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Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

A FC	or tn	1e 2022 c	alendar year, or tax year beginning 01-01-2022 , and endi	1g 12-3	1-2022			
B Chec	ck if a	applicable:	C Name of organization PVBLIC FOUNDATION INC			D Employe	r identii	fication number
Addr	ess cl	hange				45-5096	423	
Name			Doing business as		,			
Name	e Ciia	inge				E Telephone	number	
Initia	l retu	urn	Number and street (or P.O. box if mail is not delivered to street address) 244 CLUB PLACE SE	Room/su	iite	(678) 97	'/ ₋ 2516	:
Final r	eturn/	/terminated				(076) 97	4-2310	'
			City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30317			G Gross rec	eipts \$ 2	,658,101
Amer	nded	return						· ·
Appli	catio	n pending						
			F Name and address of principal officer:		H(a) Is this	a group reti	urn for	
			DANIEL WILKINS 244 CLUB PLACE SE			dinates?		Yes Vo
			ATLANTA, GA 30317		H(b) Are all		es	Yes No
I Tax	-exe	mpt status:	✓ 501(c)(3)	527	includ If "No		st. See	instructions.
1 W	ahei	to: 🕨 \/\\	VW.PVBLIC.ORG	, 02,	H(c) Group			
, w	CDSI	te. = ww	VW.I VBLIC.ONG	,				
K Form	n of o	organization	: 🗸 Corporation 🗌 Trust 🗌 Association 🗍 Other 🕨		L Year of forma	tion: 2012	M State	of legal domicile: NY
Pa	rt I	Sum	mary					
			scribe the organization's mission or most significant activities:	CLICTAT	NABLE DEVELO	DMENT		
ce		TO ENGAG	GE GLOBAL CHANGEMAKERS AND MOBILIZE ACTION TO ADVANCE	5051AI	NABLE DEVELO	PMENT.		
an								
еп								
Activities & Governance			is box				1 _	l _
Š. C	3		of voting members of the governing body (Part VI, line 1a)				3	7
es	4		of independent voting members of the governing body (Part VI, line	,			4	5
VIE	5		nber of individuals employed in calendar year 2022 (Part V, line 2a)		•	5	6
(CI	6		nber of volunteers (estimate if necessary)			•	6	5
ď			elated business revenue from Part VIII, column (C), line 12				7a	0
	b	Net unrel	lated business taxable income from Form 990-T, Part I, line 11 .		<u> </u>		7b	0
					Pric	r Year		Current Year
9			tions and grants (Part VIII, line 1h)	•		1,824,77		318,500
Revenue		-	service revenue (Part VIII, line 2g)	•		785,27	-	2,336,992
æ	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)				0	0
	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0	2,609
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e 12)		2,610,05	53	2,658,101
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)			439,50	00	242,734
	14	Benefits	paid to or for members (Part IX, column (A), line 4)				0	0
88	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines	5–10)		236,14	12	449,745
Expenses	16 a	a Profession	onal fundraising fees (Part IX, column (A), line 11e)				0	0
κbe	b	Total fundr	raising expenses (Part IX, column (D), line 25) 13,195					
Ωl.	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	•		763,59	98	2,608,367
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			1,439,24	10	3,300,846
	19	Revenue	less expenses. Subtract line 18 from line 12	<u>.</u>		1,170,81	13	-642,745
or Ses					Beginning o	of Current Ye	ar	End of Year
Net Assets or Fund Balances								
Ass Ba			ets (Part X, line 16)	•		1,413,86	_	692,828
et, ind	21		ilities (Part X, line 26)			275,20		197,633
Zű	22	Net asset	ts or fund balances. Subtract line 21 from line 20			1,138,66	50	495,195

know		nd be		mined this return, including accompte. Declaration of preparer (other t	, -		
пу к	nowied	ige.					
		Sign	ature of officer			2023-11-13 Date	
Sign		Jigii	active of officer			Date	
lere	•		IEL WILKINS EXECUTIVE DIRECTOR				
		Туре	or print name and title				
			Print/Type preparer's name	Preparer's signature	Date	Chock if	PTIN
Paid	t				2023-11-13	self-employed	P01365820
>rei	parer	r	Firm's name MARCUM LLP			Firm's EIN 🕨 11	-1986323
	Only		Firm's address ▶ 1899 L STREET NW 8	F0		Dh (202)	022 5000
	•,	,	Firm's address 1899 L STREET NW 6	350		Phone no. (202)	822-5000
			WASHINGTON, DC 2	20036			
1ay t	he IRS	discu	ss this return with the preparer sh	own above? See Instructions			Yes No
or P	aperw	ork R	eduction Act Notice, see the se	eparate instructions. Page 2	Cat. N	No. 11282Y	Form 990 (202
orm	990 (2	(022)		rage 2			Page
Par	t III		tement of Program Service				_
	.		•	se or note to any line in this Part III		<u> </u>	🔽
1	•		ribe the organization's mission:	IT ORGANIZATION THAT MOBILIZE			
HRO ARTI	UGH O	RIGIN IPS TH	AL PROGRAMS, CREATIVE PARTNE	G GOVERNMENTS, NGOS, AND INT ERSHIPS, AND STRATEGIC DONOR BILLION PEOPLE IN 125 COUNTRI	FUNDS. THE FOUR	NDATION HAS M	MANAGED PROGRAMS AND
2		_	, -	program services during the year	which were not lis	ted on	
	the pri	ior Fo	rm 990 or 990-EZ?				🗌 Yes 🔽 No
	If "Yes	s," des	scribe these new services on Sched	dule O.			
3	Did th	e orga	anization cease conducting, or mak	ke significant changes in how it con	ducts, any progra	m	
	service	es? .					Yes 🛂 No
	If "Yes	s," des	scribe these changes on Schedule (0.			
4	Sectio	n 501		ccomplishments for each of its thre s are required to report the amount am service reported.		,	, .
4a	(Code:) (Expenses \$	2,607,120 including grants of \$	122 524	(Revenue \$	62,199)
	COMMU GOVER DEVELO STAKEH FUNDII MAKINO PARTNI MOZAM UN PAR THAT C CREATI ENVIRO DEVELO BUILT I FOUND PRIME- IMPACT (LAUNO YEARS, FRANCE	UNITY-IRNMENTOPING HOLDE NG, GR IG PROO ERS: B MBIQUE RTNERS CATALY, IVITY T ONMEN OPMEN UPON I DATION -MOVE IT VIA C CHED I . IN MA	DRIVEN, MULTI-STAKEHOLDER PROGRA IS THAT SUPPORTS THE CREATION AND COUNTRIES. THE PROGRAM INCLUDES R GROWTH WORKING WITH ESRI, W.K. OWTH, INNOVATION, EDUCATION, AND GRESS AND ACHIEVING ITS OBJECTIVES URKINA FASO, CAMEROON, CHILE, ESWE, PANAMA, RWANDA, SOUTH AFRICA, A SOUTH AFRICA AS AND PUBLIC-PRIVATE STAKEHOLDERS, ZE MEANINGFUL MOMENTUM BEHIND THO THE UNITED NATIONS GENERAL ASSISTS CONDUCIVE TO COLLABORATION FOR TO GOALS (SDGS). THE SDG LOUNGE AT TIS IMPACT-DRIVEN LEGACY, FAMILY OFF AND THE UN OFFICE FOR PARTNERSHIER FAMILY OFFICES COMMITTED TO ADVICULABORATION WITH UN AGENCIES AND MAY 2021): PVBLIC FOUNDATION EXECUTIVAL.	IC FOUNDATION SERVES AS THE PROGR M COMPRISING THE PRIVATE SECTOR, F (OR STRENGTHENING OF GEOSPATIAL C NOT ONLY ACTING AS THE FIDUCIARY B KELLOGG FOUNDATION, AND THE UNIT! WORK WITH ALL ALLIANCE PARTNERS / S. PVBLIC IS CURRENTLY DEVELOPING A (ATINI, ETHIOPIA, HAITI, MOROCCO, SE (ND TONGA. SDG LOUNGE - THE SDG LO (ND TONGA. SDG LOUNGE - THE SDG LO (ND TONGA. SDG LOUNGE) THE SDG LO (ND TONGA. SDG LOUNDATION AND THE SDR WORLD LEADERS AND GLOBAL INFLUE (COP27, WHICH PRODUCED TWO DINNESTICE FOR SUSTAINABLE DEVELOPMENT - PS, THE FAMILY OFFICES FOR SUSTAINA ANCING THE COMPLETION OF THE SUSTAINA CONTRANSFORMING IS SEEN COLLABORATING WITH POPE FROM CHAIRMAN HOSTED A PRIVATE MEET BLESS AND LAUNCH THE TRANSFORMING PROJECTS.	OUNDATIONS, UN OF COUNTRY-LEVEL ACTIONS OUT TO SO NATIONS GGIM	RGANIZATIONS, A ION PLANS AND SI HE SKILLS AND EX ECRETARIAT. PVBL ROGRAM, MAKING ACROSS THE FOLL UNISIA, FIJI, GUA' BY PVBLIC FOUND. EL EVENTS ON TH NES LIONS INTERI SED CULTURE AND TO ACHIEVING T TIONS WITH STRAN APRIL 2021): OF FOSD) BRINGS TO ENT GOALS IN ORI FOND AT THE VATI TONAL AND HIS SICOBAL A AND HIS	IND LOCAL AND NATIONAL DG DATA HUBS ACROSS KPANDING THE MULTI- LIC'S ROLE IS TO OVERSEE THE SURE THAT THE ALLIANCE IS OWING COUNTRY GOVERNMEN TEMALA, HONDURAS, ATION IN COOPERATION WITH IE MARGINS OF GLOBAL FORUM NATIONAL FESTIVAL OF D ENTERTAINMENT TO CREATE HE UN'S SUSTAINABLE ATTEGIC PARTNERS, PROUDLY RGANIZED BY THE PVBLIC DGETHER GROUPS OF GLOBAL DER TO CREATE GREATER ICAN WITH POPE FRANCIS RRENTES, FOR MORE THAN FIVIL HOLINESS POPE
4b	(Code:) (Expenses \$	161,116 including grants of \$ OR OF MEDIA ACROSS ALL PLATFORMS, F		(Revenue \$	1,345,893)
	HILDIA	MITTLE	LICALION CAPITALONS, AN AUGKEGAIU	IN OF PILOTA ACKODO ALL PLATFORMS. F	A DITTO MADE OF STIKE	ILGICALLI IU PAI	IN DIEDJA AJJETJ WITH IMPACT

MEDIA AMPLIFICATION CAMPAIGNS: AN AGGREGATOR OF MEDIA ACROSS ALL PLATFORMS, PVBLIC WORKS STRATEGICALLY TO PAIR MEDIA ASSETS WITH IMPACT CAMPAIGNS AROUND THE WORLD. WE COMBINE PHILANTHROPY WITH MEDIA SERVICES TO SUPPORT SOCIAL CAMPAIGNS FROM THE PRE-LAUNCH "STRATEGY" PHASE, THROUGH EXECUTION AND POST-CAMPAIGN REPORTING. WE UTILIZE INDUSTRY SPECIFIC EXPERTISE, RESOURCES, AND ECONOMIES OF SCALE TO FIND THE BEST POSSIBLE MEDIA PRICING IN ORDER TO STRETCH ADVERTISING BUDGETS AS FAR AS POSSIBLE. LEVERAGE EXCLUSIVE MEDIA PARTNERSHIPS TO AMPLIFY THE MEDIA PLAN WITH ADDITIONAL DONATED MEDIA. WE HAVE SUPPORTED SOCIAL IMPACT CAMPAIGNS FROM THE OBAMA WHITE HOUSE, NUMEROUS UN AGENCIES, GOVERNMENTS AROUND THE WORLD AND NON-PROFITS. MAIN 2022 CAMPAIGNS:- ONETEN.ORG - CONSCIOUS FASHION CAMPAIGN - UNDP DON'T CHOOSE EXTINCTION CAMPAIGN

4c	(Code:) (Expenses \$ 209,726 including grants of \$) (Revenue \$ SDG FOCUSED EVENTSSDG MEDIA ZONE (2022 YEAR ROUND): THE SDG MEDIA ZONE IS ONE OF THE MAIN FEATURES OF THE UN GENERAL LEVEL WEEK, BRINGING TOGETHER UN MEMBER STATES, CONTENT CREATORS, INFLUENCERS, ACTIVISTS AND MEDIA PARTNERS TO HIGH SOLUTIONS IN SUPPORT OF THE 2030 AGENDA. SO FAR WE HAVE HOSTED 25 SDG MEDIA ZONES IN 7 COUNTRIES AT EVENTS INCLUDING FORUM IN DAVOS, COP AND THE SXSW FESTIVAL. HAVING OVER 1,500 SPEAKERS AND AN AUDIENCE OF 1 BILLION REACHED ACROSS 80 SUMMIT (SEPTEMBER 2022): THE SDG MEDIA SUMMIT IS AN INVITATION-ONLY EVENT THAT HIGHLIGHTS THE POWER OF MEDIA TO DRIV STRATEGIZE CAMPAIGNS AROUND PRESSING GLOBAL ISSUES. ORGANIZED BY THE UNITED NATIONS OFFICE FOR PARTNERSHIPS & PVBLIS SUMMIT SHOWCASES INNOVATIVE SOCIAL CAMPAIGNS AND MOVEMENTS THROUGH KEYNOTES, INTERVIEWS, CASE STUDIES AND ROUND A UNIQUE OPPORTUNITY FOR DELEGATES TO ENGAGE AND LEARN FROM THE BRIGHTEST MINDS IN THE MEDIA AND BUILD LASTING PART FURTHER SOCIAL PROGRESS.LATINO IMPACT SUMMIT (NOVEMBER 2022): THE LATINO IMPACT SUMMIT 2022 CELEBRATED LATIN AMERIC. COLLABORATION FOR GLOBAL SUSTAINABILITY, WHILE ALSO SETTING OUT KEY AREAS OF ACTION AND PARTNERSHIPS, IN ORDER TO MOAND TECHNOLOGY TO ACHIEVE THE SDGS THROUGHOUT THE AMERICAS. THESE ISSUE AREAS WERE ADDRESSED THROUGH: KEYNOTES PANEL CONVERSATIONS, IMPACT AWARDS AND NETWORKING EXPERIENCES.	AL ASSE ILIGHT ASSE ILIGHT ASSE COUNT E SOCIA IC FOUN DTABLES TNERSHI A'S STRA BILIZE	ACTIONS D ECONO RIES.SD AL CHANG IDATION, S AND PR IPS THAT ATEGIC MEDIA, [AND OMIC G MEDIA GE AND THE OVIDES
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ▶ 2,977,962			
		F	orm 99	0 (2022
	Page 3			
Form	990 (2022)			Page
Pa	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 📆	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	4.2		NI-

 13

No

-	business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
		F	orm 99	0 (2022)

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Form	990 (2022)			Page 4
Pa	The Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes,"</i> complete Schedule J	23	Yes	
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	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\tt M}$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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	34		No

35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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	37		No
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	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 19			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		\/	
	(gambling) winnings to prize winners?	1c	Yes	0 (2022)
			01111 99	u (2022)
	Page 5			
	Tage 5			
orm	990 (2022)			Page 5
Pa	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	-	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			
Ea	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			

11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	=		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
ь	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	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
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? If "Yes." complete Form 6069.	17		
	i les, complete form 9995.	F	orm 99	0 (2022)
	Page 6			
Form	990 (2022)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	lo" resp	oonse to	▽
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	, and the same of			
	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 in Schedule O.	-		
b	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			
	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent			No
	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			No No
2	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 5 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?	2		
2	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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?	2		No
2 3 4	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	2 3 4		No No
2 3 4 5 6	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	2 3 4 5		No No No
2 3 4 5 6 7a	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	2 3 4 5 6		No No No
2 3 4 5 6 7a	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	2 3 4 5 6 7a		No No No No
2 3 4 5 6 7a b	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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?	2 3 4 5 6 7a	Yes	No No No No
2 3 4 5 6 7a b	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	2 3 4 5 6 7a 7b	Yes	No No No No
2 3 4 5 6 7a b	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	2 3 4 5 6 7a 7b		No No No No No
2 3 4 5 6 7a b 8 a b	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 5 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses in Schedule O	2 3 4 5 6 7a 7b	Yes	No No No No
2 3 4 5 6 7a b 8 a b	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	2 3 4 5 6 7a 7b	Yes	No No No No No No No No
2 3 4 5 6 7a b 8 a b 9	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 5 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O ction B. Policies (This Section B requests information about policies not required by the Internal Revenuence.	2 3 4 5 6 7a 7b	Yes	No No No No No No No No No
2 3 4 5 6 7a b 8 a b 9 See	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	2 3 4 5 6 7a 7b	Yes	No No No No No No No No
2 3 4 5 6 7a b 8 a b 9 Se	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O ction B. Policies (This Section B requests information about policies not required by the Internal Revenuence of the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written po	2 3 4 5 6 7a 7b	Yes	No No No No No No No No No
2 3 4 5 6 7a b 8 a b 9 See 10a b	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O cotion B. Policies (This Section B requests information about policies not required by the Internal Revenue Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the or	2 3 4 5 6 7a 7b 8a 8b 9	Yes	No No No No No No No No No
2 3 4 5 6 7a b 8 a b 9 Se 10a b	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O cetion B. Policies (This Section B requests information about policies not required by the Internal Revenue Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi	2 3 4 5 6 7a 7b 8a 8b 9 e Code	Yes Yes Yes	No No No No No No No No No
2 3 4 5 6 7a b 8 a b 9 Se 10a b	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O cotion B. Policies (This Section B requests information about policies not required by the Internal Revenue Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the or	2 3 4 5 6 7a 7b 8a 8b 9 e Code	Yes e.) Yes	No No No No No No No No No

	conflicts?										12b	Yes	
С	Did the organization regularly and consister	ntly monitor ar	nd enfor	ce c	omp •	lianc	e with	the	e policy? <i>If "Yes," d</i>	escribe on	12c	Yes	
13	Did the organization have a written whistlel	olower policy?									13		No
14	Did the organization have a written docume	ent retention a	nd dest	ructi	on p	olicy	?.				14		No
15	Did the process for determining compensat persons, comparability data, and contempo									dependent			
а	The organization's CEO, Executive Director,	or top manage	ement c	officia	al .						15a		No
b	Other officers or key employees of the orga										15b		No
	If "Yes" to line 15a or 15b, describe the pro		ule O. S	See i	nstrı	uction	ns.						
16a	Did the organization invest in, contribute as taxable entity during the year?	sets to, or par	ticipate	in a		nt ver		or s	similar arrangement	with a	16a		No
b	If "Yes," did the organization follow a writte in joint venture arrangements under applica status with respect to such arrangements?	ble federal ta	k law, a	nd ta	ake s	steps	to sa	feg	uard the organization				
	· · · · · · · · · · · · · · · · · · ·		· ·	•		•	•	•	•		16b		
	ection C. Disclosure												
17	List the states with which a copy of this For	m 990 is requi	red to b	oe fil	ed▶		GA,N	lΥ					
18	Section 6104 requires an organization to m 501(c)(3)s only) available for public inspect)24-A	A, if ap	plic					
	Own website Another's website	✓ Upon red	uest		Othe	er (ex	oplain	in S	Schedule O)				
19	Describe in Schedule O whether (and if so, policy, and financial statements available to						vernin	g d	ocuments, conflict o	of interest			
20	State the name, address, and telephone nu MARCUM LLP 1899 L STREET NW SUITE 8	mber of the pe	erson w	ho p	osse	sses				d records:			
	MARCON LEF 1099 L STREET NW SOTTE	330 WASHII	vo roiv,	DC A	2003	00 (21	02) 2.	27	+217			Form 99	(2022)
													(===)
				Page	<u> </u>								
				5									
Form	990 (2022)												Page 7
Par	tVII Compensation of Officers, Di	rectors,Tru	stees,	Ke	y Eı	mplo	oyee	s, I	Highest Compe	nsated Emp	oloye	es,	
	and Independent Contractor	s											
	Check if Schedule O contains a resp	onse or note to	any lir	ne in	this	Part	VII .						
Se	ection A. Officers, Directors, Trustee	s, Key Emp	loyee	s, a	nd I	High	nest	Coı	mpensated Emp	loyees			
	omplete this table for all persons required to	be listed. Rep	ort com	pens	atio	n for	the c	aler	ndar year ending wi	th or within th	ne orga	anization	
year.	List all of the organization's current officers,										_	31112411011	s tax
		directors true	stoos (v	uh o+l	har i	ndivi	duale	05	organizations) roga		ount.	31112001011	s tax
	mpensation. Enter -0- in columns (D), (E), a	nd (F) if no co	mpensa	tion	was	paid			,, ,	ardless of amo	ount	amzation	s tax
• L	mpensation. Enter -0- in columns (D), (E), a List all of the organization's current key emp	nd (F) if no corloyees, if any.	mpensa See the	tion e ins	was truct	paid tions	for de	efini	tion of "key employ	ee."		31112411011	s tax
● L ● L who i	mpensation. Enter -0- in columns (D), (E), a	nd (F) if no coulouses, if any. Iompensated er	mpensa See the nployee	tion e ins es (of	was truct ther	paid tions than	for de an of	efini fice	tion of "key employ	erdless of amo ee." or key employ	ree)		
● L ● L who i the o	mpensation. Enter -0- in columns (D), (E), and ist all of the organization's current key emphasist the organization's five current highest correceived reportable compensation (box 5 of F	nd (F) if no con loyees, if any. compensated er form W-2, box key employees	mpensa See the nployee 6 of Fo	tion e insi es (ot rm 1 hest	was truct ther .099	paid tions than -MIS	for de an of C, an	efini fice d/or	tion of "key employ r, director, trustee of box 1 of Form 109	ee." or key employ 9-NEC) of mo	ee) ore tha	n \$100,0	
• L who i the o • L of rep	mpensation. Enter -0- in columns (D), (E), all ist all of the organization's current key emphasist the organization's five current highest correceived reportable compensation (box 5 of Forganization and any related organizations. List all of the organization's former officers, but the organization's current heat organization or	nd (F) if no cool loyees, if any. Impensated er Form W-2, box Key employees and any relate	mpensa See the nployee 6 of Fo , or hig ed organ	tion e instes (of rm 1 hest	was truct ther .099 com	paid tions than -MIS npens	for de an of C, and	efini fice d/or em _l	tion of "key employ r, director, trustee of box 1 of Form 109 ployees who receive	ee." or key employ 9-NEC) of mo	ree) ore tha \$100,0	n \$100,0	
L L who I the o L of rep	mpensation. Enter -0- in columns (D), (E), al List all of the organization's current key emp List the organization's five current highest correceived reportable compensation (box 5 of Firganization and any related organizations. List all of the organization's former officers, in portable compensation from the organization	nd (F) if no con loyees, if any. compensated er form W-2, box key employees and any relate s or trustees	mpensa See the nployee 6 of Fo , or hig ed organ that rec	tion e inst es (of rm 1 hest nizat	was truct ther .099 com cions ed, ir	paid tions than -MIS npens	for de an of C, and sated	efini ffice d/or emp	tion of "key employ r, director, trustee of box 1 of Form 109 ployees who receive as a former directo	ee." or key employ 9-NEC) of mo	ree) ore tha \$100,0	n \$100,0	
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(3) ROMAN RODRIGUEZ	10.00						
BOARD MEMBER		X			0	0	0
(4) TINA TCHEN	5.00					_	
BOARD MEMBER		Х			0	0	0
(5) ANGELICA FUENTES	5.00					_	
BOARD MEMBER		Х			0	0	0
(6) BRIAN GOTT	5.00						
BOARD MEMBER		Х			0	0	0
(7) SERGIO FERNANDEZ DE CORDOVA	30.00						
EXECUTIVE CHAIRMAN		Х	Х		14,400	0	29,523
(8) STEPHEN KEPPEL	40.00						
PRESIDENT, PVBLIC			Х		172,500	0	12,735
(9) DANIEL WILKINS	40.00		.,				
EXECUTIVE DIRECTOR, PVBLIC			Х		94,792	0	0
							Form 900 (2022)

Form **990** (2022)

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Form 990 (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours		ne b	ox, ι in of	t ch unle fice	ss per	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ≥ 1			+		+	 	H		 		1		-	 +		
Total rimber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ≥ 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ≥ 1 Did the organization list any former office, director or trustee, key employee, or highest compensated employee on line 13 if "Yes," complete Schedule 1 for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization or limited to the organization of the organization or individual for services rendered to the organization? If "Yes," complete Schedule 3 for such person isolated on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule 3 for such person individual for services rendered to the organization. Report compensation from the organization or individual for services rendered to the organization. Report compensation from the calendar year ending with or within the organization is tax year. (A) None and business address REATIVE QUEENS AGENCY SECONIC AUGINITERS CALONIA CALILITIEND AVESTIGUE A REFORMA 389 RISO 10 AVESTIGUE A REFORMA 389 RISO 10 SEQUENCE AND SECONIA CALILITIEND TOTAL PROPERTY OF TOT																
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former office, director or trustee, key employee, or highest compensated employee on line 120 "P*es," complete Schedule 1 for such individual in line 121 "P*es," complete Schedule 1 for such individual in line 121 is "P*es," complete Schedule 1 for such individual in line 121 is sum of reportable compensation and other compensation from the organization and related organization and related organization and related organizations greater than \$150,000 !f "Yes," complete Schedule 1 for such individual in line 121 individual in line 121 individual in line 122 individual in line 123 indiv										-			<u> </u>			
Total number of indeviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Fes," complete Schedula 1 for such individual . Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Fes," complete Schedula 1 for such individual . Did any person listed on line 1a receive or accrue compensation and enter compensation from the organization and related organizations greater than \$150,000? If "Fes," complete Schedula 1 for such individual . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? "Fes," complete 5 Schedula 1 for such person. Section B. Independent Contractors 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 calender year ending with or within the organization stax year. Name and business acidess Application of services Described of Services Position B. Independent Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization are services or note to any line in this Part VIII Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is a year. Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is a year. Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is a year. Position of the properties of the properties of the properties of						•				•				\dashv		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of of reportable compensation from the organization \$1 \text{ if "Fes," complete Schedule J for such individual \$3 \text{ No } \$3 \t				•						•		337,986		0		42,2
Did the organization list any former office, director or trustee, key employee, or highest compensated employee on line la? If "Yes," complete Schedule J for such individual 3. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization 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 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. (A) Name and business address Description of services ADVERTISING PRODUCTION SENTICE SENTICE SENTICE OF ELA REFORMA 389 PISO 10 JOUNIAL CALAUHTEMOC, COLONIA CUALHTEMO WE TRAINGR STRATEGIC ADVISOR 110,00 JOUNIAL CALAUHTEMOC, COLONIA CUALHTEMO WE TRAINGR Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3 Form 990 (2022) Page 9 Page 9 The Statement of Revenue Check if Schedule 9 contains a response or note to any line in this Part VIII (A) Related or exempt function business revenue Check if Schedule 9 contains a response or note to any line in this Part VIII (B) Related or exempt function business revenue Check if Schedule 9 contains a response or note to any line in this Part VIII (B) Related or exempt function in the part VIII (C) Revenue Check if Schedule 9 contains a response or note to any line in this Part VIII (B) Related or exempt function in the part VIII (C) Revenue Check if Schedule 9 contains a response or note to any line in this Part VIII (B) Related or exempt function in the part VIII	Total nui	mber of individuals (i	ncluding bu	ıt not limite	d to those		ed al	bove	e) who	rec	eived mo	re than \$1	00,000			
Iline 1a? If "Yes," complete Schedule I for such individual															Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization send related organization send related organization send of 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 without a service rendered to the organization? If 'Yes,' complete Schedule J for such pares on																
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual in the individual in the individual in the individual individua		, ,												3		No
Individual													n the			
Section B. Independent Contractors 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 organizations tax year. Name and business address Description of services Compensation Family	_	-			• •	•	•	•	• •					4	Yes	
Section B. Independent Contractors 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. (A) Name and business address ADVERTISHING PRODUCTION SERVICE SERVICE ADVESTISHING PRODUCTION SERVICE STRATEGIC ADVISOR 110,0 TRAINGR STRATEGIC ADVISOR 110,0 TOTAL I number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3 Form 990 (202) Page 9 Page 9 Trail VIII Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3 Form 990 (2022) Page 9 Trail VIII Total revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Related or exempt function revenue revenue excluded from the companization business revenue to the compensation from the organizations 10 Virginity of the contributions included in the contributions inclu																
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 from the organization. Report compensation for the calendar year ending with or within the organization for services Composition	services	rendered to the orga	nization? <i>If</i>	"Yes," com	olete Sche	edule	J fo	or su	ich per	son				5		No
from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (A) (B) (B) (C) Description of services ADVERTISING PRODUCTION SERVICE STRATEGIC ADVISOR 110,0 358,6 SERVICE TOTAL I Number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3 Form 990 (202) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Total revenue Related or exempt function revenue advantages or evenue and included for the contributions, gifts, grants, and similar amounts not included in 318,500 3 Noncash contributions included in	Section B.	. Independent Co	ntractor	s												
A) Name and business address EATIVE QUEENS AGENCY Name and business address EATIVE QUEENS AGENCY SERVICE ADVERTISING PRODUCTION SERVICE STRATEGIC ADVISOR 110,0 TOTAL I number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3 Form 990 (20.2) Page 9 Page 9 Page 9 Page 9 Page 9 Total number of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Related or Unrelated exempt function revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Total revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Tot		•	_	•										ompen	sation	
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SERVICE STRATEGIC ADVISOR 110,0 100,0 SERVICE STRATEGIC ADVISOR 110,0 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3 Form 990 (202) Page 9 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3 Form 990 (202) Page 9 Total revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Related or exempt function revenue Revenue excluded from tax under section from tax under sec			Name and		ress								cription of services			nsation
ATRAINGR ATRAI	EATIVE QUEEN	NS AGENCY											NG PRODUCTION			358,67
MRAINOR 382 STANSFIELD RD UREL, MD 20723 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3 Form 990 (202) Page 9 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII			HTEMO													
382 STANSFIELD RD UREL, MD 20723 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3 Form 990 (20:20) Page 9 Page 9 Total revenue Related or exempt function revenue Total revenue revenue Total		TEMOC, COLONIA COAOI	ITEMO													
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$\rightarrow\$ 3 Form 990 (202) Page 9 Page 9 Check if Schedule O contains a response or note to any line in this Part VIII	M TRAINOR											STRATEGIC	ADVISOR			110,00
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3 Form 990 (202) Page 9																
Page 9 Page	AUREL, MD 207	/23												-		
Page 9 Page																
Page 9 Page	Takal access				t li				المحادثا				+ +100 (200 -6		
Page 9 Page 9 Page 9 Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) (D) (D) (D) (D) (D) (D				including bu	t Hot IIIII	teu t	.0 (11)	ose	iisteu a	IDO	ve) who h	eceiveu iii	ore triair \$100,0	,00 OI		
Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII															Form 99	0 (202
Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII																
Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII						— F	Page	9								
Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Revenue exempt function revenue in the properties of the properties of the contributions, gifts, grants, and similar amounts not included in	rm 990 (202	22)														Page
Total revenue Related or exempt function revenue a very properties of the function revenue and the function revenue are revenue and the function function function functions and the function function functions are revenue and the function function functions and the function function functions function	Part VIII	Statement of Re	venue													
Total revenue Related or exempt function revenue axcluded from tax under section function function revenue axcluded from tax under section function f		Check if Schedule O	contains a	response or	note to a	ny li	ine i	n th	is Part	VIII						
exempt function revenue statement to the								-	-							
function revenue tax under section revenue tax under section frevenue tax u							Tota	al re	evenue							
derated campaigns												•		t		
Indraising events											reve	enue			512 -	514
Indraising events	g ≝ :derated	campaigns	1a													
Indraising events		nip dues	1b													
and similar amounts not included above 318,500 g Noncash contributions included in	ındraisin		1c													
and similar amounts not included above 318,500 g Noncash contributions included in	lated or	ganizations	1d													
and similar amounts not included above 318,500 g Noncash contributions included in	vernment	t grants (contributions)	1e													
g Noncash contributions included in	and similar	ntributions, gifts, grants, amounts not included														
	g Noncash cor	ntributions included in	 1g													

			Business Code			
2a MEDIA CAMPAIGN				1,345,893	1,345,893	
			900099			
) EVENT PLANNING &	STRAT		900099	991,099	991,099	
1						
i						
-						
f All other program	servi	ce revenue.				
9 Total. Add lines			2,336,992			
3 Investment income similar amounts)			nterest, and other			
4 Income from inves	tment	of tax-exempt bo	nd proceeds			
5 Royalties	·					
	 	(i) Real	(ii) Personal			
6a Gross rents	6a					
b Less: rental expenses	6b					
c Rental income						
or (loss)	6c					
d Net rental incom	e or (I	(i) Securities	(ii) Other			
7a Gross amount	'	(i) Securities	(II) Other			
from sales of assets other	7a					
than inventory Less: cost or	71.					
other basis and sales expenses	7b					
Less: cost or other basis and sales expenses Gain or (loss) d Net gain or (loss)	7c					
d Net gain or (loss						
dioss income nomi	undrais	-				
(not including \$ contributions reporte	ed on lii	of ne 1c).				
See Part IV, line 18						
b Less: direct expen						
c Net income or (lo	ss) fro	om fundraising eve	ents			
9a Gross income from	gamin	ng activities.				
See Part IV, line 19	9.	9a				
b Less: direct expen		<u> </u>				
c Net income or (lo	ss) fro	m gaming activiti	es			
10a Gross sales of inv						
returns and allow						
b Less: cost of good						
c Net income or (lo	ss) fro	om sales of invento	Business Code			
11aMISCELLANEOUS	S INCO	ME	900099	2,609		2,6
b						
				l	1	

d All other revenue				
e Total. Add lines 11a-11d	2,609			
12 Total revenue. See instructions	2,658,101	2,336,992	0	2,609

Form **990** (2022)

	(2022)				Page
Part IX	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organization	ns must complete col	umn (A).
	Check if Schedule O contains a response or note to an	-		*	
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	nts and other assistance to domestic organizations and nestic governments. See Part IV, line 21	242,734	242,734	general expenses	схрепаса
	nts and other assistance to domestic individuals. See				
gove	nts and other assistance to foreign organizations, foreign ernments, and foreign individuals. See Part IV, lines 15				
	efits paid to or for members				
	npensation of current officers, directors, trustees, and employees	323,950	297,667	26,283	
(as in se	npensation not included above, to disqualified persons defined under section 4958(f)(1)) and persons described ection 4958(c)(3)(B)				
	er salaries and wages	97,059	89,183	7,876	
8 Pens	sion plan accruals and contributions (include section (k) and 403(b) employer contributions)	37,033	03,103	7,070	
9 Oth	er employee benefits				
0 Payı	roll taxes	28,736	26,405	2,331	
1 Fees	s for services (non-employees):				
a Man	agement				
b Lega	al	32,000		32,000	
c Acco	ounting	80,348		80,348	
d Lobi	bying				
	ressional fundraising services. See Part IV, line 17				
f Inve	estment management fees				
	er (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule O)	743,531	637,079	93,452	13,0
2 Adv	ertising and promotion	19,063	18,430	628	
3 Offic	ce expenses	2,663	2,098	565	
4 Info	rmation technology	6,009	1,986	4,023	
5 Roya	alties				
6 Occi	upancy	7,834	148	7,686	
7 Trav	vel	262,151	251,198	10,953	
,	ments of travel or entertainment expenses for any eral, state, or local public officials .				
9 Con	ferences, conventions, and meetings	640,075	639,575	500	
0 Inte	erest	8,803		8,803	
1 Payı	ments to affiliates				
2 Dep	reciation, depletion, and amortization				
3 Insu	urance	6,142	5,939	202	
miso exce	er expenses. Itemize expenses not covered above (List cellaneous expenses in line 24e. If line 24e amount eeds 10% of line 25, column (A) amount, list line 24e enses on Schedule O.)				
a ME	EDIA CAMPAIGN EXPENSE	772,677	759,253	13,378	
- DI	JES & SUBSCRIPTIONS	14,542	5,184	9,358	

c MISCELLANEOUS	12,344	904	11,297	143
d STATE FILINGS & REGISTR	185	179	6	0
e All other expenses				
Total functional expenses. Add lines 1 through 24e	3,300,846	2,977,962	309,689	13,195
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).				
				Form 000 (2022)

Form **990** (2022)

				—— Page 11 —————				
Form	າ 990	(2022)					Page 11	
P	art X	Balance Sheet						
		Check if Schedule O contains a response or not	te to a	ny line in this Part IX				
					(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing			1,362,610	1	692,828	
	2	Savings and temporary cash investments .		2				
	3	Pledges and grants receivable, net	edges and grants receivable, net					
	4	Accounts receivable, net		50,000	4			
	5	Loans and other receivables from any current o	er officer, director,					
		trustee, key employee, creator or founder, subs controlled entity or family member of any of the		-		5		
	6	Loans and other receivables from other disquali						
Assets		section $4958(f)(1)$), and persons described in s	ection	4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		[7		
	8	Inventories for sale or use			8			
	9	Prepaid expenses and deferred charges			1,250	9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,498				
	ь	Less: accumulated depreciation	10b	4,498	0	10c	0	
	11	Investments—publicly traded securities .				11		
	12	Investments—other securities. See Part IV, line	11 .			12		
	13	Investments—program-related. See Part IV, line			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must eq	e 33)	1,413,860	16	692,828		
	17	Accounts payable and accrued expenses			72,958	17	47,633	
	18	Grants payable				18		
	19	Deferred revenue			45,152	19		
	20	Tax-exempt bond liabilities				20		
S	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21		
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri						
7		or family member of any of these persons .			7,090	22		
	23	Secured mortgages and notes payable to unrela	ited th	ird parties		23		
	24	Unsecured notes and loans payable to unrelated	d third	parties	150,000	24	150,000	
	25	Other liabilities (including federal income tax, p. and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	,	s to related third parties,		25		
	26	Total liabilities. Add lines 17 through 25 .			275,200	26	197,633	
Ses		Organizations that follow FASB ASC 958, cl	neck h	nere 🕨 🔽 and				
and	27	complete lines 27, 28, 32, and 33. Net assets without donor restrictions			-32,153	27	277,362	
Bal	27	Net assets with donor restrictions	•		1,170,813		217,833	
Þ	28				1,170,013	28	211,033	
F		Organizations that do not follow FASB ASC complete lines 29 through 33.	958,	check here 🕨 🗌 and				
0	29	Capital stock or trust principal, or current funds				29		
ets or Fund Balances	30	Paid-in or capital surplus, or land, building or ed	quipme	ent fund		30		
4				<u></u>			i	

8 31 Ket	amed earnings, endowment, accumulated income, or other lunds	31			
e	al net assets or fund balances				495,195
Z 33 Tota	al liabilities and net assets/fund balances	33			692,828
			F	orm 99	0 (2022)
	Page 12 ———————————————————————————————————				
orm 990 (202	2)				Page 12
Part XI	leconcilliation of Net Assets				
C	heck if Schedule O contains a response or note to any line in this Part XI	<u> </u>			✓
	() 15 ()//// () () ()				CEO 40
	renue (must equal Part VIII, column (A), line 12)	2			,658,10
	penses (must equal Part IX, column (A), line 25)	3			,300,846
	less expenses. Subtract line 2 from line 1	4			-642,74! .,138,66
	ealized gains (losses) on investments	5			,130,000
	services and use of facilities	6			
	ent expenses	7			
	iod adjustments	8			
•	anges in net assets or fund balances (explain in Schedule O)	9			-72
10 Net asse	ts or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)	10			495,19
	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1 Account	ng method used to prepare the Form 990: 🔲 Cash 💟 Accrual 🔲 Other				
If the or Schedul	ganization changed its method of accounting from a prior year or checked "Other," explain on e O.				
2a Were the	e organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	check a box below to indicate whether the financial statements for the year were compiled or reviewed basis, consolidated basis, or both:	l on a			
☐ Se	parate basis Consolidated basis Both consolidated and separate basis				
b Were the	e organization's financial statements audited by an independent accountant?		2b	Yes	
•	check a box below to indicate whether the financial statements for the year were audited on a separate ated basis, or both:	e basis,			
☑ Se	parate basis				
	to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight udit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
If the or	ganization changed either its oversight process or selection process during the tax year, explain in Sch	iedule O.			
	ult of a federal award, was the organization required to undergo an audit or audits as set forth in the le, 2 C.F.R. Part 200, Subpart F?	Jniform	3a		No
	did the organization undergo the required audit or audits? If the organization did not undergo the req	uired			
audit or	audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			F	orm 99	0 (2022)
orm 990 (202	·				
Addition	al Data		Returr	ı to Fo	rm
	Software ID:				
	Software Version:				
efile Public	Visual Render		1		96423
SCHEDU	LE A Public Charity Status and Public Support				45-0047
(Form 990)	Complete if the organization is a section 501(c)(3) organization or a sectio 4947(a)(1) nonexempt charitable trust.	n		20 <mark>2</mark>	'2
Department of the T Internal Revenue Se			Ор	en to F	ublic

Inspection

	rt I	Reason for Public Cha ation is not a private foundal		•	-				see inst	tructions.		
1	n ganiz	A church, convention of chu		•		•	•	•	(Δ)(i).			
2		A school described in section						-, -(-)(-)	(,,,(,,,			
3		A hospital or a cooperative			-	•		h)(1)(A)(i	iii)			
4		A medical research organizaname, city, and state:	•	_			•	,,,,,,	•	(1)(A)(iii). Er	nter t	he hospital's
5		An organization operated for 170(b)(1)(A)(iv). (Comp			lege or univers	ity owned or o	perate	d by a gove	ernmen	tal unit descrit	oed ir	section
6		A federal, state, or local go	•		nental unit des	cribed in sect i	on 17	0(b)(1)(A)(v).			
7	<u> </u>	An organization that norma section 170(b)(1)(A)(vi)). (Complete	Part II.)	·		-	rnmental u	nit or fr	om the genera	al pub	olic described in
8		A community trust describe	ed in section	170(b)	(1)(A)(vi). (Complete Part	II.)					
9		An agricultural research org non-land grant college of ag An organization that norma	griculture. S	ee instru	ctions. Enter th	ne name, city,	and st	ate of the c	ollege o	or university:	-	•
		from activities related to its investment income and unr 30, 1975. See section 509	s exempt fun elated busin	ctions—s ess taxal	subject to certa ble income (les	in exceptions,	and (2	2) no more	than 33	3 1/3% of its su	ıppor	t from gross
11		An organization organized a	and operated	l exclusiv	ely to test for	public safety.	See se	ction 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 12q.											
а		Type I. A supporting organ organization(s) the power t complete Part IV, Section	o regularly a	appoint o	•	•		_	•		_	•
b		Type II. A supporting orga management of the support	anization sup ting organiza	ervised o								
c		must complete Part IV, S Type III functionally inte supported organization(s) (egrated. A s	supportin		•				ionally integra	ted w	rith, its
e f	Enter	functionally integrated. The instructions). You must co Check this box if the organi integrated, or Type III non-the number of supported or	omplete Par ization receiv functionally	t IV, Se ved a wri integrate	ctions A and tten determinated supporting of	D, and Part V ition from the organization.	IRS tha	at it is a Ty _l				•
g		de the following information	_									
		ame of supported organization	(ii) EIN	(iii) orga (descri 1- 10	Type of anization bed on lines above (see ructions))	(iv) Is the ordin your gover	_		mone	Amount of tary support nstructions)	oth	vi) Amount of er support (see instructions)
						Yes	N	lo				
		<u> </u>										
	aperv	vork Reduction Act Notice or 990-EZ.	e, see the Ir	nstructio		Cat. No. 1128	ISF			Schedule	A (F	orm 990) 2022
					Pag	e Z						
Sche	dule A	(Form 990) 2022										Page 2
	rt II		checked th	ne box c	on line 5, 7, c	r 8 of Part I	or if t	he organi:	zation	failed to qua)(vi)
		A. Public Support				1		1			1	
	ndar y fiscal y	year year beginning in) 🕨	(a) 2018	8	(b) 2019	(c) 2020		(d) 2021		(e) 2022		(f) Total
n ii	nembe nclude	rants, contributions, and rship fees received. (Do not any "unusual grant.") enues levied for the		34,017	29,	500	155,992	1,	824,778	318,	,500	2,362,787
_ c		enues levied for the ation's benefit and either pai	id			1		1				
	o or ex	pended on its behalf ue of services or facilities										

	the organization without charge	Ī	İ	Ī	i		İ
	Total. Add lines 1 through 3	34,017	29,500	155,992	1,824,778	318,500	2,362,787
	The portion of total contributions by	·				·	
	each person (other than a						
	governmental unit or publicly						1,533,460
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	Public support. Subtract line 5 from						829,327
_	line 4. ection B. Total Support						
_	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	fiscal year beginning in)	• •	` ,	` '			
7	Amounts from line 4	34,017	29,500	155,992	1,824,778	318,500	2,362,787
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets					2,609	2,609
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10						2,365,396
12	Gross receipts from related activities, e	tc. (see instruction	ons)			12	6,412,936
13	First 5 years. If the Form 990 is for th	-	, ,		•		ization, check
	this box and stop here					▶□	
	ection C. Computation of Public						
14	Public support percentage for 2022 (lin	, , ,	•	. ,,		14	35.060 %
15	Public support percentage for 2021 Sch					15	37.890 %
16a	33 1/3% support test—2022. If the o	_					
_	and stop here. The organization qualif						
b	• •	•		•		•	
	box and stop here. The organization 10%-facts-and-circumstances test-			-			
	and if the organization meets the "facts						
	meets the "facts-and-circumstances" te		•	-	•	-	
b	10%-facts-and-circumstances test	•	•		•		
_	more, and if the organization meets th						
	meets the "facts-and-circumstances" t	est. The organiza	ition qualifies as a	publicly supporte	ed organization		🕨 🗌
18	Private foundation. If the organization		box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	and see	- 0
	instructions						▶□
						Schedule A (Form 990) 2022
			Page 3				
Sche	edule A (Form 990) 2022						Page 3
P	art III Support Schedule fo	_					
	(Complete only if you						er Part II. If
	the organization fails t	o qualify under	the tests listed	below, please of	complete Part II.)	
_	ection A. Public Support endar year						
	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions,		1			1	
_	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						
•	Gross receipts from activities that are not an unrelated trade or business						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Gross receipts from activities that are not an unrelated trade or business						
	Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities						
4	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities						

	3 received from disqualified persons Amounts included on lines 2 and 3			-					
D	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Se	ection B. Total Support								
	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
(or [•]	fiscal year beginning in) ► Amounts from line 6	(2) 2010	(2) 2013	(0) 2020	(4) 2022	(0) 2022	(-)		
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.								
c	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
12	loss from the sale of capital assets								
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
13	11, and 12.)								
14	First 5 years. If the Form 990 is for t								- —
Se	this box and stop here				· · · · · · · · · · · · · · · · · · ·				
15	Public support percentage for 2022 (lir			, column (f))		15			
16	Public support percentage from 2021 S					16			
Se	ction D. Computation of Invest								
17	Investment income percentage for 20:					17			
18	Investment income percentage from 2 33 1/3% support tests-2022. If the					18	and line 17	ic not	
19a	more than 33 1/3%, check this box and								
b									18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a pu	blicly supported org	anization .	!		
20	Private foundation. If the organization	on did not check a	box on line 14,	19a, or 19b, che	eck this box and see				
						Schedu	le A (Forn	n 990)	2022
			——— Page 4						
			rage 4						
Scho	dule A (Form 990) 2022								Dana 4
	t IV Supporting Organization	<u> </u>							Page 4
I GI	(Complete only if you checked		f Part I. If you c	hecked box 12a,	of Part I, complete	Sections A	and B. If y	ou chec	cked
	box 12b, of Part I, complete Se			x 12c, of Part I, o	complete Sections A	, D, and E.	If you che	cked bo	X
Se	12d, of Part I, complete Section action A. All Supporting Organiz		ompiete Part V.)						
		<u></u>						Yes	No
1	Are all of the organization's supported	organizations list	ed by name in th	ne organization's	governing documen	ts?			
	If "No," describe in Part VI how the su				ed by class or purpo	se,			
_	describe the designation. If historic an	_					1		
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F								
	described in section $509(a)(1)$ or (2) .	are ve now the o	rgamzation actor	Timica that the s	supported organizati	on was	2		
За	Did the organization have a supported	organization desc	cribed in section	501(c)(4), (5), o	or (6)? <i>If "Yes," ans</i> v	wer lines 3b	and		
	3c below.								
b	Did the organization confirm that each	cupported organi					a l		
	The state of the s								
	the public support tests under section determination.						e		
•	determination.	509(a)(2)? <i>If "Ye</i> :	s," describe in P o	art VI when and	how the organization	on made the	9 3b		
С		509(a)(2)? <i>If "Ye</i> :	s," describe in P o anizations was u	art VI when and sed exclusively for	how the organization from the organization f	on made the	3b		
c 4a	determination. Did the organization ensure that all su	509(a)(2)? If "Yes pport to such organizati	s," describe in P o anizations was u on put in place to	art VI when and sed exclusively for ensure such us	how the organization from the organization f	on made the	3b es? 3c		

1 Se	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	res	
1	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1	Yes	
1			Yes	
			res	
			V	No
Se	ection C. Type II Supporting Organizations			
	organization.			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
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			
	applied to such powers during the tax year.	1		
	remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	activities. If the organization had more than one supported organization, describe how the powers to appoint and/or			
	appoint or elect at least a majority of the organization's 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			
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly			
			Yes	No
Se	ection B. Type I Supporting Organizations		-	
	VI.	-10		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
b	A family member of a person described on 11a above?	11b		
	governing body of a supported organization?	11a		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
11	Has the organization accepted a gift or contribution from any of the following persons?			
			Yes	No
Par	t IV Supporting Organizations (continued)			
Sche	dule A (Form 990) 2022		Р	Page 5
	Page 5			
	Schedule A	(Form	990)	2022
	the organization had excess business holdings).	10b		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether			
	answer line 10b below.	10a		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes,"			
	· · · · · · · · · · · · · · · · · · ·	9c		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.			
	organization had an interest? If "Yes," provide detail in Part VI.	9b		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting			
	provide detail in Part VI .	9a		
Ju	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as	0		
0	complete Part I of Schedule L (Form 990).	8		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	/		
	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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in			
	organization's supported organizations? If "Yes," provide detail in Part VI.	6		
	supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing			
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			
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	organization's organizing document?	5b		
b	amendment to the organizing document). 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 authorizing such action; and (iv) how the action was accomplished (such as by	5a		
	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			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	supervised by or in connection with its supported organizations.	4b		
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			
E.	Did the executation have ultimate control and discretion in deciding whether to reduce the Control of			

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?								
2		Were any of the organization's officers, directors, or trustees either (i) appointed or e organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the support	'Nο," ϵ	explain in Part VI how the	2				
3		3							
•		during the tax year? If "Yes," describe in Part VI the role the organization's supporte ction E. Type III Functionally-Integrated Supporting Organizations		, , ,			<u> </u>		
1		Check the box next to the method that the organization used to satisfy the Integral Po	art Te	st during the year (see instruct	ions):				
	а	The organization satisfied the Activities Test. Complete line 2 below.							
	b	The organization is the parent of each of its supported organizations. Complete	e line	3 below.					
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se								
2		Activities Test. Answer lines 2a and 2b below.				Yes	No		
 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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.								
3									
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.								
		Did the organization exercise a substantial degree of direction over the policies, progr							
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.								
		Page 6					2022		
		Page 6 Jule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations			Page 6		
P		tv Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying true	ıst on	Nov. 20, 1970 (explain in Part V					
P	ar	t V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	ıst on	Nov. 20, 1970 (explain in Part V					
P	'ar I	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization	ıst on	Nov. 20, 1970 (explain in Part V must complete Sections A through					
:	ar I	Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year	ıst on	Nov. 20, 1970 (explain in Part V must complete Sections A through					
:	ar I	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional)	ations	Nov. 20, 1970 (explain in Part V must complete Sections A through					
;	ar I	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional)	ist on ations	Nov. 20, 1970 (explain in Part V must complete Sections A through					
1	l L	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions	ations 1	Nov. 20, 1970 (explain in Part V must complete Sections A through					
1	ar I	tv Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain	ations	Nov. 20, 1970 (explain in Part V must complete Sections A through					
2	l L	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions)	1 2 3	Nov. 20, 1970 (explain in Part V must complete Sections A through					
2	l L	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions	ations 1	Nov. 20, 1970 (explain in Part V must complete Sections A through					
2 2	Par L	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions)	1 2 3	Nov. 20, 1970 (explain in Part V must complete Sections A through					
3	Par L	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3	1 2 3	Nov. 20, 1970 (explain in Part V must complete Sections A through					
3	l l	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for	1 2 3 4 5	Nov. 20, 1970 (explain in Part V must complete Sections A through					
3	l l	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for	1 2 3 4 5	Nov. 20, 1970 (explain in Part V must complete Sections A through					
3	l 1 2 3 4 5 5 6	Lule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Of Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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)	1	Nov. 20, 1970 (explain in Part V must complete Sections A through					
3	1 1 2 3 3 4 5 5 7 7	Lule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Of Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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)	1	Nov. 20, 1970 (explain in Part V must complete Sections A through					

	(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):	1							
а	Average monthly value of securities	1a		_					
b	Average monthly cash balances	1b		_					
c	Fair market value of other non-exempt-use assets	1c		_					
d	Total (add lines 1a, 1b, and 1c)	1d		_					
е	Discount claimed for blockage or other factors (explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt use assets	2							
3	Subtract line 2 from line 1d	3		_					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		_					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		_					
6	Multiply line 5 by 0.035	6		_					
7	Recoveries of prior-year distributions	7		_					
8	Minimum Asset Amount (add line 7 to line 6)	8		_					
	Section C - Distributable Amount Current Year								
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		_					
2	Enter 85% of line 1	2							
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3							
4	Enter greater of line 2 or line 3	4		_					
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6							
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	itegrat							
	Schedule A (Form 990) 2022 Page 7								
Scher	dule A (Form 990) 2022			Page 7					
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations (continued)						
Sec	tion D - Distributions			Current Year					

1 Amounts paid to supported organizations to accomplish exempt purposes

2	Amounts paid to perform activity that directly furthers e excess of income from activity	organizations, in	2		
3	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	5			
6	Other distributions (describe in Part VI). See instruction	6			
7	Total annual distributions. Add lines 1 through 6.			7	
		tale the consentration to consent	to a Carrotta	_	
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	sive (<i>provide</i>	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by Line 9 amount			10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.				
	Excess distributions carryover, if any, to 2022:				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through e				
	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.				
4 [Distributions for 2022 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.				
7	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				
е	Excess from 2022			Sal	nedule A (Form 990) (2022)
		Page 8			

Schedule A (Form 990) 2022

Page **8**

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

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ObjectId: 202303189349303415 - Submission: 2023-11-14

TIN: 45-5096423

OMB No. 1545-0047

SCHEDULE D

(Form 990)

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. March to Form 990.

March to Form 990.

March to Form 990.

Supplemental Financial Statements

Open to Public

Department of the Treasury

PVBLIC FOUNDATION INC	
	45-5096423
Part I Organizations Maintaining Donor Advised Funds or Other Similar Fund Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	ds or Accounts.
(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	
2 Aggregate value of contributions to (during year)	
Aggregate value of grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets held in donorganization's property, subject to the organization's exclusive legal control?	
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpoprivate benefit?	ose conferring impermissible
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (e.g., recreation or education)	of an historically important land area
Protection of natural habitat Preservation of	of a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in th	on form of a conconvation
easement on the last day of the tax year.	Held at the End of the Year
a Total number of conservation easements	2a
${\bf b}$ $$ Total acreage restricted by conservation easements	. 2b
${f c}$ Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
Number of conservation easements modified, transferred, released, extinguished, or terminated tax year	d by the organization during the
Number of states where property subject to conservation easement is located	
Does the organization have a written policy regarding the periodic monitoring, inspection, hand and enforcement of the conservation easements it holds?	ling of violations,
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	ng conservation easements during the year
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	
In Part XIII, describe how the organization reports conservation easements in its revenue and e balance sheet, and include, if applicable, the text of the footnote to the organization's financial the organization's accounting for conservation easements.	•
Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Other Similar Assets.
If the organization elected, as permitted under FASB ASC 958, not to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in 1 Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	> \$
(ii) Assets included in Form 990, Part X	 \$
If the organization received or held works of art, historical treasures, or other similar assets for following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	. \$
b Assets included in Form 990, Part X	. \$

				—— Pa	ge 2 ——							
	D (Form 990) 2022		1					011	G!!I 4			Page 2
art III												
	ing the organization's acqu ms (check all that apply):	disition, accession	n, and otner	recoras, c	песк апу от	tne ro	niowing t	nat are a	significant	use or it	s collection	
a [Public exhibition				d	Loan	or exch	ange prog	grams			
b _	Cabalanti wasaanah				e 🗆	Othe	r					
	Scholarly research					00						
c _	Preservation for future	generations										
	ovide a description of the crt XIII.	organization's col	lections and	l explain ho	ow they furtl	her th	e organiz	zation's e	xempt purp	ose in		
	ring the year, did the orga sets to be sold to raise fun									□ Y	es N	io
Part I\				· ·	<u>-</u>						<u> </u>	
	Complete if the org	_		" on Form	990, Part	IV, li	ne 9, or	reporte	ed an amoi	unt on I	Form 990,	Part X,
	line 21.											
	the organization an agent, luded on Form 990, Part X											
1110	nadea on Form 550, Fare s									Y	es U N	0
b If '	"Yes," explain the arrange	ment in Part XIII	and comple	ete the follo	owing table:					Amount		_
c Be	ginning balance							1c				_
d Add	ditions during the year . .							1d				_
e Dis	stributions during the year							1e				_
f End	ding balance							1f				_
2a Dic	the organization include	an amount on Fo	rm 990, Pai	t X, line 2:	L, for escrov	v or cu	ıstodial a	ccount li	ability?	_ Y	es 🗌 N	o
	'Yes," explain the arranger									_		
Part V												
	Complete if the org	janization ansv									1	
In Posi	inning of year balance		(a) Curre	nt year	(b) Prior yea	ar	(c) Two y	ears back	(d) Three ye	ears back	(e) Four yea	rs back
_	inning of year balance . tributions											
	investment earnings, gain	s and losses										
	nts or scholarships											
	er expenditures for facilitie	!S										
	programs											
f Adm	ninistrative expenses .											
g End	of year balance											
	ovide the estimated percer		ent year end	l balance (line 1g, colu	mn (a)) held a	s:				
-	ard designated or quasi-er	ndowment 🕨										
-	rmanent endowment											
-	m endowment		ld 100	20/								
	e percentages on lines 2a, e there endowment funds	•			n that are h	eld an	nd admin	istered fo	or the			
	ganization by:	россо		o. gaac.o				.5.0.04.10			Yes	No
(i)	Unrelated organizations									_	Ba(i)	<u></u>
• •	Related organizations .									3	a(ii)	
	'Yes" on 3a(ii), are the rela scribe in Part XIII the inte	-		•						• _	3b	
Part V				5 CHOOWI	none runus.							
	Complete if the org	• •		<u>on F</u> orm	990, Part	IV, li	<u>ne 1</u> 1a.	See For	<u>m 990</u> , Pa	<u>ırt X</u> , lir	ne 10.	
Des	scription of property	(a) Cost or oth	ner basis		other basis (depreciation		(d) Book value	3
		(investme	ant)									
La Land	, [
	dings											

c Leasehold improvements \boldsymbol{d} Equipment **Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . Schedule D (Form 990) 2022 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990,	Part IV,	line 11b.See For	m 990, Part X	, line 12.
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of voice or end-of-year	aluation:
(1) Financial derivatives	70.00			
(2) Closely-held equity interests				
(3)Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, lin (a) Description of investment	ne 11c. S	iee Form 990, Pa		hod of valuation:
		(b) book value		of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	*			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV, I	ine 11d. See For	m 990, Part X	, line 15.
(a) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(~)				

(9)					
Total. (Co	olumn (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X					
	Complete if the organization answered 'Yes' on Form 990, Part	t IV, lin	e 11e or 11f.See For	m 990, Par	- 1
1.	(a) Description of liability				(b) Book value
(1) Federa	al income taxes				
- Γotal. (Colu	ımn (b) must equal Form 990, Part X, col.(B) line 25.)			*	
	of for uncertain tax positions. In Part XIII, provide the text of the footnote t	o the o	rganization's financial st	atements th	at reports the
organizatio	on's liability for uncertain tax positions under FIN 48 (ASC 740). Check he	re if the	text of the footnote has	s been provi	ded in Part XIII 🛛 🗸
				Schedule	D (Form 990) 202
	Page 4 —				
Schedule [D (Form 990) 2022				Page
Part XI		nents '	With Revenue ner I	Return.	raye
	Complete if the organization answered 'Yes' on Form 990, Par		•		
1 Tota	al revenue, gains, and other support per audited financial statements .			1	2,658,10
2 Amo	ounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net	unrealized gains (losses) on investments	2a			
b Don	nated services and use of facilities	2b			
c Rec	overies of prior year grants	2c			
d Oth	er (Describe in Part XIII.)	2d			
e Add	l lines 2a through 2d			2e	
	tract line 2e from line 1			3	2,658,10
	ounts included on Form 990, Part VIII, line 12, but not on line 1:	1 - 1			
	estment expenses not included on Form 990, Part VIII, line 7b	4a		_	
	er (Describe in Part XIII.)	4b		4-	
	l lines 4a and 4b			4c	2 659 10:
5 Tota		<u> </u>			2,658,10
raitAI	Complete if the organization answered 'Yes' on Form 990, Par			Ketaiii.	
1 Tota	al expenses and losses per audited financial statements			1	3,301,560
2 Amo	ounts included on line 1 but not on Form 990, Part IX, line 25:				
a Don	nated services and use of facilities	2a			
b Prio	r year adjustments	2b			
c Oth	er losses	2c			
d Oth	er (Describe in Part XIII.)	2d	72	0	
e Add	lines 2a through 2d			2e	720
3 Sub	tract line 2e from line 1			3	3,300,84
4 Amo	ounts included on Form 990, Part IX, line 25, but not on line 1:				
a Inve	estment expenses not included on Form 990, Part VIII, line 7b	4a			
b Oth	er (Describe in Part XIII.)	4b			
	lines 4a and 4b			4c	(
5 Tota	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.) .		5	3,300,846

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII

Supplemental Information

	Return Ref	erence.						EV	planation		
PART X, LINE 2:	Return Kel	Grence						ITS TAX	POSITIONS FOR	R ALL OPEN TAX YEA	
				THE 2019, 20	20, AN	ID 2021	TAX YEARS	6. HOWE	VER, THE ORGA	: INTERNAL REVENU .NIZATION IS NOT C ATION'S TAX POSITI	CURRENTLY
				MANAGEMENT	Γ BELI	EVES AL	L TAX POSI	TIONS T	TAKEN WOULD E	BE UPHELD UNDER E TAX POSITIONS HA	XAMINATION.
DADT VII LINE 20) - OTUED 40	ILICTMENTS:		RECORDED FO	OR THE	YEARS	ENDED DE				
PART XII, LINE 2D	- OTHER AD	JUSTMENTS:		TRANSLATION	N EXCF	IANGE L	055 720.		Scl	nedule D (Form 99	0) 2022
										•	•
Additional	Data									Return to Fo	orm
				Softwa	re ID	:					
efile Public Visual	Pandar 0	hiectId: 2023		3415 - Submiss			14	TIN: 45	5-5096423		
SCHEDULE F				Outside the					1545-0047		
(Form 990)				es" to Form 990, Pa	•			20	122		
Department of the Treasury		Go to www.irs.go		o Form 990. estructions and the la	atest info	ormation.			to Public		
Internal Revenue Service Name of the organization	on					E	mployer iden	Inspe			
PVBLIC FOUNDATION IN							5-5096423				
	Information 0, Part IV, line		Outside the U	Inited States. Co	omplete	e if the o	rganization a	inswered	"Yes" on		
_		_		substantiate the a		-					
to award the gra			-					✓ Ye	es 🗌 No		
2 For grantmake outside the Unit		Part V the organ	nization's proced	dures for monitorin	ng the u	ise of its o	grants and oth	ner assista	ince		
		Ī	·	cated if additional s							
(a) Regio	on	(b) Number of offices in the region	(c) Number of employees, agents and independent	(d) Activities conduct region (by type) (su fundraising, progr	ich as,	program se	listed in (d) is a ervice, describe ic type of	for and	l expenditures investments he region		
			contractors in the region	services, investments to recipients located region)		service(s)	in the region				
CENTRAL AMERI CARIBBEAN	ICA AND THE	0	0	PROGRAM SERVICE		VENTS AN	D PROGRAMS MEXICO		572,300		
					s	UMMIT, LA					
					А	MERICAN	PROGRAMS				
Sub-total b Total from continuous		0	C						572,300		
Part I		0	0						<u>0</u> 572,300		
For Paperwork Reduc		, see the Instru	ctions for Form	1 990.	Cat. No	o. 50082W	Schedu	ule F (For	m 990) 2022		
			Pa	ge 2							
Schedule F (Form 990) Part II Grants a		sistance to O	rganization	or Entities O	utside	the Uni	ted States	Complet	te if the organiza	tion answered "Yes" (Page 2
Part IV, li	ine 15, for any	recipient who	received mo	re than \$5,000.	Part II	can be	duplicated if	addition	al space is neede	ed.	· T
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region		urpose of (grant	(e) Amo cash gi		(f) Manne cash disbursen		(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			1				l	J		1	Ī

		ĺ		I				ĺ		
2 Enter total number of recipie										
exempt by the IRS, or for what 3 Enter total number of other of	-		•	() () .	,					
									Sche	dule F (Form 990) 2022
				—— Page 3 —						
				rage 5						_
Schedule F (Form 990) 2022 Part III Grants and Othe	r Assistance to	Individuals	Outside the U	nited States. C	omplete if	the orga	nization an	swered "\	es" on Form 9	Page 3 190. Part IV. line 16.
Part III can be dup		nal space is r								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner disburse			nount of icash		Description noncash	(h) Method of valuation
			-			assis	stance	as	sistance	(book, FMV, appraisal, other)
									Scher	lule F (Form 990) 2022
									5566	· · · · · · · · · · · · · · · · · · ·
				Page 4						
Schedule F (Form 990) 2022							Page	4_		
Part IV Foreign Forms								_		
1 Was the organization a U.S. tr organization may be required										
Instructions for Form 926) .						☐ Ye	s 🔽 No)		
2 Did the organization have an i										
to separately file Form 3520, A Gifts, and/or Form 3520-A, Ar	nnual Information R	eturn of Foreign	Trust With a U.S. O	Owner (see Instructio	ns for Form:	s	_			
3520 and 3520-A; don't file w						☐ Ye	s 🔽 No)		
3 Did the organization have an organization have a construction have						_				
(see Instructions for Form 54)							s 🔽 No)		
				1.0						

4	fund during the tax year? If "Yes," the	ect snarenoider of a passive foreign investment company or a qualified elect e organization may be required to file Form 8621, Information Return by a estment Company or Qualified Electing Fund. (see Instructions for Form 862	-	Yes	✓ No
5	may be required to file Form 8865, Re	ip interest in a foreign partnership during the tax year? If "Yes," the organizeturn of U.S. Persons with Respect to Certain Foreign Partnerships (see		Yes	✓ No
6	organization may be required to separ	ons in or related to any boycotting countries during the tax year? If "Yes," trately file Form 5713, International Boycott Report (see Instructions for For	n	Yes	✓ No
		Sch	edule	F (Form 99	0) 2022
		Page 5			
	/-				
	t V Supplemental Information				Page 5
	amounts of investments vs	quired by Part I, line 2 (monitoring of funds); Part I, line 3, column . expenditures per region); Part II, line 1 (accounting method); Pa imn (c) (estimated number of recipients), as applicable. Also comp See instructions. Explanation	rt III (accounting	9
DADT		THE PROJECTS ARE MONITORED BY FIELD VISITS AND MEETINGS BY TEA	M OF W	OLUNTEERS	AND
PAKI	I, LINE 2:	MONITORING THE DEVELOPMENT OF THE PROJECTS BY GENERATING PER MEASUREMENT INDEXES. PROGRESS REPORTS ARE CONSTANTLY EVALUA SPECIFICATIONS AND EXPECTATIONS.	IODIC I	REPORTS AN	ND
PART	I, LINE 3:	IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED ON ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING, THE SAME USED IN THE FINANCIAL STATEMENTS.			
PART	III ACCOUNTING METHOD:				
		-			
		-			
		+			
				-	
		-			
		Sci	hedule	F (Form 9	90) 2022
Ad	ditional Data	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de			

Software ID: Software Version:

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ObjectId: 202303189349303415 - Submission: 2023-11-14

TIN: 45-5096423 OMB No. 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

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

2022

Inspection

Internal Revenue Service Name of the organization PVBLIC FOUNDATION INC **Employer identification numbe** 45-5096423 Part I Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? . 4a No 4b No Participate in, or receive payment from, an equity-based compensation arrangement?. 4c Nο If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a No Any related organization? . 5b No If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a No Any related organization? . . . 6b No If "Yes," on line 6a or 6b, describe in Part III.

53.4958-6(c)?. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

Cat No. 50053T Schedule J (Form 990) 2022

7

No

No

Page 2

Page 2 -

Schedule J (Form 990) 2022 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The sum of columns (b)(f) (iii) for each instead individual must equal the total amount of the								
(A) Name and Title		(B) Breakdown of W- (i) Base compensation	2, 1099-MISC compensat (ii) Bonus & incentive compensation	ion, and/or 1099-NEC (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 STEPHEN KEPPEL PRESIDENT, PVBLIC	(i)	172,500	0	0	0	12,735	185,235	0
	(ii)	0	0	0	0	0	0	0

1	1	I	ĺ	İ	I.	İ	l .
			Page	3 ———		Schedule	g J (Form 990) 2022
edule J (Form 990) 202	22						Page 3
rt IIII Suppleme							
		ns required for Part I, lines 1a	, 1b, 3, 4a, 4b, 4c, 5a, 5			this part for any addition	al information.
Return Referer	ıce			Explanation			
						Schedule	J (Form 990) 2022
Additional Data							Return to Form

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202303189349303415 - Submission: 2023-11-14

TIN: 45-5096423

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization PVBLIC FOUNDATION INC

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Employer identification number

45-5096423

	45-5096423
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THERE SHALL BE AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WHICH MAY ACT FOR THE BOARD OF DIRECTORS (WITH OR WITHOUT THE SPECIFIC PRIOR AUTHORIZATION FROM THE BOARD OF DIRECTORS TO DO SO) WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION AND, EXCEPT AS OTHERWISE PROHIBITED BY THESE BYLAWS, THE ENTIRE BOARD OF DIRECTORS, OR THE PROVISIONS OF THE NOT-FOR-PROFIT CORPORATION OF THE STATE OF NEW YORK, SHALL HAVE AND MAY EXERCISE ALL THE POWERS OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE AFFAIRS AND PROPERTY OF THE CORPORATION, AND IN THE EXERCISE OF ITS CORPORATE POWERS.
FORM 990, PART VI, SECTION B, LINE 11B	ORGANIZATION MADE COPIES AVAILABLE TO BOARD MEMBERS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	EMPLOYEES, OFFICERS, AND BOARD MEMBERS ARE ASKED TO DISCLOSE ANY CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15	WE SPOKE WITH NON-PROFIT RECRUITERS AND DID RESEARCH ON COMPETITIVE COMPENSATIONS FOR THE POSITIONS.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING AND FINANCIAL DOCUMENTS ARE AVAILABLE UPON REASONABLE REQUEST AND OUR FINANCIALS ARE SUBMITTED TO GUIDESTAR.ORG AND CHARITY NAVIGATOR.
FORM 990, PART IX, LINE 11G	TEMPORARY HELP: PROGRAM SERVICE EXPENSES 6,138. MANAGEMENT AND GENERAL EXPENSES 1,986. FUNDRAISING EXPENSES 126. TOTAL EXPENSES 8,250. MARKETING CONSULTANTS: PROGRAM SERVICE EXPENSES 2,106. MANAGEMENT AND GENERAL EXPENSES 681. FUNDRAISING EXPENSES 43. TOTAL EXPENSES 2,830. IT CONSULTANT: PROGRAM SERVICE EXPENSES 930. MANAGEMENT AND GENERAL EXPENSES 301. FUNDRAISING EXPENSES 19. TOTAL EXPENSES 1,250. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 626,531. MANAGEMENT AND GENERAL EXPENSES 90,363. FUNDRAISING EXPENSES 12,812. TOTAL EXPENSES 729,706.

	PAYROLL SERVICE PROVIDERS: PROGRAM SERVICE EXPENSES 1,3/4. MANAGEMENT AND GENERAL EXPENSES 121. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,495.	
FORM 990, PART XI, LINE 9:	TRANSLATION EXCHANGE -720.	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule O (Form 990) 2022

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