

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023**

|   |   |   |
|---|---|---|
| <b>B</b> Check if applicable:   | <b>C</b> Name of organization<br><b>MALI RISING FOUNDATION</b>  | <b>D</b> Employer identification number<br><b>20-1927457</b>  |
| Address change<br>Name change<br>Initial return<br>Final return/terminated<br>Amended return<br>Application pending | Doing business as   | <b>E</b> Telephone number<br><b>801-810-4525</b>  |
|   | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>PO BOX 277</b>          |   |
|   | City or town, state or province, country, and ZIP or foreign postal code<br><b>SALT LAKE CITY, UT 84110-0277</b>    | <b>G</b> Gross receipts \$ <b>253,937.</b>  |
|   | <b>F</b> Name and address of principal officer: <b>MERRITT FREY</b><br><b>SAME AS C ABOVE</b>                       | <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No |
|   | <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 | <b>H(b)</b> Are all subordinates included? Yes No   |
|   | <b>J</b> Website: <b>HTTPS://WWW.MALIRISINGFDN.ORG/</b>   | If "No," attach a list. See instructions  |
|   | <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other              | <b>H(c)</b> Group exemption number  |
|   | <b>L</b> Year of formation: <b>2004</b>   | <b>M</b> State of legal domicile: <b>UT</b>   |

**Part I Summary**

|   |  |   |                 |
|---|--|---|-----------------|
|   | 1 Briefly describe the organization's mission or most significant activities: <b>TO EMPOWER THE CHILDREN OF MALI, WEST AFRICA BY EXPANDING AND IMPROVING EDUCATIONAL OPPORTUNITIES FOR</b> |   |                 |
|   | 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.   |   |                 |
| Activities & Governance   | 3 Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>  | <b>13</b>       |
|   | 4 Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>  | <b>13</b>       |
|   | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)   | <b>5</b>  | <b>1</b>        |
|   | 6 Total number of volunteers (estimate if necessary)   | <b>6</b>  | <b>210</b>      |
|   | 7a Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>   | <b>0.</b>       |
|   | 7b Net unrelated business taxable income from Form 990-T, Part I, line 11  | <b>7b</b>   | <b>0.</b>       |
|   | Revenue  | 8 Contributions and grants (Part VIII, line 1h)                     | <b>185,919.</b> |
| 9 Program service revenue (Part VIII, line 2g)  |  | <b>0.</b>   | <b>0.</b>       |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      |  | <b>3.</b>   | <b>42.</b>      |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           |  | <b>0.</b>   | <b>0.</b>       |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) |  | <b>185,922.</b>   | <b>253,937.</b> |
| Expenses  |  | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <b>0.</b>       |
|   | 14 Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>   | <b>0.</b>       |
|   | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>83,613.</b>  | <b>77,715.</b>  |
|   | 16a Professional fundraising fees (Part IX, column (A), line 11e)  | <b>24,344.</b>  | <b>0.</b>       |
|   | b Total fundraising expenses (Part IX, column (D), line 25)  | <b>12,463.</b>  |                 |
|   | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>97,536.</b>  | <b>168,400.</b> |
|   | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>205,493.</b>   | <b>251,639.</b> |
| 19 Revenue less expenses. Subtract line 18 from line 12                               | <b>-19,571.</b>  | <b>2,298.</b>   |                 |
| Net Assets or Fund Balances   | 20 Total assets (Part X, line 16)  | <b>161,142.</b>   | <b>166,290.</b> |
|   | 21 Total liabilities (Part X, line 26)   | <b>18,714.</b>  | <b>21,564.</b>  |
|   | 22 Net assets or fund balances. Subtract line 21 from line 20  | <b>142,428.</b>   | <b>144,726.</b> |

**Part II Signature Block**

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

|                               |  |   |                               |  |                          |
|-------------------------------|--|---|-------------------------------|--|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br><b>MERRITT FREY, EXECUTIVE DIRECTOR</b>                  | Date  |                               |  |                          |
|                               | Type or print name and title   |   |                               |  |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>BRANDY L. MIKULA, CPA</b>                       | Preparer's signature<br><b>BRANDY L. MIKULA, CP</b> | Date<br><b>04/25/24</b>       | Check if self-employed<br><input type="checkbox"/> | PTIN<br><b>P00645694</b> |
|                               | Firm's name<br><b>MANER COSTERISAN PC</b>  | Firm's EIN<br><b>38-2157642</b>                     | Phone no. <b>517-323-7500</b> |  |                          |
|                               | Firm's address<br><b>2425 E. GRAND RIVER, SUITE 1<br/>LANSING, MI 48912-3291</b> |   |                               |  |                          |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO EMPOWER THE CHILDREN OF MALI, WEST AFRICA BY EXPANDING AND IMPROVING EDUCATIONAL OPPORTUNITIES FOR THEM WITHIN THEIR OWN VILLAGES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 153,124. including grants of \$ ) (Revenue \$ ) ACCESSIBLE SCHOOLS - CONSTRUCTED 2 NEW SCHOOLS IN THE VILLAGES OF KAINSIGA AND SOUNDOUBOUGOU KORO; PROVIDED SCHOOLS FOR A TOTAL OF NEARLY 4,000 STUDENTS AT ALL PARTNER SCHOOLS

4b (Code: ) (Expenses \$ 45,210. including grants of \$ ) (Revenue \$ ) EDUCATION QUALITY - SUPPORTED NEARLY 200 GIRLS THROUGH SPECIAL PROGRAMMING AND READING TUTORIALS, PROVIDED INTENSIVE TRAINING TO 30 TEACHERS, LAUNCHED AN INTENSIVE EXTRACURRICULAR FRENCH LANGUAGE PROGRAM, DONATED 1200 TEXTBOOKS, AND MUCH MORE.

4c (Code: ) (Expenses \$ 8,089. including grants of \$ 5,524. ) (Revenue \$ ) INSPIRATION PROGRAM - SUPPORTED ADVANCED EDUCATION FOR 29 OF OUR GRADUATES, RAN A CAREER PLANNING COURSE AT 4 SCHOOLS, SUPPORTED ALUMNI NETWORKS AT 2 SCHOOLS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 206,423.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No status. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Description, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
|           | 1a   | 13  |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | 1b   | 13  |    |
| <b>2</b>  | 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?  | X   |    |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | 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?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>10b</b> |  |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done   | X   |    |
| <b>12c</b> |  |     |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  |     | X  |
|            | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |
| <b>16b</b> |  |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed UT
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website       Another's website       Upon request       Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**KELLY BARB - 856-341-4699**  
**1200 PINE GROVE ST, BRISTOL, PA 19007**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

| (A)<br>Name and title                  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|---------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |   |  |   |
| (1) MERRITT FREY<br>EXECUTIVE DIRECTOR | 40.00   |   |                       | X       |              |                              | 76,165. | 0.  | 0.   |   |
| (2) A.J. DAVIS<br>DIRECTOR             | 0.50  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (3) JOHN THOMAS<br>DIRECTOR            | 0.50  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (4) SCOTT R. DIXON<br>DIRECTOR         | 0.50  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (5) CARL TRUJILLO<br>DIRECTOR          | 0.50  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (6) ANDREA LEWIS<br>DIRECTOR           | 0.50  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (7) JACKIE TRUJILLO<br>DIRECTOR        | 0.50  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (8) JOSH LOFTIN<br>DIRECTOR            | 0.50  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (9) ALLEN WILKES<br>DIRECTOR           | 0.50  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (10) PAUL WILLIAMS<br>DIRECTOR         | 0.50  | X   |                       |         |              |                              | 0.      | 0.  | 0.   |   |
| (11) JILL MILLER<br>SECRETARY          | 1.00  | X   |                       | X       |              |                              | 0.      | 0.  | 0.   |   |
| (12) MUJTABA AHMED<br>TREASURER        | 1.00  | X   |                       | X       |              |                              | 0.      | 0.  | 0.   |   |
| (13) KATIE MURPHY<br>VICE CHAIR        | 1.00  | X   |                       | X       |              |                              | 0.      | 0.  | 0.   |   |
| (14) MARVIN LYON<br>CHAIR              | 1.50  | X   |                       | X       |              |                              | 0.      | 0.  | 0.   |   |
|  |   |   |                       |         |              |                              |         |   |  |   |
|  |   |   |                       |         |              |                              |         |   |  |   |
|  |   |   |                       |         |              |                              |         |   |  |   |
|  |   |   |                       |         |              |                              |         |   |  |   |





**Part VIII Statement of Revenue**

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

|  |  |  | (A)            | (B)                                | (C)                        | (D)  |  |
|--|--|--|----------------|------------------------------------|----------------------------|--|--|
|  |  |  | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>   | Federated campaigns  |                |                                    |                            |  |  |
|  | <b>1 b</b>   | Membership dues  |                |                                    |                            |  |  |
|  | <b>1 c</b>   | Fundraising events   |                |                                    |                            |  |  |
|  | <b>1 d</b>   | Related organizations  |                |                                    |                            |  |  |
|  | <b>1 e</b>   | Government grants (contributions)  |                |                                    |                            |  |  |
|  | <b>1 f</b>   | All other contributions, gifts, grants, and similar amounts not included above | 253,895.       |                                    |                            |  |  |
|  | <b>1 g</b>   | Noncash contributions included in lines 1a-1f                                  | \$             |                                    |                            |  |  |
|  | <b>1 h</b>   | <b>Total.</b> Add lines 1a-1f  |                | 253,895.                           |                            |  |  |
| Program Service Revenue                                | <b>2 a</b>   |  |                |                                    |                            |  |  |
|  | <b>2 b</b>   |  |                |                                    |                            |  |  |
|  | <b>2 c</b>   |  |                |                                    |                            |  |  |
|  | <b>2 d</b>   |  |                |                                    |                            |  |  |
|  | <b>2 e</b>   |  |                |                                    |                            |  |  |
|  | <b>2 f</b>   | All other program service revenue  |                |                                    |                            |  |  |
|  | <b>2 g</b>   | <b>Total.</b> Add lines 2a-2f  |                |                                    |                            |  |  |
| Other Revenue  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts)   |                | 42.                                |                            | 42.  |  |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds                             |                |                                    |                            |  |  |
|  | <b>5</b>   | Royalties  |                |                                    |                            |  |  |
|  | <b>6 a</b>   | Gross rents  | (i) Real       |                                    |                            |  |  |
|  |  |  | (ii) Personal  |                                    |                            |  |  |
|  |  |  |                |                                    |                            |  |  |
|  | <b>6 b</b>   | Less: rental expenses  |                |                                    |                            |  |  |
|  | <b>6 c</b>   | Rental income or (loss)  |                |                                    |                            |  |  |
|  | <b>6 d</b>   | Net rental income or (loss)  |                |                                    |                            |  |  |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory                         | (i) Securities |                                    |                            |  |  |
|  |  |  | (ii) Other     |                                    |                            |  |  |
|  |  |  |                |                                    |                            |  |  |
|  | <b>7 b</b>   | Less: cost or other basis and sales expenses                                   |                |                                    |                            |  |  |
|  | <b>7 c</b>   | Gain or (loss)   |                |                                    |                            |  |  |
|  | <b>7 d</b>   | Net gain or (loss)   |                |                                    |                            |  |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 |  |                |                                    |                            |  |  |
| <b>8 b</b>   | Less: direct expenses  |  |                |                                    |                            |  |  |
| <b>8 c</b>   | Net income or (loss) from fundraising events   |  |                |                                    |                            |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19  |  |                |                                    |                            |  |  |
| <b>9 b</b>   | Less: direct expenses  |  |                |                                    |                            |  |  |
| <b>9 c</b>   | Net income or (loss) from gaming activities  |  |                |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances  |  |                |                                    |                            |  |  |
| <b>10 b</b>  | Less: cost of goods sold   |  |                |                                    |                            |  |  |
| <b>10 c</b>  | Net income or (loss) from sales of inventory   |  |                |                                    |                            |  |  |
| Miscellaneous Revenue                                  | <b>11 a</b>  |  |                |                                    |                            |  |  |
|  | <b>11 b</b>  |  |                |                                    |                            |  |  |
|  | <b>11 c</b>  |  |                |                                    |                            |  |  |
|  | <b>11 d</b>  | All other revenue  |                |                                    |                            |  |  |
|  | <b>11 e</b>  | <b>Total.</b> Add lines 11a-11d  |                |                                    |                            |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions   |  | 253,937.       | 0.                                 | 0.                         | 42.  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   | 5,524.                | 5,524.                          |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   | 71,492.               | 50,044.                         | 10,724.                                | 10,724.                     |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages   |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits  |                       |                                 |  |                             |
| 10 Payroll taxes   | 6,223.                | 3,797.                          | 1,612.                                 | 814.                        |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  | 320.                  |                                 | 320.                                   |                             |
| c Accounting   | 3,278.                |                                 | 3,278.                                 |                             |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees   |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 23,143.               | 21,173.                         | 1,970.                                 |                             |
| 12 Advertising and promotion   |                       |                                 |  |                             |
| 13 Office expenses   | 15,809.               | 3,654.                          | 11,275.                                | 880.                        |
| 14 Information technology  | 595.                  | 297.                            | 298.                                   |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 2,161.                | 780.                            | 1,381.                                 |                             |
| 17 Travel  | 12,256.               | 11,292.                         | 964.                                   |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  |                       |                                 |  |                             |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   |                       |                                 |  |                             |
| 23 Insurance   | 896.                  |                                 | 896.                                   |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <b>PROGRAM EXPENSES</b>  | 109,862.              | 109,862.                        |  |                             |
| b <b>TRAINING</b>  | 45.                   |                                 |  | 45.                         |
| c <b>MISCELLANEOUS</b>   | 35.                   |                                 | 35.                                    |                             |
| d  |                       |                                 |  |                             |
| e All other expenses   |                       |                                 |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e   | 251,639.              | 206,423.                        | 32,753.                                | 12,463.                     |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |           | (B)<br>End of year |          |
|---|--|--------------------------|-----------|--------------------|----------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | 129,013.                 | <b>1</b>  | 134,119.           |          |
|   | <b>2</b> Savings and temporary cash investments  | 32,129.                  | <b>2</b>  | 32,171.            |          |
|   | <b>3</b> Pledges and grants receivable, net  |                          | <b>3</b>  |                    |          |
|   | <b>4</b> Accounts receivable, net  |                          | <b>4</b>  |                    |          |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |                          | <b>5</b>  |                    |          |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                          | <b>6</b>  |                    |          |
|   | <b>7</b> Notes and loans receivable, net   |                          | <b>7</b>  |                    |          |
|   | <b>8</b> Inventories for sale or use   |                          | <b>8</b>  |                    |          |
|   | <b>9</b> Prepaid expenses and deferred charges   |                          | <b>9</b>  |                    |          |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b>               |           |                    |          |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b>               |           | <b>10c</b>         |          |
|   | <b>11</b> Investments - publicly traded securities   |                          | <b>11</b> |                    |          |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   |                          | <b>12</b> |                    |          |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  |                          | <b>13</b> |                    |          |
|   | <b>14</b> Intangible assets  |                          | <b>14</b> |                    |          |
|   | <b>15</b> Other assets. See Part IV, line 11   |                          | <b>15</b> |                    |          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) |  | 161,142.                 | <b>16</b> | 166,290.           |          |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 18,714.                  | <b>17</b> | 21,564.            |          |
|   | <b>18</b> Grants payable   |                          | <b>18</b> |                    |          |
|   | <b>19</b> Deferred revenue   |                          | <b>19</b> |                    |          |
|   | <b>20</b> Tax-exempt bond liabilities  |                          | <b>20</b> |                    |          |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</b> |                    |          |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons     |                          | <b>22</b> |                    |          |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   |                          | <b>23</b> |                    |          |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   |                          | <b>24</b> |                    |          |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  |                          | <b>25</b> |                    |          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   |                          | 18,714.   | <b>26</b>          | 21,564.  |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |           |                    |          |
|   | <b>27</b> Net assets without donor restrictions  |                          | 119,928.  | <b>27</b>          | 122,226. |
|   | <b>28</b> Net assets with donor restrictions   |                          | 22,500.   | <b>28</b>          | 22,500.  |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |           |                    |          |
|   | <b>29</b> Capital stock or trust principal, or current funds   |                          |           | <b>29</b>          |          |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          |           | <b>30</b>          |          |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          |           | <b>31</b>          |          |
|   | <b>32</b> Total net assets or fund balances  |                          | 142,428.  | <b>32</b>          | 144,726. |
|   | <b>33</b> Total liabilities and net assets/fund balances   |                          | 161,142.  | <b>33</b>          | 166,290. |

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**Part XI Reconciliation of Net Assets**

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

|    |  |    |          |
|----|--|----|----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 253,937. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 251,639. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 2,298.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 142,428. |
| 5  | Net unrealized gains (losses) on investments   | 5  |          |
| 6  | Donated services and use of facilities   | 6  |          |
| 7  | Investment expenses  | 7  |          |
| 8  | Prior period adjustments   | 8  |          |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | 0.       |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 144,726. |

**Part XII Financial Statements and Reporting**

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

|   |  | Yes | No |
|---|--|-----|----|
| 1   | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |  |     |    |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: |  |     |    |
| Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis <input type="checkbox"/>                 |  |     |    |
| b   | Were the organization's financial statements audited by an independent accountant?   |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:              |  |     |    |
| Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis <input type="checkbox"/>                 |  |     |    |
| c   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? |     |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |  |     |    |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |     | X  |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits     |     |    |

Form 990 (2022)

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 269,497. | 227,204. | 178,594. | 185,919. | 253,895. | 1115109.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 269,497. | 227,204. | 178,594. | 185,919. | 253,895. | 1115109.  |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          | 415,230.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 699,879.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 .....  | 269,497. | 227,204. | 178,594. | 185,919. | 253,895. | 1115109.  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 37.      | 16.      | 0.       | 3.       | 42.      | 98.       |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 1115207.  |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |           |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          |           |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 62.76 %                             |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....  | <b>15</b> | 71.60 %                             |
| <b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           |                                     |
| <b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           |                                     |
| <b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           |                                     |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           |                                     |

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. b The organization is the parent of each of its supported organizations. c The organization supported a governmental entity. Row 2: Activities Test. Answer lines 2a and 2b below. 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? 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? Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

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

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

| <b>Section C - Distributable Amount</b> |  |          | Current Year |
|---|--|----------|--------------|
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, column A)  | <b>1</b> |              |
| <b>2</b>                                | Enter 0.85 of line 1.  | <b>2</b> |              |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, column A)   | <b>3</b> |              |
| <b>4</b>                                | Enter greater of line 2 or line 3.   | <b>4</b> |              |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b> |              |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                    | <b>6</b> |              |
| <b>7</b>                                | Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |          |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

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

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|---|---|--|---|
| 1   | Distributable amount for 2022 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2022   |  |   |
| a   | From 2017   |  |   |
| b   | From 2018   |  |   |
| c   | From 2019   |  |   |
| d   | From 2020   |  |   |
| e   | From 2021   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2022 distributable amount  |  |   |
| i   | Carryover from 2017 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2022 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2022 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |   |
| 6   | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2018  |  |   |
| b   | Excess from 2019  |  |   |
| c   | Excess from 2020  |  |   |
| d   | Excess from 2021  |  |   |
| e   | Excess from 2022  |  |   |

**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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**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**MALI RISING FOUNDATION**

Employer identification number

**20-1927457**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

|   |   |
|---|---|
| Name of organization<br><br><b>MALI RISING FOUNDATION</b> | Employer identification number<br><br><b>20-1927457</b> |
|---|---|

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

| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|-------------------|-----------------------------------|----------------------------|---|
| <u>1</u>          | <hr/> <hr/> <hr/>                 | \$ <u>40,800.</u>          | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <u>2</u>          | <hr/> <hr/> <hr/>                 | \$ <u>50,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <u>3</u>          | <hr/> <hr/> <hr/>                 | \$ <u>49,980.</u>          | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <u>4</u>          | <hr/> <hr/> <hr/>                 | \$ <u>50,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <u>5</u>          | <hr/> <hr/> <hr/>                 | \$ <u>15,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$ _____                   | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                     |

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|   |   |
|---|---|
| Name of organization<br><br><b>MALI RISING FOUNDATION</b> | Employer identification number<br><br><b>20-1927457</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

Public Disclosure Copy

|   |   |
|---|---|
| Name of organization<br><br><b>MALI RISING FOUNDATION</b> | Employer identification number<br><br><b>20-1927457</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| (e) Transfer of gift                    |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| (e) Transfer of gift                    |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| (e) Transfer of gift                    |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| (e) Transfer of gift                    |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |

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Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ..... Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ..... Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ..... Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ..... Yes  No

Schedule F (Form 990) 2022

Public Disclosure Copy

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

FUNDS FOR USE IN MALI ARE REQUESTED BY LOCAL CONTRACTORS BASED ON REASONABLE WRITTEN ESTIMATES FOR SMALLER EXPENSES (I.E., FUEL FOR A MOTORCYCLE TRIP TO A SCHOOL) AND MULTIPLE WRITTEN BIDS FOR LARGER EXPENDITURES (E.G., BUYING A LARGE NUMBER OF TEXTBOOKS OR CONSTRUCTING A SCHOOL). WHERE APPROPRIATE, CONTRACTS ARE ENTERED INTO TO SECURE THE AGREEMENTS, PARTICULARLY FOR CONSTRUCTION. EACH MONTH, LOCAL CONTRACTORS SUBMIT A REPORT SHOWING INCOMING WIRES AND OUTGOING EXPENSES, ALONG WITH RECEIPTS. THESE ARE REVIEWED FOR ACCURACY AND RELIABILITY. U.S. STAFF CAN ALSO DIRECTLY AND INDEPENDENTLY REVIEW THE BANK ACCOUNT ONLINE TO MONITOR FUNDS.

**PART I, LINE 3, COLUMN (E):**

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: ACCESSIBLE SCHOOLS - CONSTRUCTED 2 NEW SCHOOLS IN THE VILLAGES OF KAINSIGA AND SOUNDOUBOUGOU KORO; PROVIDED SCHOOLS FOR A TOTAL OF NEARLY 4,000 STUDENTS AT ALL PARTNER SCHOOLS EDUCATION QUALITY - SUPPORTED NEARLY 200 GIRLS THROUGH SPECIAL PROGRAMMING AND READING TUTORIALS, PROVIDED INTENSIVE TRAINING TO 30 TEACHERS, LAUNCHED AN INTENSIVE EXTRACURRICULAR FRENCH LANGUAGE PROGRAM, DONATED 1200 TEXTBOOKS, AND MUCH MORE. INSPIRATION PROGRAM - SUPPORTED ADVANCED EDUCATION FOR 29 OF OUR GRADUATES, RAN A CAREER PLANNING COURSE AT 4 SCHOOLS, SUPPORTED ALUMNI NETWORKS AT 2 SCHOOLS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

MALI RISING FOUNDATION

Employer identification number

20-1927457

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEM WITHIN THEIR OWN VILLAGES.

FORM 990, PART VI, SECTION A, LINE 2:

JACKIE TRUJILLO, DIRECTOR, IS THE MOTHER OF CARL TRUJILLO, DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE RETURN IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND  
APPROVAL BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL INTERESTED PERSONS, INCLUDING DIRECTOR, TRUSTEE, OFFICER,  
REPRESENTATIVE OF, OR INDIVIDUAL WITH A FINANCIAL INTEREST IN THE  
ORGANIZATION, ARE REQUIRES TO DISCLOSE ANNUALLY WHETHER THEY HAVE OR MAY  
HAVE A CONFLICT WITH THE INTERESTS OF MALI RISING FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ANNUAL PROCESS FOR DETERMINING COMPENSATION IS AS FOLLOWS: THE  
EXECUTIVE COMMITTEE OF THE MALI RISING FOUNDATION SHALL ANNUALLY EVALUATE  
THE EXECUTIVE DIRECTOR ON HIS/HER PERFORMANCE, AND ASK FOR HIS/HER INPUT ON  
MATTERS OF PERFORMANCE AND COMPENSATION. AT LEAST EVERY THREE YEARS  
EXECUTIVE COMMITTEE WILL GATHER INFORMATION TO MAKE A RECOMMENDATION TO THE  
FULL BOARD FOR THE COMPENSATION (SALARY AND BENEFITS) OF THE EXECUTIVE  
DIRECTOR (AND OTHER HIGHLY COMPENSATED EMPLOYEES OR CONSULTANTS) BASED ON A  
REVIEW OF COMPARABILITY DATA TO THE EXTENT REASONABLY AVAILABLE

|   |   |
|---|---|
| Name of the organization<br><b>MALI RISING FOUNDATION</b> | Employer identification number<br><b>20-1927457</b> |
|---|---|

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS ARE AVAILABLE ON THE ORGANIZATIONS WEBSITE, AS WELL AS UPON REQUEST

Public Disclosure Copy

**Statement of Specified Foreign Financial Assets**

▶ Go to [www.irs.gov/Form8938](http://www.irs.gov/Form8938) for instructions and the latest information.

▶ Attach to your tax return.

For calendar year \_\_\_\_\_ or tax year beginning **10/01/22** and ending **09/30/23**.

| If you have attached additional statements, check here   | Number of additional statements                                    |                               |                      |                      |                |
|--|--|-------------------------------|----------------------|----------------------|----------------|
| <b>1</b> Name(s) shown on return<br><b>MALI RISING FOUNDATION</b>  | <b>2</b> Taxpayer identification number (TIN)<br><b>20-1927457</b> |                               |                      |                      |                |
| <b>3</b> Type of filer   |  |                               |                      |                      |                |
| <table style="width:100%; border: none;"> <tr> <td style="width:25%;"><b>a</b> Specified individual</td> <td style="width:25%;"><b>b</b> Partnership</td> <td style="width:25%;"><b>c</b> Corporation</td> <td style="width:25%;"><b>d</b> Trust</td> </tr> </table>   |  | <b>a</b> Specified individual | <b>b</b> Partnership | <b>c</b> Corporation | <b>d</b> Trust |
| <b>a</b> Specified individual  | <b>b</b> Partnership   | <b>c</b> Corporation          | <b>d</b> Trust       |                      |                |
| <b>4</b> If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.) |  |                               |                      |                      |                |
| <b>a</b> Name  | <b>b</b> TIN   |                               |                      |                      |                |

**Part I Foreign Deposit and Custodial Accounts Summary**

|   |   |
|---|---|
| <b>5</b> Number of deposit accounts (reported in Part V)                            | <b>1</b>  |
| <b>6</b> Maximum value of all deposit accounts                                      | \$ <b>44,281.</b>   |
| <b>7</b> Number of custodial accounts (reported in Part V)                          |   |
| <b>8</b> Maximum value of all custodial accounts                                    | \$  |
| <b>9</b> Were any foreign deposit or custodial accounts closed during the tax year? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

**Part II Other Foreign Assets Summary**

|   |   |
|---|---|
| <b>10</b> Number of foreign assets (reported in Part VI)                |   |
| <b>11</b> Maximum value of all assets (reported in Part VI)             | \$  |
| <b>12</b> Were any foreign assets acquired or sold during the tax year? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

**Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets** (see instructions)

| (a) Asset category                               | (b) Tax item            | (c) Amount reported on form or schedule | Where reported    |                       |
|--|-------------------------|---|-------------------|-----------------------|
|  |                         |   | (d) Form and line | (e) Schedule and line |
| <b>13</b> Foreign deposit and custodial accounts | <b>a</b> Interest       | \$                                      |                   |                       |
|  | <b>b</b> Dividends      | \$                                      |                   |                       |
|  | <b>c</b> Royalties      | \$                                      |                   |                       |
|  | <b>d</b> Other income   | \$                                      |                   |                       |
|  | <b>e</b> Gains (losses) | \$                                      |                   |                       |
|  | <b>f</b> Deductions     | \$                                      |                   |                       |
|  | <b>g</b> Credits        | \$                                      |                   |                       |
| <b>14</b> Other foreign assets                   | <b>a</b> Interest       | \$                                      |                   |                       |
|  | <b>b</b> Dividends      | \$                                      |                   |                       |
|  | <b>c</b> Royalties      | \$                                      |                   |                       |
|  | <b>d</b> Other income   | \$                                      |                   |                       |
|  | <b>e</b> Gains (losses) | \$                                      |                   |                       |
|  | <b>f</b> Deductions     | \$                                      |                   |                       |
|  | <b>g</b> Credits        | \$                                      |                   |                       |

**Part IV Excepted Specified Foreign Financial Assets** (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

|                                      |  |                                      |
|--------------------------------------|--|--------------------------------------|
| <b>15</b> Number of Forms 3520 _____ | <b>16</b> Number of Forms 3520-A _____ | <b>17</b> Number of Forms 5471 _____ |
| <b>18</b> Number of Forms 8621 _____ | <b>19</b> Number of Forms 8865 _____   |                                      |



Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account a [X] Deposit b Custodial 21 Account number or other designation 151724171001
22 Check all that apply a Account opened during tax year b Account closed during tax year
c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year \$ 44,281.
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [X] Yes No
25 If you answered "Yes" to line 24, complete all that apply.
(a) Foreign currency in which account is maintained CFA BCEAO, FRANC
(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service WWW.CURRENCY.ME.UK/CONVERT
26a Name of financial institution in which account is maintained ECOBANK
b Global Intermediary Identification Number (GIIN) (Optional)
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. PLACE DE LA NATION, QUARTIER DU FLEUVE,
28 City or town, state or province, country, and ZIP or foreign postal code BAMAKO MALI BP E 1272

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset 30 Identifying number or other designation
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset
32 Maximum value of asset during tax year (check box that applies)
a \$0 - \$50,000 b [ ] \$50,001 - \$100,000 c [ ] \$100,001 - \$150,000 d \$150,001 - \$200,000
e If more than \$200,000, list value \$
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Yes No
34 If you answered "Yes" to line 33, complete all that apply.
(a) Foreign currency in which asset is denominated
(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity b GIIN (Optional)
c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate
d Mailing address of foreign entity. Number, street, and room or suite no.
e City or town, state or province, country, and ZIP or foreign postal code
36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.
a Name of issuer or counterparty
Check if information is for Issuer Counterparty
b Type of issuer or counterparty (1) [ ] Individual (2) Partnership (3) Corporation (4) Trust (5) Estate
c Check if issuer or counterparty is a U.S. person Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.
e City or town, state or province, country, and ZIP or foreign postal code