobbying	activities or have a s	section 501(h) electio	n in effect during the	e tax	Yes	No
	year? If "Yes," complete Schedule C, Par	tll			. 47		×
48	Is the organization a school as described in	n section 170(b)(1)(A)(ii	)? If "Yes," complete	Schedule E	. 48		×
49a	Did the organization make any transfers t	•	•				×
b	If "Yes," was the related organization a se						L
50	Complete this table for the organization's employees) who each received more than						
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	e (e) Estimate	ed amo	unt of
None	2						
	Total number of other employees paid ov						
51 	Complete this table for the organization \$100,000 of compensation from the organization			contractors who ead	ch received	l more	than
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice (	(c) Compensat	ion	
None			,				

d T	Total number of other independent	contractors each receiving over \$10	0,000				
		chedule A? <b>Note:</b> All section 50					
		ed this return, including accompanying schedu her than officer) is based on all information of v					
Sign Here	Signature of officer Sheva Carr, Presi	Signature of officer Date Sheva Carr, President					
	Type or print name and title						
Paid Prepa	Print/Type preparer's name Kristina Katt	Preparer's signature Kristina Katt	Date 06/20/2023	Check if self-employed P01068458			
Use O	Inly Firm's name Simplee LI		Firm's				
	Firm's address 1305 Remin	gton Trace Dr, Port Charl	otte, FL 33953 Phon	e no. (513)225-8813			
May the	May the IRS discuss this return with the preparer shown above? See instructions						

The Fyera Foundation 45-0748419

#### Additional Information From Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

## Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 16: Other Expenses

#### **Continuation Statement**

Descriptio	n Amount
Bank Charges	1,779
Office Supplies	38
Postage	16
Professional Development	2,500
Projects Support	58,589
Severance	7,953
Software	2,646
Travel	1,170
Website	4,486
	<b>Total</b> 79,173

#### Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose Continuation Statement

#### **Organization's Primary Exempt Purpose**

Together Choosing Love, we are building an optimal future for the world by contributing by contributing

to the manifistation of the UN 2030 Sustainable Development Agenda

with the power and intelligence of our hearts



#### **SCHEDULE A** (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number

Open to Public Inspection

	e Fyera Foundation 45-0748419  art I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
Par									ons.	
The c	•	•			s: (For lines 1 through		-			
1	=									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		•			ganization described i					
4		ledicai research pital's name, cit			onjunction with a hosp	oital desc	ribed in s	section 1/U(b)(1)(A)	(III). En	ter the
-		•	•							
5		tion 170(b)(1)(A			college or university	owned d	or operate	ed by a government	ai unii	described in
6 7	X An	organization tha	t normally	receives a subs	mental unit described tantial part of its sup				n the g	eneral public
_				(A)(vi). (Complet	•	D				
8 9	_	-		` '	(1)(A)(vi). (Complete		orated in	conjugation with a	and ar	ant college
3	or u univ	niversity or a no ersity:	n-land-gra	nt college of agr	d in <b>section 170(b)(1)</b> iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the co	ollege or
10	rece sup	eipts from activity port from gross	ties related investmen	to its exempt fur t income and uni	e than 33 <sup>1</sup> /3% of its sunctions, subject to ce related business taxa 75. See <b>section 509</b> (a	rtain exc ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 <sup>1</sup> /3%	√ of its
11	-	-			sively to test for public		-			
12		•		•	vely for the benefit of,	•			out the	e purposes of
				•	escribed in section 5	•				
	the	box on lines 12a	through 12	2d that describes	the type of supporting	g organiza	ation and	complete lines 12e,	12f, and	d 12g.
а					l, supervised, or contr					
					regularly appoint or e			he directors or trust	ees of	the
					ete Part IV, Sections					
b					sed or controlled in co organization vested in					
					V, Sections A and C		persons	that control of man	age in	supported
С		Type III functio	nally integ	rated. A support	ting organization oper	ated in c			ally inte	egrated with,
			_		ns). You must comp		-			
d		that is not funct	ionally inte	grated. The orga	pporting organization nization generally mu omplete Part IV, Sec	st satisfy	a distribu	ıtion requirement an		
е		•			a written determination		-		⊒ II Tvr	ne III
					tionally integrated sup				J 11, 1 yr	50 III
f										
g	Provid	de the following	information	n about the supp	orted organization(s).					
	(i) Name	of supported organ	ization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
						Yes	No			
(A)										
(B)										
(C)										
(D)										
(E)										
Total		-								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 113,797. 95,952. 69,977. 82,531. 91,955. 454,212. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . **Total.** Add lines 1 through 3 . . . 4 113,797. 69,977. 82,531. 91,955. 95,952. 454,212. 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) . . . . 104,678. **Public support.** Subtract line 5 from line 4 349,534. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 113,797. 69,977. 91,955. 454,212. 7 Amounts from line 4 . . . . . . 82,531. 95,952. Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . **Total support.** Add lines 7 through 10 11 454,212. 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . 14 76.95% Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

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

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

#### **Supporting Organizations** Part IV

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

#### Se

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

10b

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	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 <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u> </u>		
	on 217m Type in Cappering Cigamizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete <b>line 2</b> below.			-/
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in	struci	tions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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 <b>Part VI</b> .	3a		
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 <b>Part VI</b> the role played by the organization in this regard	2h		

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). See						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>7</b>					
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):	*					
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C-Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-function	allv i	integrated Type III supporti	na organization			

(see instructions).

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2022 Amount for 2022 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. Excess distributions carryover, if any, to 2022 **a** From 2017 . . . . From 2018 From 2019 **d** From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. 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. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 Excess from 2019 Excess from 2020 Excess from 2021 Excess from 2022

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)