## \*\* Electronically signed at the Form 990 Online Website (efile.form990.org) \*\*

Form **8453-TE** 

# Tax Exempt Entity Declaration and Signature for Electronic Filing

OMR NO.	1545-0047

For calendar year 2022, or tax year beginning 07/01/2022 and ending 06/30/2023

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Internal Re		e Service	Go	to www		orm8453TE for the		,			
Name of f	iler								EIN or S	SN	
FAITHF	UL F	RIENDS INC								51-04	110508
Part I		Type of Return and	d Retur	n Info	rmation						
and For 6a, 7a, 8 6b, 7b,	m 53 <b>8a, 9</b> <b>8b, 9</b>	ox for the type of return 30 filers may enter dolland, or 10a below, and the b, or 10b, whichever is to complete more than	ars and one amour applical	cents. For the on the ble, blar	or all other f at line of the nk (do not e	forms, enter whole return being filed	e dollars only d with this for	. If you check them was blank, the	ne box o nen leave	n line <b>1a</b> e line <b>1b</b>	a, 2a, 3a, 4a, 5a, o, 2b, 3b, 4b, 5b,
1a I	Form	990 check here	<b>√</b>	b Tota	I revenue, i	f any (Form 990, I	Part VIII, colur	mn (A), line 12)		1b	7,400,299
2a I	Form	990-EZ check here .		b Tota	I revenue, i	f any (Form 990-E	Z, line 9) .			2b	
3a I	Form	1120-POL check here		o Tota	I tax (Form	1120-POL, line 22	2)			3b	
4a I	Form	990-PF check here .		o Tax I	based on ir	vestment incom	e (Form 990-	PF, Part V, line	5) .	4b	
5a F	Form	8868 check here		b Bala	nce due (Fo	orm 8868, line 3c)			[	5b	
6a F	Form	990-T check here .		o Tota	I tax (Form	990-T, Part III, line	e 4)		[	6b	
7a F	orm	4720 check here		o Tota	I tax (Form	4720, Part III, line	1)		[	7b	
8a F	orm	<b>5227</b> check here		o FMV	of assets a	at end of tax year	r (Form 5227,	Item D)	[	8b	
9a F	orm	5330 check here		Tax	due (Form 5	330, Part II, line 1	9)			9b	
10a F	orm	8038-CP check here		o Amo	unt of credi	t payment reques	sted (Form 80	38-CP, Part III, I	ine 22)	10b	
Part II		Declaration of Offi	cer or	Persor	n Subject	to Tax					
name of and that knowled	I a in in ex 99 enalti f entit I ha ge ar	entact the U.S. Treasuralso authorize the final formation necessary to a copy of this return is electronic 40-PF (as specifically id es of perjury, I declare by)	ncial ins answer being file disclosur entified i that of the 2 correct,	titutions inquiries ed with a re consent Part I	s involved in sand resolved a state agerent contains above) to the an officer of ectronic return plete. I fur	n the processing to issues related to the processing to issues related to the processing the selected state of the above named the above named the relationship to the relationship the relationship the relationship to the relationship to the relationship to the relationship the	of the electron the payment charities as purn allowing chargency(ies). If entity or anying schedule amount in	ronic payment t.  part of the IRS F disclosure by th  I am the perso fules and state part I above is	Fed/State on subjection, (EIN one in the image of the ima	e progra this Fo to tax and, to	am, I certify that I orm 990/990-EZ/ with respect to, the best of my own on the copy
to the IR	S an	d to receive from the I essing the return or refu	RS (a) a	n ackno	wledgemen	nt of receipt or rearefund.	ason for rejec	ction of the tran	smission	n, <b>(b)</b> the	
Here		nature of officer or perso	n subject	to tay		May 05, 2024 Date		ert Wasserbach, if applicable	Preside	nt	
Part III	_	Declaration of Elec			Originat				uotiono	\	
declare am only The entition of filed with nave exa	that y a control y offi with the ion for amine	I have reviewed the ab ollector, I am not responder or person subject to the IRS to the officer of a not and the IRS e-file ad the above return and complete. This Paid Present and the present the IRS e-file and the above return and complete. This Paid Present I have been above return and the IRS e-file and the IRS e-file and the IRS e-file and IRS e	ove returensible for tax will reperson Provider decome	n and the review have si subject rs for Bupanying	nat the entri wing the ret igned this for t to tax, and usiness Ret g schedules	les on Form 8453- urn and only decorm before I subm d have followed a urns. If I am also and statements,	TE are complare that this nit the return. Il other require the Paid Prepand, to the b	lete and correctorm accurately I will give a coprements in Pubparer, under perset of my knowns	t to the by reflects by of all for alties ownedge a	pest of notes the date orms an Modernia	ta on the return.  nd information to  zed e-File (MeF)  y I declare that I
ERO's		D's nature				Date	Check if also paid preparer	Check if self- employed	ERO's S	SN or PTI	N
Use		n's name (or yours if							EIN		
Only		-employed), ress, and ZIP code							Phone no	).	
	ledg	es of perjury, I declare e and belief, they are t e.									
Paid Prepar	er	Print/Type preparer's name			Preparer's s	ignature		Date	Check	II Sell-	PTIN
repai	-	Firm's name							Firm's	EIN	

Phone no.

Firm's address

## Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022

Open to Public

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

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

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

A	For the	2022 calend	dar year, or tax year beginnin	g 07/01/2022	and ending		06/30/2	2023						
В		applicable:	C Name of organization FAITHF				00.00.		yer identification number					
	Address		Doing business as Faithful Fr					D Linpio	51-0410508					
$\checkmark$					(draga)	Room	/auita	E Toloph						
	Name cha		165 Airport Road	if mail is not delivered to street ad	uress)	HOOM	/Suite	E relepii	one number					
	Initial retu			and 7ID or foreign analytic					302-427-8514					
		rn/terminated		country, and ZIP or foreign postal	code			<b>C</b> C	7 400 200					
	Amended		New Castle, DE 19720	// Lana Bianantanai					receipts \$ 7,400,299					
	Application	on pending	F Name and address of principal o					a group return for subordinates? Yes Vo						
_	_	1 1 1 1	165 Airport Road, New Castl		\(\d\) \(\sigma\) = 0.7			subordinates included? Yes No						
_		npt status:	✓ 501(c)(3) 501(c) (	) (insert no.) 4947(	a)(1) or 527			ach a list. See instructions.						
J	Website:		hfulfriends.us				H(c) Group e		Art I I I I I I I I I I I I I I I I I I I					
1		_	Corporation Trust Associ	iation Other	L Year of for	mation:	2001	M State	of legal domicile: DE					
Р	art I	Summa												
			cribe the organization's mis											
Activities & Governance		in Delawar	e, and enrich the lives of peop	ple, by advocating and provi	ding compass	sionat	e animal-re	lated we	Ifare and social					
naı		services.												
Ver		Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.												
ဗိ			voting members of the government					3	9					
مخ ده	4	Number of	independent voting member	ers of the governing body (I	Part VI, line 1	b) .		4	9					
tie	5	Total numb	per of individuals employed	in calendar year 2022 (Part	V, line 2a)			5	159					
ţ	6	Total numb	per of volunteers (estimate if	f necessary)				6	400					
Ac	7a -	Total unrela	ated business revenue from	Part VIII, column (C), line 1	12			7a	0					
	b I	Net unrelat	ted business taxable income	e from Form 990-T, Part I, I	ine 11			7b	0					
				Prior Year	r	Current Year								
۵	8 (	Contributio	ons and grants (Part VIII, line	2,0	87,138	3,202,091								
Revenue	9	Program se	ervice revenue (Part VIII, line	8	43,406	424,624								
eve	10	Investment	t income (Part VIII, column (A		72,411	30,505								
Œ			nue (Part VIII, column (A), lin					13,188	3,743,079					
			ue-add lines 8 through 11 (					71,321	7,400,299					
			similar amounts paid (Part					0	0					
			aid to or for members (Part I					0	0					
'n			her compensation, employee				2.1	71,144	2,285,640					
Expenses	000000		al fundraising fees (Part IX, o				-, 1	0	0					
ber			raising expenses (Part IX, co		518,202				· ·					
Ä			enses (Part IX, column (A), lir		310,202	1000 3000	1 2	93,615	1,365,655					
			nses. Add lines 13–17 (must		line 25) .			64,759	3,651,295					
			ess expenses. Subtract line					06,562	3,749,004					
- S	13	icveriue ic	33 expenses. Oubtract line	10 110111 11110 12		Regi	nning of Curre		End of Year					
Assets or Balances	20 7	Total accet	s (Part X, line 16)			Dogi								
Asse			ties (Part X, line 26)					38,974 95,661	13,723,370					
Net A Fund E	22		or fund balances. Subtract						1,731,053					
	rt II		re Block	ille 21 Holli ille 20			0,2	43,313	11,992,317					
	1000		I declare that I have examined this	veture including accompanies	shedules and at	otomor	to and to the	boot of m	w knowledge and ballof it is					
			e. Declaration of preparer (other than						y knowledge and beller, it is					
			12/1/1	7_				5/5	174					
Sig	ın İ	Signature of o	officer .				Late	1/5/	' d					
He							Date							
пе	-		name and title											
		-	(CONT.) (CONT.	Drangray's signature	1	Det-		_	DTIN					
Pai	id	Printrype	preparer's name	Preparer's signature		Date		Check _	if PTIN					
	parer							self-empl	byeu					
	e Only	Firm's nam					Firm's							
		Firm's add		1 1 22			Phone	no.						
May	the IRS	discuss t	his return with the preparer	shown above? See instruc	tions				. Yes No					

1 01111 0	30 (2022)			i age
Part		rogram Service Accom		
			e or note to any line in this Part III .	
1	Briefly describe the or			
			ets in Delaware, and enrich the lives of pe	
	compassionate animai	-related welfare and social	services.	
2	Did the organization u	indertake any significant p	program services during the year which	were not listed on the
				· · · · · · □ Yes ☑ No
	If "Yes," describe thes	se new services on Sched	ule O.	
3			nake significant changes in how it co	onducts, any program
				· · · · · · · · · Yes 🗸 No
		se changes on Schedule C		
4				rgest program services, as measured by
			nizations are required to report the am program service reported.	ount of grants and allocations to others,
	the total expenses, and	d revenue, il ally, for eaci	program service reported.	
4a	(Code: ) (Ex	vnenses \$ 2.047.109	including grants of \$ 212,08	2 ) (Rayanua \$ 2,914,722 )
<del>4</del> a			and medical care for homeless dogs and	
		trainable, and adoptable do	ac and aatc	
	the killing of treatable,			
4b	(Code:) (Ex	(penses \$	including grants of \$	) (Revenue \$)
4c	(Code:) (Ex	penses \$	including grants of \$	) (Revenue \$
4d	Other program services	s (Describe on Schedule (	D.)	
	(Expenses \$	o including grants of		0 )
4e	Total program service	expenses	3 047 198	

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

Part	Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated							
	employees? If "Yes," complete Schedule J	23		1				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b							
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	04						
	to defease any tax-exempt bonds?	24c 24d						
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24a		1				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		•				
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		1				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key							
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee							
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these							
	persons? If "Yes," complete Schedule L, Part III	27	0.0000000	✓				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			,				
	"Yes," complete Schedule L, Part IV	28a		1				
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<b>√</b>				
C	"Yes," complete Schedule L, Part IV							
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	1	•				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		•					
	conservation contributions? If "Yes," complete Schedule M	30		1				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"							
	complete Schedule N, Part II	32		✓				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,							
	or IV, and Part V, line 1	34		<b>√</b>				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_				
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330						
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			•				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	1					
Part '								
	Check if Schedule O contains a response or note to any line in this Part V							
	T T		Yes	No				
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c						

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	10000000	1
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1267,000		,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b	-	/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
•	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	PRESERVE TO THE PARTY OF THE PA		
<b>L</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
C	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	MARKS PROPERTY.	ESSENTE LA
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	F-1100000	Decision to
<b>L</b>	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	100000000	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		1
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
Scat	Check if Schedule O contains a response or note to any line in this Part VI			. ✓
Sect	ion A. Governing Body and Management		V	NI-
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		Yes	No
ь 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1
5 6 7a	Did the organization become aware during the year of a significant diversion of the organization's assets? .  Did the organization have members or stockholders?	5 6		√ √
	one or more members of the governing body?	7a 7b	\$300mv405255	✓ ✓
8 a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?	8a	1	
ь 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	8b	_	<b>√</b>
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10b 11a	1	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12b	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a b	The organization's CEO, Executive Director, or top management official	15a 15b	1	
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a		•
Soct:	on C. Disclosure	16b		
17 18	List the states with which a copy of this Form 990 is required to be filed <b>None</b> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-  (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 o and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	coras.		

Form 990 (2022)	Page 7
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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

☐ Check this box if neither the organization nor	any relate	d org	aniz	atic	n c	ompe	ensa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than o	n an	(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	one (D) (E) than Reportable Reportable compensation from the from related	compensation from the organization and related organizations		
Jane Pierantozzi	60.00									
Executive Director	0.00			1	1	1		114,543	0	0
Robert Wasserbach	10.00									
Board President	0.00	✓		1				0	0	0
Sharon Struthers	10.00									
Vice President	0.00	✓		1				0	0	0
Erin Salamone	5.00									
Treasurer	0.00	✓		✓				0	0	0
Rebecca Frederick	5.00									
Secretary	0.00	✓		1				0	0	0
Jeff Bross	5.00									
Board Member	0.00	1						0	0	0
Jonathan Choa	5.00									
Board Member	0.00	1						0	0	0
Jennifer Young	5.00									
Board Member	0.00	✓						0	0	0
Nancy Horisk-Sherr	5.00									
Board Member	0.00	✓						0	0	0
Saffiya Jarvis	5.00									
Board Member	0.00	✓						0	0	0

Par	t VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, ar	nd F	lighest Compe	ensated Emplo	yees (continued)
					(	C)					
	(A)	(B)	(4	-4 -1		sition			(D)	(E)	(F)
	Name and title	Average					e than is both		Reportable	Reportable	Estimated amount
		hours per week	week officer and a director						compensation from the	compensation from related	of other compensation
		(list any	or o	Inst	Officer	Offi Key		Former	organization (W-2/		
		hours for related	lvidu	ituti	cer	em	hest	mer	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and
		organizations	tor	onal		Key employee	con		1099-1120)	1099-1420)	related organizations
		below dotted line)	Individual trustee or director	Institutional trustee		/ee	nper				
		dotted line)	ě	stee			Highest compensated employee				
						-	ď	-			
					-	-		-			
						-					
	Subtotal								114,543	0	0
С	Total from continuation sheets to Part										
d	Total (add lines 1b and 1c)	hut not		٠ +			· liet		114,543	0	
2	reportable compensation from the organi		iiriite	u t	Οι	nos	e iisi	lea		eceived more	nan \$100,000 oi
	reportable compensation from the organi	Zation							1		Van Na
3	Did the organization list any former of	officer dire	ctor	tru	etoc	- k	01/ 0	mnl	ovee or highes	t compensated	Yes No
3	employee on line 1a? If "Yes," complete S							при	oyee, or highes	it compensated	3 /
4	For any individual listed on line 1a, is the							n ar	nd other comper	nsation from the	
	organization and related organizations										
	individual										4 /
5	Did any person listed on line 1a receive o	r accrue co	mper	sat	ion	fror	n anv	unr	related organizat	ion or individua	
	for services rendered to the organization?										5 ✓
Secti	on B. Independent Contractors								130		1-1-
1	Complete this table for your five high	est compe	ensate	ed i	inde	eper	ndent	CO	ntractors that r	eceived more	than \$100,000 of
	compensation from the organization. Repo	ort compens	sation	for	the	cal	endaı	yea	ar ending with or	within the organ	nization's tax year.
	(A)								(B)		(C)
	Name and business add	ress							Description of serv	ices	Compensation
None											
2	Total number of independent contracto						ed to	the	ose listed above	e) who	
	received more than \$100,000 of compensation	T MOII HOUSE	ne org	jani	Zall	OH			0		

Par	t VIII	Statement of Re Check if Schedule			espor	nse or note to any	v line in this Pa	art VIII		
		Check ii Conedale	0 00	mains a re	зорот	ise of flote to all.	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				<b>第二次表现为</b> 证
Ω, Ĕ	С	Fundraising events			1c	0				
ifts ar A	d	Related organizatio			1d	0				
G. ≒	е	Government grants			1e	212,083				
Sir	f	All other contribution and similar amounts no								
uti her	_				1f	2,990,008				
g ţ	g	Noncash contribution lines 1a–1f			4	¢				
Son	h	Total. Add lines 1a-			1g		2 202 001			
0 %	- 11	Total. Add lines 1a-	-11 .			Business Code	3,202,091			
e	22	Clinic Foos				900099	314,162	314,162	0	0
Program Service Revenue		2a Clinic Fees b Adoption Fees		900099	113,591	113,591	0	0		
gram Sen Revenue	C	Program Service Fe	PS			900099	66,605	66,605	0	0
T N	d	Missellanssus				900099	-69,734	-69,734	0	0
grean Re	е					00000				
Pro	f	All other program se					0	0	0	0
_	g	Total. Add lines 2a-					424,624			
	3	Investment income								
		other similar amoun				30,505	30,505	0	0	
	4	Income from investr	nent o	of tax-exen	npt bo	and proceeds	0	0	0	0
	5	Royalties					0	0	0	0
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)			0	0				
	_d	Net rental income o	r (loss	T		177	0	0	0	0
	7a	Gross amount from		(i) Securit	iles	(ii) Other				
		sales of assets other than inventory	7-		0	0				
4	h	Less: cost or other basis	7a							
nge		and sales expenses .	7b		0	0				
Ve	С	Gain or (loss)	7c		0	0				
Re	d	Net gain or (loss)	10				0	0	0	0
ther Revenue	8a	Gross income from	m fu						North State of the	
₽	- Oa	events (not including		0						
		of contributions rep		d on line	1					
		1c). See Part IV, line	18		8a					
	b	Less: direct expense	es .		8b					
	С	Net income or (loss)	from	fundraisin	g eve	nts				
	9a	Gross income f								
		activities. See Part I	V, line	e 19 .	9a	0				
	b	Less: direct expense	es .		9b	0				
	С	Net income or (loss)		-	ctivitie	es	0	0	0	0
	10a	Gross sales of ir		ory, less						
		returns and allowan	ces		10a	0				
	b	Less: cost of goods			10b	0				
	С	Net income or (loss)	from	sales of ir	vento	100	0	0	0	0
ns						Business Code				
neo ue	11a	Capital Campaign				900099	3,585,567	3,585,567	0	0
Miscellaneous Revenue	b	Fundraising Events				900099	157,512	157,512	0	0
Rev	C	All athor recessor				-				
Mis	d	All other revenue					2 742 070	0	0	0
	e	Total. Add lines 11a	1-11d				3,743,079			

## 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								
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations		1					
	and domestic governments. See Part IV, line 21 .	0	0					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0					
4	Benefits paid to or for members	0	0					
5	Compensation of current officers, directors, trustees, and key employees	113,042	50,869	11,304	50.869			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	30,303	0	30,003			
7	Other salaries and wages	2,007,905	1,766,956	40,158	200,791			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0			
9	Other employee benefits	0	0	0	0			
10	Payroll taxes	164,693	144,930	3,294	16,469			
11	Fees for services (nonemployees):	104,033	144,530	3,234	10,403			
а	Management	0	0	0	0			
b	Legal	0	0	0	0			
С	Accounting	20,105	0	15,079	5,026			
d	Lobbying	0	0	0	0			
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees	0	0	0	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	7,501	6,601	150	750			
12	Advertising and promotion	19,638	19,638	0	730			
13	Office expenses	82,691	51,182	8,995	22,514			
14	Information technology	13,110	13,110	0,333	22,314			
15	Royalties	0	0	0	0			
16	Occupancy	230,802	207,722	4,615	18,465			
17	Travel	4,296	4,296	0	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0			
19	Conferences, conventions, and meetings .	0	0	0	0			
20	Interest	15,784	14,206	315	1,263			
21	Payments to affiliates	0	0	0	0			
22	Depreciation, depletion, and amortization .	37,551	33,796	751	3,004			
23	Insurance	61,682	55,514	1,234	4,934			
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.)							
а	Medical Supplies	211,820	211,820	0	0			
b	Veterinary Hospitals	249,466	249,466	0	0			
С	Fundraising	193,791	0	0	193,791			
d	Food and Litter, Program Supplies	203,653	203,653	0	0			
е	All other expenses	13,765	13,439	0	326			
25	Total functional expenses. Add lines 1 through 24e	3,651,295	3,047,198	85,895	518,202			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Pa	rt X		🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			528,047	1	84,631
	2	Savings and temporary cash investments			628,545	2	1,039,005
	3	Pledges and grants receivable, net	660,731	3	2,040,284		
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, substantially and still an artist or family and the control of th	antial	contributor, or 35%			
	_	controlled entity or family member of any of thes			0	5	0
	6	Loans and other receivables from other disquaunder section 4958(f)(1)), and persons described			0	6	0
ts	7	Notes and loans receivable, net		[	0	7	0
Assets	8	Inventories for sale or use		[	0	8	0
Ä	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other			12,730	9	10,665
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			5,570,672		10,092,425
	11	Investments—publicly traded securities			1,621,011		423,228
	12	Investments—other securities. See Part IV, line 1		-	0	_	
	13	Investments—program-related. See Part IV, line			0		
	14	Intangible assets	0	14	15,894		
	15 16	Other assets. See Part IV, line 11		F	17,238		17,238
_	17	<b>Total assets.</b> Add lines 1 through 15 (must equal Accounts payable and accrued expenses			9,038,974	16 17	13,723,370
	18	Grants payable			655,661	18	432,138
	19	Deferred revenue	140,000	19			
	20	Tax-exempt bond liabilities		F	140,000	20	
	21	Escrow or custodial account liability. Complete F		_	0	21	
s	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, subst					
pil		controlled entity or family member of any of thes			0	22	
Lia	23	Secured mortgages and notes payable to unrela	ted th	ird parties	0	23	1,250,000
	24	Unsecured notes and loans payable to unrelated			0	24	.,
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	payab 17-2	oles to related third 4). Complete Part X			
		of Schedule D			0	25	48,915
	26	<b>Total liabilities.</b> Add lines 17 through 25			795,661	26	1,731,053
nces		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck he	re 🗸			
ala	27	Net assets without donor restrictions			6,978,173	27	11,188,847
B	28	Net assets with donor restrictions			1,265,140	28	803,470
Net Assets or Fund Balan		Organizations that do not follow FASB ASC 95 and complete lines 29 through 33.	58, ch	eck here			
o	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq		F		30	
188	31	Retained earnings, endowment, accumulated inc				31	
et /	32	Total net assets or fund balances			8,243,313	32	11,992,317
ž	33	Total liabilities and net assets/fund balances .			9,038,974	33	13,723,370

Page	1	2
Page	•	~

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,40	0,299
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,65	1,295
3	Revenue less expenses. Subtract line 2 from line 1	3		3,74	9,004
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8,24	3,313
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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		11,99	2,317
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exchedule O.	kplain or	ī	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both:		2a		1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:	ted on a	2b	1	
С	Separate basis		f 2c	1	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplain or	1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a		3b		
			Forr	n <b>990</b>	(2022)

#### SCHEDULE A (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

FAIT	FAITHFUL FRIENDS INC 51-0410508							
Pai	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1								
2		school described in section						
3		hospital or a cooperative ho						=
4	- C	medical research organization		onjunction with a hos	pital desc	cribed in	section 170(b)(1)(A)	(III). Enter the
_		ospital's name, city, and stat n organization operated for		pollogo or university			ad by a gayaraman	tal unit described in
5		ection 170(b)(1)(A)(iv). (Com		college or university	owned (	or operati	ed by a government	lai unit described in
6		federal, state, or local gover		mental unit described	d in secti	on 170(h	)(1)(A)(v)	
7		n organization that normally	0					n the general public
	_	escribed in section 170(b)(1)			port non	, a gove.	minorital anni or mon	in the general pashe
8		community trust described i			Part II.)			
9		n agricultural research organ				erated in	conjunction with a l	and-grant college
	or ur	runiversity or a non-land-gra niversity:	ant college of agr	riculture (see instruction	ons). Ente	er the nar	ne, city, and state of	the college or
10	re	n organization that normally ceipts from activities related apport from gross investmen cquired by the organization a	to its exempt fut income and un	nctions, subject to ce related business taxa	ertain exc ble incon	eptions; a ne (less s	and (2) no more than ection 511 tax) from	33 <sup>1</sup> /3% of its
11		n organization organized and						
12	☐ Ar	n organization organized and	operated exclusi	ively for the benefit of,	to perfor	m the fur	nctions of, or to carry	out the purposes of
		ne or more publicly supported	•					
	th	e box on lines 12a through 12	2d that describes	the type of supporting	g organiza	ation and	complete lines 12e,	12f, and 12g.
а		Type I. A supporting organ		100 I I I I I I I I I I I I I I I I I I		20 000 000 000 000 000 000 000 000 000		
		the supported organization supporting organization. Y					the directors or trust	ees of the
b		Type II. A supporting orga						
		control or management of				e persons	that control or man	age the supported
		organization(s). You must				annastia	a with and function	ally integrated with
С		Type III functionally integ its supported organization						any integrated with,
d		Type III non-functionally that is not functionally interrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	
е		Check this box if the organ functionally integrated, or						e II, Type III
f	Ente	er the number of supported of						
g		vide the following information	•	orted organization(s).				
		ne of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the		(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	4000		mstructions)	mstructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
			A RESIDENCE OF THE PROPERTY OF THE PARTY OF	EXPERIENCE OF PERMISSION WAS INVOICED AND ADDRESS OF THE PERMISSION OF THE PERMISSIO	PROPERTY OF THE PROPERTY.	Exception of well curve		

Par							
	(Complete only if you checked the						alify under
_	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease compl	ete Part III.)	
	ion A. Public Support		1	1			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	ion B. Total Support						
Caler 7 8	Amounts from line 4	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	similar sources						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. <b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop her</b>	organization's	s first, second	, third, fourth,	or fifth tax ye	ar as a section	, , , ,
Secti	on C. Computation of Public Suppor		Α				· · · _
14 15 16a	Public support percentage for 2022 (line 6 Public support percentage from 2021 Sch 331/3% support test—2022. If the organic	6, column (f), d nedule A, Part zation did not	ivided by line in the line in the line 14 in the check the box	on line 13, ar	 nd line 14 is 33		
b	box and <b>stop here</b> . The organization qual <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test—2021.</b> If the organization						
	this box and <b>stop here</b> . The organization	qualifies as a	oublicly suppo	rted organizati	on		
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization means the forganization in the organization meets the forganization in the organization in the organization is a second organization.	eets the facts	-and-circumsta	ances test, ch	eck this box a	and <b>stop here</b> .	Explain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa e facts-and-cire	cts-and-circur cumstances te	nstances test, est. The organi	check this bo	x and stop he	re. Explain
18	Private foundation. If the organization of	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this bo	x and see

#### 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.)

0 1	if the organization falls to qualify	under the tes	sis listed beit	ow, piease co	mpiete Part i	1.)	
	ion A. Public Support	( ) 00/0	" > 00 / 0	( ) 0000	/ N 000 /	( ) 0000	(0 T
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	3,657,374	2,496,301	3,412,480	4,174,050	6,787,658	20,527,863
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				969,682	663,735	1,633,417
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	3,657,374	2,496,301	3,412,480	5,143,732	7,451,393	22,161,280
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)						22,161,280
	on B. Total Support	,					
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	3,657,374	2,496,301	3,412,480	5,143,732	7,451,393	22,161,280
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	13,972	20,751	13,947	12,030	29,710	90,410
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
	Add lines 10a and 10b	13,972	20,751	13,947	12,030	29,710	90,410
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	3,671,346	2,517,052	3,426,427	5,155,762	7,481,103	22,251,690
14	First 5 years. If the Form 990 is for the	_				ar as a section	1 501(c)(3)
0 1:	organization, check this box and stop her						
	on C. Computation of Public Support			0 1 (0)		45	
15	Public support percentage for 2022 (line 8		,			15	99.59 %
16 Saction	Public support percentage from 2021 Schon D. Computation of Investment Inc					16	99.63 %
	•			v line 10 polym	mm (f)	47	0.44 0/
17	Investment income percentage for 2022 (li Investment income percentage from 2021			•	,	17	0.41 %
18	33 <sup>1</sup> /3% support tests—2022. If the organization						0.37 %
19a	17 is not more than 331/3%, check this box a						
b	33 <sup>1</sup> /3% support tests—2021. If the organiza						
D	line 18 is not more than 331/3%, check this b						
20			-				
20	Private foundation. If the organization did	HOL CHECK a L	OX OII IIIIE 14,	13a, 01 13b, C	HECK THIS DOX S	and see mistruc	110115 .

#### Part IV St

#### **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.)

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	e Par	t V.)	
Sect	ion A. All Supporting Organizations		1.4	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Schedu	ıle A (Form 990) 2022		F	Page 5
Part	IV Supporting Organizations (continued)		V	
11	Has the organization accepted a gift or contribution from any of the following persons?	23.35	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a	pro-statate a	E PERCENT
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Socti	provide detail in Part VI. ion B. Type I Supporting Organizations	11c		
Secti	on B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	IN SOATA	PERS D
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sooti	supervised, or controlled the supporting organization.  on C. Type II Supporting Organizations	2		
Secu	on C. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Socti	the supported organization(s). on D. All Type III Supporting Organizations	1		
Jecu	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	BESTERNA SECULO	E-1081168.111
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	0		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstruc	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	looo in	otruot	ional
2 2	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity Activities Test. <b>Answer lines 2a and 2b below.</b>	See 111.	Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	Za		
b	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		V 100 100 100 100 100 100 100 100 100 10
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		HE STATE OF
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	or to constitute	MICHAEL TO A

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

Par	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	ea) _	
Sect	ion D-Distributions				Current Year
_ 1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-		VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			9	
h	Applied to 2022 distributable amount			2.7	Processes in Contraction and the American
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: \$				
а	Applied to underdistributions of prior years		THE REAL PROPERTY OF THE PROPE		
b	Applied to 2022 distributable amount				
С	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 <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

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

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

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

Open to Public

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

**FAITHFUL FRIENDS INC** 51-0410508 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year . . . . . . . . Aggregate value of contributions to (during year) . Aggregate value of grants from (during year) . . 3 Aggregate value at end of year . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a C Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

\$

Par	t III Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply):		ords, check any of the	ne following that make s	ignificant use of its			
а	☐ Public exhibition	d	☐ Loan or exchange	ge program				
b	☐ Scholarly research							
С	☐ Preservation for future generations	3						
4	Provide a description of the organiza XIII.		ain how they further	the organization's exen	npt purpose in Par			
5	During the year, did the organization	solicit or receive donation	ns of art, historical t	reasures, or other simila	ar			
	assets to be sold to raise funds rather	r than to be maintained as	part of the organizat	tion's collection?	☐ Yes ☐ No			
Par	t IV Escrow and Custodial Arra	angements.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form							
	990, Part X, line 21.							
1a	Is the organization an agent, trustee	, custodian or other interr	nediary for contribu	tions or other assets no	ot			
	included on Form 990, Part X?				☐ Yes ☐ No			
b	If "Yes," explain the arrangement in P	art XIII and complete the fo	ollowing table:					
				A	mount			
C	Beginning balance			1c				
d	Additions during the year			1d				
е	Distributions during the year			1e				
f	Ending balance			1f				
2a	Did the organization include an amount							
	If "Yes," explain the arrangement in P	art XIII. Check here if the e	xplanation has been	provided on Part XIII .	🗆			
Par	t V Endowment Funds.							
	Complete if the organization							
		(a) Current year (b) Pr	or year (c) Two yea	rs back (d) Three years back	(e) Four years back			
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	the current year end balance	ce (line 1g, column (a	a)) held as:				
a	Board designated or quasi-endowmer	nt %						
b	Permanent endowment	%						
С	Term endowment %							
•	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of the organi	zation that are held	and administered for the				
	organization by:				Yes No			
	(i) Unrelated organizations			* * * * * * * *	3a(i)			
	, ,				3a(ii)			
	If "Yes" on line 3a(ii), are the related or	•			3b			
4	Describe in Part XIII the intended uses		owment funds.					
Part			000 D+ IV II	- 11- 0 5 000	D+ V - 1: 10			
	Complete if the organization				1 March 201 10 March 201 March 201 10 March 201 10 March 201 March 201 10 March 201			
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
4-	Land			GOP-CO.GUOTI				
1a	Land	. 0	0		0 450 700			
b	Buildings	9,450,793	0	0	9,450,793			
c	Leasehold improvements	. 0	0	0	0			
d	Equipment	. 652,918	0	20,092	632,826			
e Total	Other	. 40,645	( column (R) line 10	31,839	8,806			
otal.	Aud lilles la tillough le. (Column (a) m	iust equal FUIIII 990, Part	, coluitili (D), little 10	10./	10,092,425			

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on Form 990, Part	IV line 11h See l	Form 000 Part V line 12	
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
	I derivatives			
	held equity interests			
(3) Other				
(/)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.		THE RESIDENCE OF THE PROPERTY	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11c. See F	Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See F		
	(a) Description		(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
T GIT X	Complete if the organization answered "Yes" on Form 990, Part I	V line 11e or 11f	See Form 990 Part X	
	line 25.	v, mic i ic or i ii.	occ roini 550, rait x,	
1.	(a) Description of liability		(b) Book value	
(1) Federal in	The state of the s		0	
	Lease Liability		48,915	
(3)			10,010	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		. 48,915	
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ		tements that reports the	
organization's	s liability for uncertain tax positions under FASB ASC 740. Check here if the text	of the footnote has b	een provided in Part XIII .	

Par				Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV	line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	7,400,299
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	0		
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	0
3	Subtract line <b>2e</b> from line <b>1</b>			3	7,400,299
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	7,400,299
Part				er Return	l.
	Complete if the organization answered "Yes" on Form 990,	Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements			1	3,651,295
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	v			
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
С	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	3			2e	0
3	Subtract line 2e from line 1			3	3,651,295
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.) .		5	3,651,295
Part					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
	ule D, Part X, Line 2 - Management evaluated the Organization's tax positions	and con	cluded that the Organ	nization ha	d taken no
uncer	ain tax positions that require adjustment to the financial statements.				