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			alendar y	ear, or t	ax year l	beginnir	ng 01-0	1-2022	2,a	and end	ling 12-	31-2022				
B Che	k if app	plicable:	C Name of	organizati E MAYO ON										D Employe	r identif	fication number
🗆 Ade	dress ch	nange	CINCO D											45-4136	530	
	ne chai	5	Doing bu	siness as												
	ial return/t	rn terminated														
_	ended				(or P.O. box	x if mail is	not deliv	vered to	street a	address)	Room/s	suite		E Telephone	number	
Ap Gend	olication	n		-										(402) 33	0-7099	
	ing .			own, state NE 68107	or province 7	ء, country,	, and ZIP (or foreig	gn posta	al code				G Gross red	ceipts \$!	568,591
		ľ	F Name	and add	ress of pri	incipal of	fficer:					H(a)	ls this	a group retu	rn for	
			ADRIANA BOX 781		UEZ									dinates?		🗌 Yes 🔽 No
			OMAHA,		7									l subordinate	S	□ _{Yes} □ _{No}
Tax	-exemp	ot status:	S01(c)	(3)	501(c)()) 🗲 (insert	t no.)	494	7(a)(1)	or 🗌	527		includ lf "No.	ea <i>:</i> " attach a lis	t. See i	
I We	ebsite	E CINO							. (=)(=)					exemption r		
												L Year of	forma	tion: 2011	M State	of legal domicile: NE
	-		Corpoi	ation 🗆	Trust	Associatio	on 🗆 O	Other 🕨					lorina		- State	
Pa		Sum	-					· C		h'						
			scribe the o								IITY.					
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nai	_															
Governance	n (hock thi	is hoy 🕨 🗌) if the c	raanizatio	on discor	ntinuadi	ite onor	ration	s or disr	acad of	more than	25%	of its net ass	otc	
3			of voting m												3	0
×	4 N	Number o	of indepen	dent voti	ng membo	ers of the	e goverr	ning bo	ody (Pa	art VI, li	ne 1b)				4	0
des	5 T	īotal num	nber of ind	ividuals e	employed	in calend	dar year	r 2022 ((Part)	V, line 2	a) .				5	0
Activities &	6 T	īotal num	nber of vol	unteers (estimate i	if necess	sary) .								6	0
Ac	7a ⊺	īotal unre	elated busi	ness reve	enue from	n Part VII	ll, colum	nn (C), l	line 12	2					7a	0
	Ν	Net unrela	lated busin	ess taxal	ble incom	e from F	orm 990)-T, Part	t I, line	e 11 .					7b	0
	b												Pric	or Year		Current Year
æ	8 0	Contributi	tions and g	rants (Pa	ırt VIII, lin	ne 1h) .								211,96	i0	250,870
Revenue	9 P	Program s	service rev	enue (Pa	art VIII, lin	າe 2g) .								142,47	2	317,721
Sevi	10 li	nvestmei	ent income	(Part VII	l, column	(A), lines	s 3, 4, ar	nd 7d)).						0	C
	11 (Other rev	venue (Par	: VIII, col	umn (A), l	lines 5, 6	5d, 8c, 9	c, 10c,	, and 1	1e)					0	C
	12 T	īotal reve	enue—add	lines 8 th	rough 11	. (must e	qual Par	rt VIII,	colum	n (A), lii	ne 12)			354,43	52	568,591
	13 G	Grants an	nd similar a	amounts	paid (Part	t IX, colu	ımn (A),	lines 1	1-3).						0	C
	14 B	Benefits p	paid to or f	or memb	ers (Part	IX, colur	mn (A), l	line 4)			•				0	C
8	15 S	Salaries, o	other com	pensatior	n, employ	ee benef	fits (Part	t IX, co	olumn	(A), line	s 5–10)				0	C
US(16a	Professio	onal fundra	ising fees	s (Part IX,	, column	(A), line	e 11e)		• •					0	C
Exp enses	bт	otal fundra	aising exper	ises (Part	IX, columr	n (D), line	25) ►0									
a	17 C	Other exp	penses (Pa	rt IX, col	umn (A), l	lines 11a	a-11d, 1	1f-24e)	e) .					281,12	23	471,156
	18 T	Total expe	enses. Add	lines 13	-17 (must	t equal P	art IX, c	column	n (A), li	ne 25)				281,12	23	471,156
	19 P	Revenue	less exper	ses. Sub	tract line	18 from	line 12							73,30)9	97,435
Net Assets or Fund Balances												Begir	nning o	of Current Ye	ar	End of Year
set	20 T	īotal asse	ets (Part X	. line 16)										112,53	36	209,028
dB			ilities (Part											97	_	36
Fun			ts or fund k											111,55	57	208,992
	t II		ature Bl					-						,		
					it I have e	examined	d this ret	turn, in	ncludin	g accon	npanying	schedule:	s and	statements,	and to f	the best of my
knowl anv ki	edge a nowled	and belie [.] dae.	ef, it is true	, correct,	and com	plete. De	eclaratio	on of pr	repare	r (other	than off	icer) is bas	ed on	all informati	on of w	hich preparer has
<u>uny</u> n		l l														
c !		Signatu	ure of officer										202 Date	3-11-07 e		
Sign Here																
nere			NA RODRIGU r print name		DENT											
			rint/Type pre		me	r	Preparer's	ssignatu	ure			Date	-		ΓΙΝ	
D-'	4	r				['		- Signatu				2023-11-06		ck 🗌 if 🛛 P	0000015	3
Pai		Fi	irm's name	MASS	MAN NELSC	ON REINIG	PC						-	employed s EIN 🕨 47-0	711139	
	par	er														
USE	on	IIY Fi	irm's addres										Pho	ne no. (402) 33	JU-7099	
					A, NE 6813											
May t	ne IRS	discuss t	this return	with the	preparer	shown a	bove? (see ins	structio	ons) .					🗹 Y	es 🗌 No

For Paperwork Reduction	Act Notice,	see the	separate instructions.

Cat. No. 11282Y

Form	990 (2022)					Page 2
Pa	rt III Stateme	nt of Program Servic	e Accomplis	shments		
	Check if Sc	hedule O contains a respo	nse or note to a	any line in this Part III .		🗆
1		e organization's mission:				
to p	ROMOTE CULTURE,	EDUCATION AND EMBETTE	RMENT OF THE	COMMUNITY.		
2	Did the organizati	on undertake any significa	nt program ser	vices during the year whi	ich were not listed on	
	the prior Form 990) or 990-EZ?				🗌 Yes 🛛 No
	-	hese new services on Sche				
3	Did the organizati	on cease conducting, or m	ake significant	changes in how it conduc	cts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe t	hese changes on Schedule	e O.			
4	Section 501(c)(3)		is are required		argest program services, as measur grants and allocations to others, the	
4a	(Code:) (Expenses \$	471,156	including grants of \$) (Revenue \$	317,721)
	ANNUAL FESTIVAL					
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d		rvices (Describe in Schedu				
	(Expenses \$		uding grants of) (Revenue \$)
4e	Total program s	ervice expenses 🕨	471,1	.56		

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III • •	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	5		
_	Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V \cdot	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		No
c	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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	200		No

Page **3**

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> " <i>Yes</i> ," <i>complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> , Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		110
		28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	t 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	•	 	
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Page **4**

Form	990 (2022)		Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$.	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
с	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots	7b	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? \cdot .	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.		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>
	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
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	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
с	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	
			m 000 (20)

Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management			
1-			Yes	No
та		D		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person?	n 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?			
	status with respect to such arrangements?	16b		
	ction C. Disclosure	16b		
17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed►	16b		
	ction C. Disclosure	16b		

policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ANNA HERNANDEZ BOX 7816 OMAHA, NE 68107 (402) 330-7099 20

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII 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, or 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.

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

Image: constraint of the second sec	(A) Name and title	(B) Average hours per week (list any hours for							(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
I.1 ARMANDO SAUGADO X X 0 0 0 DIRECTOR 0.25 X 1 0 0 0 (2) GARY KASTRICK 0.25 X 1 0 0 0 DIRECTOR 0.25 X 1 0 0 0 0 (3) YESENIA VALENZUELA 0.25 X 1 0 0 0 0 (4) ABRIL GARCIA 0.25 X 1 0 0 0 0 (5) ADRIANA RODRIGUEZ 1.00 X 1 0 0 0 0 (6) ALEJANDRA JIMENIZ 0.25 X 1 0 0 0 0 (7) ANNA HERNANDEZ 0.50 X 1 0 0 0 0 (7) ANNA HERNANDEZ 0.50 X 1 0 0 0 0 (8) JOSE RAMON 0.50 X 0 0 0 0 0			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	
Image: Construct of the second sec			х						0	0	0
Instanta valenzoela x			х						0	0	0
Image: Construction of the second s			х						0	0	0
Image: Since and a construction of the second se			х						0	0	0
Image: Normal system Image: Normal system <td></td> <td></td> <td></td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>					х				0	0	0
Image: Constraint of the second sec					x				0	0	0
(8) JUSE RAMON X 0 0 0					x				0	0	0
					х				0	0	0
Image: Sector of the sector											
											Form 990 (2022)

	(A) Name and title	hours per week (listthan one box, unless person is both an officer and a director/trustee)compensation 					Reportable compensatior from related organizations ((F Estim amount o compen from	ated of other sation the				
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		099- 099-NEC)	2/1099- MISC/1099-NE(2)	organizat relat organiz	ed
												_		
с Т	ub-Total	art VII, Sectio		· ·	· ·		* * *	I		0	(0
2	Total number of individuals (including reportable compensation from the org	but not limited		liste	d ab	ove)) who r	recei	ved more	e than \$100),000 of	•		
													Yes	No
3	Did the organization list any former of line 1a? If "Yes," complete Schedule 1			e, ke	y em	nploy	yee, or	higi •	hest com	pensated e	mployee on	-		Ne
4	For any individual listed on line 1a, is t	he sum of repo	rtable co								the	3		No
	organization and related organizations individual	s greater than \$	150,000)? If "`	res,"	' cor	nplete	Sch	edule J fo	r such		4		No
5	Did any person listed on line 1a receiv										idual for			
services rendered to the organization? <i>If</i> " <i>Yes</i> ," <i>complete Schedule J for such person</i>												No		
1	Complete this table for your five higher the organization. Report compensation	est compensate										pens	sation fror	n
		(A) nd business addre	-		9 11		· ••icili		2 organiz		(B) ription of services		((Compe	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

	90 (2022)						Page 9
Part				ing in this Dort V/III			
	Check if Schedule O contains	a respo	onse or note to any i	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ທົ່ມ	1a Federated campaigns	1a			revenue		512 - 514
Contributions, gifts, grants, and other similar amounts	b Membership dues	1b					
ng g	c Fundraising events	1c					
jifts ar a	d Related organizations	1d					
s, g	e Government grants (contributions)	1e	175,870				
r si	f All other contributions, gifts, grants, and similar amounts not included						
the	above g Noncash contributions included in	1f	75,000				
dat	lines 1a - 1f:\$	1g					
S P	h Total. Add lines 1a-1f		>	250,870			
			Business Code				
	2a EVENT INCOME		900099	317,721	317,721		
nue							
evel	b						
Program Service Revenue	c						
ervic			-				
š	d						
grar	e						
Pro			-				
	f All other program service revenue	2.					
	g Total. Add lines 2a-2f		317,721		I	I	I
	3 Investment income (including divid similar amounts)	lends, i •	nterest, and other				
	4 Income from investment of tax-exe	empt bo	ond proceeds				
	5 Royalties		<u>.</u>				
	(i) Re	al	(ii) Personal	-			
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental income			-			
	or (loss) 6c						
		• •	-				
	(i) Secu	rities	(ii) Other	-			
	7a Gross amount from sales of assets other 7a						
	than inventory			4			
	b Less: cost or other basis and 7b						
	sales expenses			-			
	c Gain or (loss) 7c						
	d Net gain or (loss)		· · · •				
e	8a Gross income from fundraising events (not including \$ of						
Other Revenue	contributions reported on line 1c). See Part IV, line 18						
Rev		8a 8b		-			
er	b Less: direct expenses c Net income or (loss) from fundrais						
oth							
	9a Gross income from gaming activities See Part IV, line 19	5. 9a					
	b Less: direct expenses	9b		1			
	c Net income or (loss) from gaming	activit	ies 🕨				
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of	invent	ory				
	Miscellaneous Revenue		Business Code				
	11a						
	b						
			ļ				
	c						
	d All other revenue		ļ				
	d All other revenue	r.		l			
	12 Total revenue. See instructions		-				
	Iotal revenue. See instructions	• •	•	568,591	317,721	C	0

Pa	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatior	is must complete co	lumn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			
	not include amounts reported on lines 6b, 8b, 9b, 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 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.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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				
11	Fees for services (non-employees):				
ā	Management				
ł	oLegal				
C	Accounting	1,725	1,725		
C	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion	4,650	4,650		
	Office expenses	11,144	11,144		
	Information technology				
	Royalties	0.700	0.700		
	Occupancy	8,700	8,700		
	Travel	601	601		
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization .	4.615	4.615		
	Insurance	4,615	4,615		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a EVENT	430,541	430,541		
	b SCHOLARSHIPS	3,041	3,041		
	c MEALS	2,996	2,996		
	d OTHER PROFESSIONAL FEES	2,846	2,846		
	e All other expenses	297	297		
25	Total functional expenses. Add lines 1 through 24e	471,156	471,156	0	0
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).				Form 000 (2022)

I C					
		Check if Schedule O contains a response or note to any line in this	(A) Beginning of year		
	1	Cash-non-interest-bearing	112,536	1	209,028
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, dire trustee, key employee, creator or founder, substantial contributor, controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as def section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$		6	
	7	Notes and loans receivable, net		7	
ssets	8	Inventories for sale or use		8	
SS	9	Prepaid expenses and deferred charges		9	
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a		-	
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	,
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	. 112,536	16	209,028
	17	Accounts payable and accrued expenses	979	17	36
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
s	21	Escrow or custodial account liability. Complete Part IV of Schedule	D	21	
Liabilities	22	Loans and other payables to any current or former officer, director, employee, creator or founder, substantial contributor, or 35% contr or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related t and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	979	26	36
Net Assets or Fund Balances	27	Organizations that follow FASB ASC 958, check here Complete lines 27, 28, 32, and 33. Net assets without donor restrictions	and	27	
d Ba	28	Net assets with donor restrictions		28	
Fun		Organizations that do not follow FASB ASC 958, check here complete lines 29 through 33.	and		
or	29	Capital stock or trust principal, or current funds	0	29	0
ets	30	Paid-in or capital surplus, or land, building or equipment fund	0	30	0
SS	31	Retained earnings, endowment, accumulated income, or other func	ls 111,557	31	208,992
at P	32	Total net assets or fund balances	111,557	32	208,992
Ne	33	Total liabilities and net assets/fund balances	112,536	33	209,028

Par	t XI Reconcilliation 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			568,591
2	Total expenses (must equal Part IX, column (A), line 25)	2			471,156
3	Revenue less expenses. Subtract line 2 from line 1	3			97,435
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			111,557
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 in 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			208,992
Pai	t 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: 🗹 Cash 🔲 Accrual 🗌 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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:	а			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate bas consolidated basis, or both:	sis,			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedul	le O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Unifor Guidance, 2 C.F.R. Part 200, Subpart F?	rm	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	audit	3b		
					0 (2022)

efi	le GR	APHIC prii	nt Sub	mission Date	e - 2023-11-10			DLN:	93493314030673
(Fo	orm 9	•			narity Statu organization is a sect 4947(a)(1) nonexe	tion 501(c)(3) mpt charitable	organization or e trust.		OMB No. 1545-0047
Trea		t of the venue	•	Go to <u>www.ir</u>	Attach to Form s.gov/Form990 for in			rmation.	Open to Public Inspection
Nery	e ^e of th	e organizati	on					Employer identifica	
CINC	O DE MA	YO OMAHA						45-4136530	
_	art I				tus (All organization			ee instructions.	
	organız		•		e it is: (For lines 1 throu	5			
1					ssociation of churches			A)(I).	
2					1)(A)(ii). (Attach Sche				
3		•	•	•	vice organization desc				
4		A medical i name, city,		janization operat	ted in conjunction with	a hospital desc	ribed in section :	170(b)(1)(A)(iii). En	ter the hospital's
5				ed for the benef mplete Part II.)	it of a college or univer	rsity owned or o	operated by a gov	ernmental unit descri	bed in section
6		A federal, s	tate, or loca	al government o	r governmental unit de	scribed in secti	ion 170(b)(1)(A)	(v).	
7	✓	section 17	0(b)(1)(A)	(vi). (Complete			-	nit or from the genera	al public described in
8		A commun	ty trust des	cribed in sectio	n 170(b)(1)(A)(vi) . (C	Complete Part II.	.)		
9		non-land g	ant college	of agriculture. S	escribed in 170(b)(1)(See instructions. Enter t	he name, city, a	and state of the c	ollege or university:	
10		activities re income and	lated to its unrelated	exempt function	e income (less section 5	xceptions, and	(2) no more than	33 1/3% of its support	from gross investment
11		An organiza	ation organi	zed and operate	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more publi	ly supporte	ed organizations	d exclusively for the be described in section 5 ne type of supporting o	509(a)(1) or se	ction 509(a)(2).	See section 509(a)	
а		organizatio	n(s) the pov		ated, supervised, or co appoint or elect a majo •				
b		manageme	nt of the su						ing control or mization(s). You must
с					supporting organization must complete Part			d functionally integra	ted with, its supported
d		functionally	integrated	. The organizatio	d. A supporting organiz on generally must satis rt IV, Sections A and	fy a distribution	requirement and		
е					ved a written determin		IRS that it is a Typ	e I, Type II, Type III fu	nctionally integrated,
f	Enter				supporting organization				
g					t the supported organiz	zation(s).			
(i) N	Name o	f supported	organizatior	n (ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
_									
Tota For		work Reduc	tion Act No	otice, see the I	nstructions for	Cat. No. 1128	35F	Schedu	le A (Form 990) 2022

Sch	edule A (Form 990) 2022								Page 2
P	art II Support Schedule for (Complete only if you ch the organization failed to	ecked the box o	on line 5, 7, or 8	of Part I or if the	e organization fa				t III. If
S	Section A. Public Support	J quality under t		leiow, piedse co	inplete l'art ill.)				
-	lendar year	(-) 2010	(1) 2010	(-) 2020	(.1) 2021	(-) 202	2	(6) Tabal	
(or	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").		226,717	274,002	211,960		250,870		963,549
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		226,717	274,002	211,960		250,870		963,549
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.								963,549
S	ection B. Total Support	4	4					<u>. </u>	
Ca	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total	
_	fiscal year beginning in) 🕨	(0) 2010		1					062 540
7	Amounts from line 4 Gross income from interest,		226,717	274,002	2 211,960		250,870		963,549
8	dividends, payments received on securities loans, rents, royalties and income from similar sources.								
9	Net income from unrelated business activities, whether or not the business is regularly carried on.								
10	Other income. Do not include gain or loss from the sale of capital assets								
11	(Explain in Part VI.) Total support. Add lines 7 through 10								963,549
12	Gross receipts from related activities,	etc. (see instruction	ons)			12			460,393
13	First 5 years. If the Form 990 is for the	ne organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	ation, che	ck
	this box and stop here								
S	ection C. Computation of Publi								
	Public support percentage for 2022 (lin		-	olumn (f))		14	r	10	0.000 %
15	Public support percentage for 2020 Sc		•			15			0.000 %
	33 1/3% support test—2022. If the o					_	k this how		0.000 /6
104	and stop here. The organization qual	ifies as a publicly	supported organization	ation				. 🕨 🗹	
U.	••	•							
17a	box and stop here. The organization 10%-facts-and-circumstances test if the organization meets the "facts-an	-2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 1	14 is 10%	or more,	
b	"facts-and-circumstances" test. The or 10%-facts-and-circumstances tes and if the organization meets the "fac	t—2021. If the or	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and	l line 15 i		
18	_	on did not check a	a box on line 13, 16	5a, 16b, 17a, or 17	7b, check this box	and see		_	
	instructions	<u></u>						. 🏲 🗆	

Schedule A	(Form	990)	2022
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Schedule A	Form	990)	2022
Juneaule A		330)	2022

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.)

36	ction A. Public Support		-	-	-		-
	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	iscal year beginning in) 🕨						
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
-	under section 513						
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year. Add lines 7a and 7b.						
8	Public support. (Subtract line 7c						
0	from line 6.)						
Se	ction B. Total Support						
-	ndar year						
	iscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
-	1975.						
c	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.)						L
13	Total support. (Add lines 9, 10c,						
	11, and 12.).		the second shall and	for white the first of the second		501(-)(2)	
14	First 5 years. If the Form 990 is for th						
	box and stop here						. ► 🗆
Se	ction C. Computation of Public	Support Perce	entage				
15	Public support percentage for 2022 (lir	ie 8, column (f) di	vided by line 13, o	column (f))		15	
16	Public support percentage from 2021 S	chedule A. Part III	l, line 15			16	
	ction D. Computation of Invest					10	
	Investment income percentage for 202			ine 13 column (f))	1 1 7	
17	1 5		.,			17	
18	Investment income percentage from 2					18	
19a	33 1/3% support tests-2022. If the o						
	than 33 1/3%, check this box and stop	here. The organiz	zation qualifies as	a publicly suppor	ted organization .	►	
b	33 1/3% support tests—2021. If the	organization did n	ot check a box or	line 14 or line 19	a, and line 16 is m	nore than 33 1/3%	and line 18 is not
~	more than 33 $_{1/3}$ %, check this box and	•					• 🔾
20	_,	•	5	1 9			_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	9a, or 19b, check	this box and see i		
			· · · · · · · · · · · · · · · · · · ·			Schedule A	(Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described	1		
	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.			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
		3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	Зc		
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	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 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).	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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	0		
,	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 Part VI .			
_	·	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 Part VI .	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	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		

Part IV Supporting Organizations (continued)									
			Yes	No					
11	Has the organization accepted a gift or contribution from any of the following persons?								
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the								
	governing body of a supported organization?								
b	A family member of a person described on 11a above?	11b							
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c							
Section B. Type I Supporting Organizations									

- 1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. 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				
	in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).				
	maintainea a close and continuous working relationship with the supported organization(s).				
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times				
	during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.				

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - a 🕥 The organization satisfied the Activities Test. Complete line 2 below.

 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)
- 2 Activities Test. Answer lines 2a and 2b below.

З

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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.		
	substantially an of its activities.	2a	
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.		
	involvement.	2b	
	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its		
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.		
	supported organizations in the state of played by the organization in this regular.	3b	

Yes No

Yes

Yes No

No

1

2

Schedule A (Form 990) 2022

	dule A (Form 990) 2022			Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizat			
	Section 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		
	Section 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):	1		
а	Average monthly value of securities	1a		
b	• Average monthly cash balances	1b		
c	: Fair market value of other non-exempt-use assets	1c		
d	1 Total (add lines 1a, 1b, and 1c)	1d		Τ
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		T
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-int	tegrated	Type III supporting orga	anization (see instructions

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting Or	ganizations (co	ontinued	d)
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 e excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt put	poses of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instruction	IS		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	ive (<i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2022	ons	(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 Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019. . <th< td=""><td></td><td></td><td></td><td></td></th<>				
e From 2021				
f Total of lines 3a through e				
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. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 				
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.				
7 Excess distributions carryover to 2023. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019			_	
c Excess from 2020				
d Excess from 2021				
			50	chedule A (Form 990) (2022)
			30	Circule A (10111 330) (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).

Facts And Circumstances Test				
Return Reference	Explanation			

Schedule A (Form 990) 2022

efile GRAPHIC print Submission Date - 2023-11-10 DLN: 93493				
SCHEDULE O (Form 990) Supplemental Information to Form 990 or Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Attach to Form 990 or 990-EZ. b Go to www.irs.gov/Form990 For the latest information.		ions on		
Name of the organizatio		n	Employer identification number	
			45-4136530	
Return Reference	Explanation			
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS REVIEWS THE 990 AND DISCUSSES WITH PREPARER PRIOR TO RELEASE.			
FORM 990, PART VI, SECTION C, LINE 19	UPON	REQUEST.		
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Cat. No. 51056K Schedule O (Form 990) 2022 990-EZ.				