Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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.

Α	For t	he 2023 ca	lenda	r year, or tax	year be	gin	ning			, 202	3, an	nd endir	ng		•	, 20	
В	Check	if applicable:	(;										D Empl	oyer ident	tification numb	er
	А	ddress change	F	'ILI										46	-1009	340	
	N	lame change		430 BOSE											hone num		
	Ir	nitial return	S	SAN JOSE,	CA 9	51	20							(4	08) 6	05-8025	
	Fi	nal return/termina	ted											,	,		
	А	mended return												G Gross	receipts	\$ 2	65,778.
	А	pplication pend	ding	Name and add	lress of prir	ncipal	officer: Ro	nsa Dea	mai	nt			H(a) Is this	s a group ret	urn for sul		Yes X No
			S	Same As C	Abov	e	1	oba bee	a.				H(b) Are a	all subordinat o," attach a li	es include	ed?	Yes No
I	Tax	-exempt status		X 501(c)(3)	501(c))	(insert no.)		4947(a)(1)	or	527	1 1110	o, attacii a ii	ist. See iii:	structions.	
J	We	bsite:	WWW	.FILI-IN	C.COM				•			•	H(c) Group	p exemption	number		
K	For	m of organizati	on:	X Corporation	Trust		Association	Other		L	_ Yea	r of format	tion: 201	15 M	State of	legal domicile:	CA
Pa	rt I	Sumn	nary							•							
	1	Briefly de	scribe	the organiza	ation's m	iissi	on or mos	st significa	nt a	ctivities: S	<u>lee</u>	Sche	dule C)			
anc																	
e.	_		. <u>-</u> -		:-		,										
હુ	3										ssets.	1					
∘જ	4			ependent voti													4
lies	5			f individuals													0
Activities & Governance	6			f volunteers													6
Ą	7a			business rev													0.
	b	Net unrela	ited b	ousiness taxa	ble inco	me	from Forn	1 990-T, P	art I	, line 11							0.
		Cambribusti		nd avanta (D	اللا المست		16)							Prior Yea		Curren	
e	8 9			nd grants (P e revenue (P										209,	992.	2	65 , 777.
Revenue	10			ome (Part VI										143,	365		1.
æ	11			(Part VIII, co			•							143,	303.		
	12			- add lines 8										353,	357.	2	65,778.
	13	Grants an	d sim	ilar amounts	paid (Pa	art I	X, columr	n (A), lines	s 1-3	5)					340.		83,096.
	14	Benefits p	aid to	o or for mem	bers (Pa	rt I>	۲, column	(A), line 4	4)								
	15	Salaries,	other	compensatio	n, emplo	oyee	e benefits	(Part IX,	colur	nn (A), line	es 5-	10)					
Expenses	16a	Profession	nal fu	ndraising fee	s (Part I	Χ, α	column (A), line 11e									
ber	b	Total fund	raisir	ng expenses	(Part IX.	col	umn (D),	line 25)									
й	17			s (Part IX, co					e)				. —	8	969.		10,875.
	18			. Add lines 1											309.		93,971.
	19	•		expenses. Su	-									-104,			28,193.
5 g														ing of Curr			f Year
sets lanc	20	Total asse	ts (P	art X, line 16	5)										844.		24,525.
Net Assets or Fund Balances	21	Total liabi	lities	(Part X, line	26)										0.		0.
휼	22	Net assets	s or fu	und balances	. Subtra	ct li	ne 21 fror	n line 20.						59,	844.		24,525.
Pa	rt II	Signa	ture	Block													
Unde	er pena	Ities of perjury	I decla	are that I have ex	amined this	retu	ırn, including	accompanyin	ig sche	edules and sta	temen	nts, and to	the best of	my knowled	ge and bel	ief, it is true, co	rrect, and
COITI	Jiete. L	Deciaration of p	гераге	(other than offic	er) is based	J 011 6	all illioillatio	ir or willeri pre	срагсі	ilas aliy kilow	vieuge	•					
٠.		Signatur	e of off	ficer									Date				
Siç He	jn																
пе	re			amant ame and title								(CFO				
				parer's name			Preparer's	signature			Ιn	ate		Ohe -li	:	PTIN	
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Pa				ne M. DiSa				тпе м. 1	1729	ilvo-Jayn	.e			self-emplo	Jyeu	P01215967	-
Us	epar e Or	als r		Eigleb										Firm's EIN	۷ ۵۵	-2722420	
- 3	. .	ily Firm's a	uuress				Street							+	20	-2722420	
May	/ the	IRS discus	s this	Gilroy return with t				nove? See	inst	ructions				Phone no	. 4008	420046 X Yes	No

4d Other program services (Describe on Schedule O.) (Expenses including grants of) (Revenue \$ 4e Total program service expenses 293,971. Form **990** (2023) TEEA0102L 08/23/23

Part 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
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		Х
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		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
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.	9		Х
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		Х
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.			
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		Х
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		Х
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? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		Х
	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		Х
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			X
20a	Complete Schedule G, Part III	19 20a		X
	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		Х
	v v p m r m v v v v v v v v v v v v v v v v v			

Page 4

Part IV | Checklist of Required Schedules (continued)

23 bit the organization answer "Yes" to Part VII, Section A, line 3.4, or 5, about compensation of the organization's current and the organization answer "Yes" to part VII, Section A, line 3.4, or 5, about compensation of the organization's current and the organization have a law example both sizes with an odistanding principal amount of more than \$100.000 as of the least day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", for to line 25a of Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a b Cold the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? 25b Cold the organization minest any execution of the size of the bonds outstanding at any time during the year? 25c Did the organization and the recognization of the organizations engage in an excess benefit transaction with a disqualified person during the year? 25a Section 501(cX3), 501(cX4), and 501(cX23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a b Is the organization answer that it engaged in an excess benefit transaction with a disqualified person during the year? 25b b Is the organization answer that it engaged in an excess benefit transaction with a disqualified person during the year? 26c Did the organization and the engaged in an excess benefit transaction with a disqualified person in a prior year, and that the franciscon has not been reported on any of the organization's prior Forms 990 or 990-E22 if Yes, Complete Schedule 1. Part IV. 27c Did the organization provide a grant or other assistance to any current or former officer, director, fusion, the engaged of the organization provide a grant or other assistance to any current or former officer, director, fusion the year complete. Schedule 1. Part IV. 28c Vess the organization specified preson of the following parties? (See the Schedule II. Part				Yes	No
and former officers, directors, inseleas, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part II. 2a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lest day of the year, that was saised after December 31, 2002? If "Yes," answer lines 28th brough 24d and competer Schedule II. If you have a second of the lest day of the year, that was saised after December 31, 2002? If "Yes," answer lines 28th brough 24d and competer Schedule II. If you have a second of the year of the second of the competer Schedule II. If you have a second of the competer Schedule II. If you have a second of the competer Schedule II. If you have a second of the organization and the second ourning the year If If "Yes," complete Schedule II. If you have a second ourning the year If If "Yes," complete Schedule II. If you have a second ourning the year If If "Yes," complete Schedule II. If you have a second ourning the year If If "Yes," complete Schedule II. If you have a second ourning the year If If "Yes," complete Schedule II. If you have a second ourning the year If If "Yes," complete Schedule II. If you have a second ourning the year If If "Yes," complete Schedule II. If you have a second ourning the year If If "Yes," complete Schedule II. If you have a second of the organization proper second or not year, and the the framesoction report any ement 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, director, trustee, key employee, creator or founder, director, trustee, key employee, creator or founder, director, trustee, ley employee, creator or founder, substantial contributor or employee the year of the second of the year and the year of the year and	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		Х
the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. If No." you to ime 23b. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 24b	23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		Х
c Did the organization maintain an escrew account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c	24a	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and	24a		Х
any tax-exempt bonds? d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25b Is the organization wave that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25b Is the organization awave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction 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 contribution or 5% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27D Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution or employee thereof), a grant selection committee member, or to a 3% controlled entity (ordinary an employee thereof) a grant selection committee member, or to a 3% controlled entity of the assistance to any current or former officer, director, trustee, key employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV. 28a A current or former officer, director, trustee, key employee thereof) or family member of any ordinary and any ordinary organization and part in the part	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
25a Section 501(cX3), 501(cX4), and 501(cX29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I. 25a J Shappara Shappa	С		24c		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25a	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
that the fransaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I. 25b) 26 Did the organization report any amount on Part X. line 5 or 22, for receivables from or payables to any current or former of titorer, director, trustee, key employee, creator or founder, substantial contributor, or 35% confolled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 Did the organization provide a grant or other assistance to any current or former officer, director, instea, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or in a 55% conciled entity (inciding an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 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). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 30 Did the organization individuals, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part II. 31 Did the organization one leaves of the particular of the particula	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		Х
or family member of any of these persons? If "Yes," complete Schedule L. Part II. 26 2 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. 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). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28	b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		Х
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. 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). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28	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 "Yes," complete Schedule L, Part II</i>	26		Х
a A current or former officer, director, it rustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a 2 b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b 2 c 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 2 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 2 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 3 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 1. 31 22 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part 1. 31 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 30.1.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part 1. 32 4 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. 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did 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. 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. 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 V, line 1. 38 Did the organiz	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	27		Х
"Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b		instructions for applicable filing thresholds, conditions, and exceptions).			
c 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 3 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 3 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 3 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part II. 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1. 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 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, Iine 2. 37 Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2. 38 Did the organization complete Schedule R, Part V, Iine 2. 39 Did the organization complete Schedule R 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 V. 39 Did the organization complete Schedule O and provide explanations on Schedule O for Part V	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
complete Schedule L, Part IV. 28c 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 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, Iine 1. 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization bave a controlled entity within the meaning of section 512(b)(13)? 35b 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)? 35b 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, Iine 2 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. 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. Check if Schedule O contains a response or note to any line in this Part V. 19 Tatements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any li	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	С	complete Schedule L, Part IV	28c		Х
contributions? If "Yes," complete Schedule M. 30	29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	29		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I. 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, Iine 1. 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 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, Iine 2. 37 Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2. 38 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. 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 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. 1b 0 5 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payments.	30	contributions? If "Yes," complete Schedule M	30		Х
32 33 32 34 35 30 37 37 37 37 37 37 38 39 39 39 39 39 39 39	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	32		32		X
and Part V, line 1. 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. 1a 0 1b 0 1b 0 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
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		and Part V, line 1	34		Х
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			35a		Х
organization? If "Yes," complete Schedule R, Part V, line 2	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		
treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
Note: All Form 990 filers are required to complete Schedule O	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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
Check if Schedule O contains a response or note to any line in this Part V. Yes Note 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Note: All Form 990 filers are required to complete Schedule O	38	Х	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	Par				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Gheck it Schedule O contains a response or note to any line in this Part V			No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			-		
G 9/	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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Page 5

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 State-							
	ments, filed for the calendar year ending with or within the year covered by this return 2a 0							
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?	За		X				
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	4-		Х				
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		Λ				
b	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		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	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		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
	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		X				
b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?							
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X				
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
	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						
q	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						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).	10						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a						
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
_	Note: See the instructions for additional information the organization must report on Schedule O.							
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							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	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		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
-	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	4-						
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17						

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 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. **b** Enter the number of voting members included on line 1a, above, who are independent..... 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b 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..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X 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 X taxable entity during the year?..... 16a **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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

ROSA DEAMANT 32888 BUTTERCUP LN SOUAW VALLEY CA 93675 (408) 605-8025

Form 990 (2023) FILI 46-1009340 Page **7**

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.

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

officer this box in fictation the organization from the folder	· ga					<i> </i>	, ,,		.,	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	o x,ic Individual trustee or director	ot les un les Institutional truste	Posneck ss ped a d	ition more rson i	than of south Highest compensated employee	e a e Former	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) NICOLE CAPSOPOULOS	5		й			ated				
CEO	0			Χ				0.	0.	0.
(2) Cleo Constantin Secretary	5			Х				0.	0.	0.
(3) Rosa Deamant	20			71				0.	0.	<u> </u>
CFO	0	•		Χ				0.	0.	0.
(4) Roberta Sardell Treasurer	<u>5_</u> _			Х				0.	0.	0.
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c Total from continuation sheets to Part VII, Section A.	<u>(==/_</u>											
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 Yes No Yes No Yes No Yes No Yes No No Yes Yes										0.	0.	0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 Tyes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who received more than												
from the organization 0 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than												
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on line 1a? If "Yes, "complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who received more than		•										Yes No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	3	Did the organization list any former officer, direc	tor, truste	e, ke	еу е	mpl	oye	e, or	high	nest compensated	l employee	
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		,										. 3 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	4	For any individual listed on line 1a, is the sum of the organization and related organizations greater	f reportab er than \$1	le co 50.00	mpe	ensa If "	ation Yes.	and cor	oth nole	er compensation ete Schedule J for	from	
for services rendered to the organization? If "Yes," complete Schedule J for such person		such individual										. 4 X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	5	Did any person listed on line 1a receive or accru for services rendered to the organization? If "Yes	e comper s." comple	isatio e <i>te S</i>	n fr che	om dule	any	unre	late	ed organization or person	individual	. 5 X
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		tion B. Independent Contractors										
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	1	Complete this table for your five highest compen compensation from the organization. Report compen	sated indestants	epen the c	den alen	t coi dar	ntra vear	ctors endi	tha	it received more t	han \$100,000 of rganization's tax vear	
Total number of independent contractors (including but not limited to those listed above) who received more than							<i>y</i> • • • •	0		(B)	(C)
· · · · · · · · · · · · · · · · · · ·		Name and business add	ress							Description	of services	Compensation
· · · · · · · · · · · · · · · · · · ·												
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· · · · · · · · · · · · · · · · · · ·												
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		· · · · · · · · · · · · · · · · · · ·		ited to	o the	ose I	liste	d abo	ve)	who received more	than	

Form 990 (2023) FILI
Part VIII Statement of Revenue

		Check if Schedule O contains a	a resp	onse or note to an	y line in this Part V	III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, S	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	h	Membership dues	1b					
n Gr		Fundraising events	1c					
ž, š	٠.	L						
ia gi	a	Related organizations	1d					
ž, ř	е	Government grants (contributions)	1e					
io io	f	All other contributions, gifts, grants, and	4.	0.65				
결		similar amounts not included above	1f	265,777.				
들임	g	Noncash contributions included in lines 1a-1f	1g					
o E	h	Total. Add lines 1a-1f			265,777.			
		Total. Add lines to the control of t		Business Code	203,777.			
ž	2-		ŀ	Business code				
ě.	2a							
œ.	b							
<u>.</u>	С							
en en	d							
S	е							
쿌	f	All other program service revenue	e					
Program Service Revenue	q		L					
п.	Ť							
	3	Investment income (including divide other similar amounts)	nas, ir	nterest, and	1.			1
	4	Income from investment of tax-ex						1.
	4			·				
	5	Royalties						
		(i) Re	al	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
		(i) Secur		(ii) Other				
	/a	Gross amount from sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis and sales expenses 7b						
		'						
		Gain or (loss)						
	d	Net gain or (loss)	<u></u>					
e ne	8a	Gross income from fundraising events						
		(not including \$						
Ş		of contributions reported on line 1c).						
æ		See Part IV, line 18	88	a				
er	b	Less: direct expenses	81	2				
Other Reven		Net income or (loss) from fundrai						
Ų			J19 C	1				
	9a	Gross income from gaming activities.	0.					
	,	See Part IV, line 19	98					
		Less: direct expenses	91					
	С	Net income or (loss) from gaming	g activ	rities				
	10a	Gross sales of inventory, less						
		returns and allowances	10	a				
	b	Less: cost of goods sold	101	b				
	С	Net income or (loss) from sales of	of inve	ntory				
'n	_	, ,		Business Code				
ا _ي ڄ	11a							
칠	b		-					
<u>હ</u> <u>ਹ</u>	2							
Miscellaneous Revenue	C,	All other revenue						
돌느		All other revenue	L					
		Total. Add lines 11a-11d						
	12	Total revenue See instructions			265 770	1		1 1

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. (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 283,096. 283,096 Compensation of current officers, directors, trustees, and key employees 0. 0. 0 0. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).... 10 Fees for services (nonemployees): c Accounting..... 1,318 1,318 **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion..... 2,360. 2,360. Office expenses 2,570. 2,570. 13 Information technology..... 14 1,871. 1,871. 15 Royalties.... 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 Payments to affiliates..... 21 Depreciation, depletion, and amortization.... 23 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.)..... 2,218 2,218 PAYPAL PROCESSING FEES b BANK FEES 438 438 REGISTRATION FEE С 100 100 d e All other expenses..... 293,971. 25 Total functional expenses. Add lines 1 through 24e. . . 293,971. 0 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here SOP 98-2 (ASC 958-720).....

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Part X Balance Sheet

1			Check if Schedule O contains a response or note to any line in this Part X			
Piedge and grants receivable, net.				(A) Beginning of year		(B) End of year
3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or formity member of any of these persons. 5 Complete Part V or Schedule D. 7 Notes and loans receivables from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(n)(3)(B). 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(n)(3)(B). 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(n)(3)(B). 7 Notes and loans receivable, net. 7 Notes and loans receivable from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(n)(3)(B). 6 Loans and other pacetivable, net. 7 Notes and loans receivable, net. 7 Notes and loans receivable, net. 8 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. 10a Loans, and complete part V of Schedule D. 11 Investments – program-related. See Part IV, line 11. 12 Investments – program-related. See Part IV, line 11. 13 Intangible assets. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue. 10 Deferred revenue. 11 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of th		1	Cash — non-interest-bearing	59,333.	1	24,014.
4 Accounts receivable, net. 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(c)(3)(6). 6 7 Notes and loans receivable, net. 7 8 Inventories for sale or use. 8 8 Prepaid expenses and deferred charges. 9 9 Prepaid expenses and deferred charges. 9 10a 1 Investments – publicity fraded securities. 10a 11 Investments – publicity fraded securities. 111 12 Investments – other securities. See Part IV, line 11. 12 13 Investments – other securities. See Part IV, line 11. 13 14 Intangible assets. 114 15 Other assets. See Part IV, line 11. 15 16 Total assets. Add lines 1 through 15 (must equal line 33). 59, 844. 16 17 Accounts payable and accrued expenses. 17 18 Grants payable 1 Total assets and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 25 Secured mortgages and notes payable to unrelated third parties. 24 26 Unsecured notes and loans payable to unrelated third parties. 24 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 29 28 Paid-in or capital surplus, or land, building, or equipment fund. 30 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 31 Retained earnings, endowment, accumulated income, or other funds. 59, 844, 33 33 Total liabilities and net assets/fund balances. 59, 844, 33 34 Total liabilities and net assets/fund balances. 59, 844, 33		2	Savings and temporary cash investments.	510.	2	511.
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramily member of any of these persons.		3	Pledges and grants receivable, net		3	
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Section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6					5	
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8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 9 Prepaid expenses Prepaid expenses. 9 Pre						
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11 Investments — publicly traded securities.	þ	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
12 Investments - other securities. See Part IV, line 11.		b	Less: accumulated depreciation		10c	
13 Investments — program-related. See Part IV, line 11.		11	Investments – publicly traded securities		11	
14		12	Investments – other securities. See Part IV, line 11		12	
15 Other assets. See Part IV, line 11		13	Investments – program-related. See Part IV, line 11		13	
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17		15	Other assets. See Part IV, line 11		15	
18 Grants payable 18 19 Deferred revenue 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 24 Unsecured notes and loans payable to unrelated third parties. 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 26 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund. 30 31 Retained earnings, endowment, accumulated income, or other funds. 59,844. 32 32 37 Total liabilities and net assets/fund balances 59,844. 33 38 39 39 30 31 31 31 31 31 31 31		16	Total assets. Add lines 1 through 15 (must equal line 33)	59,844.	16	24,525.
19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 24 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 26 Total liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 26 Total liabilities. Add lines 17 through 25. 0, 26 25 26 27 28 28 29 28 29 29 29 29		17	Accounts payable and accrued expenses		17	
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Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Possible of the property of the pro		24	·		24	
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions. 28 Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. 29 Paid-in or capital surplus, or land, building, or equipment fund. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 31 Total net assets or fund balances. 33 Total liabilities and net assets/fund balances. 59,844. 33		25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
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	ces		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
	au	27		59.844.	27	24,525.
	Ba	28		03/0221	28	
	힏		Organizations that do not follow FASB ASC 958, check here			
	3		and complete lines 29 through 33.			
	ō	29	Capital stock or trust principal, or current funds		29	
	ets	30			30	
	SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
	116	32			32	24,525.
	ž	33	Total liabilities and net assets/fund balances.	59,844.	33	24,525.

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Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI.				. X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	65,7	778.		
2	Total expenses (must equal Part IX, column (A), line 25).	2	2	93,9	971.		
3	Revenue less expenses. Subtract line 2 from line 1	3	_	28,1	93.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		59,8	344.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-7,1	26.		
10	column (B))						
Pai	rt XII Financial Statements and Reporting				525.		
	Check if Schedule O contains a response or note to any line in this Part XII				. П		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X 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		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ed on a					
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ate					
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 on Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х		
t	o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b				
BAA	TEEA0112L 08/23/23		Form	990	(2023)		

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No. 1545-0047

Open to Public Inspection

Name o	f th	e organization					Employer identification	ation number			
FIL							46-100934	0			
Part		Reason for Public Cha						ctions.			
The c	rga	nization is not a private found	dation because it is: (For lines 1 through 12,	check o	nly one	box.)				
1		A church, convention of church	•		,	b)(1)(A)((i).				
2		A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)						
3		A hospital or a cooperative h	ospital service organ	ization described in sec	tion 170)(b)(1)(<i>A</i>	A)(iii).				
4		A medical research organiza	tion operated in conju	unction with a hospital o	describe	d in sec	tion 170(b)(1)(A)(iii). ⊟	Inter the hospital's			
		name, city, and state:									
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ege or university owned	or opera	ated by	a governmental unit de	escribed in			
6		A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).				
7		An organization that normally rin section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	blic described			
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)						
9		An agricultural research organi	zation described in sec	ction 170(b)(1)(A)(ix) opera	ated in c	onjunctio	on with a land-grant colle	ege			
		or university or a non-land-graduniversity:	nt college of agriculture	e (see instructions). Enter	the nam	ne, city,	and state of the college	or			
10	X	An organization that normall	v receives (1) more th	nan 33-1/3% of its sunn	ort from		utions membershin fe	es and gross receints			
		from activities related to its	exempt functions, sub	ject to certain exception	ns; and	(2) no r	nore than 33-1/3% of i	ts support from gross			
	investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11											
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one										
		or more publicly supported o lines 12a through 12d that de	rganizations describe escribes the type of s	ed in section 509(a)(1) o upporting organization a	r sectio and com	n 509(a iplete lii)(2). See section 509(a nes 12e, 12f, and 12g.)(3). Check the box on			
а		Type I. A supporting organizati organization(s) the power to re complete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the director	ported or rs or trus	rganizat tees of t	ion(s), typically by giving the supporting organizati	g the supported on. You must			
b		Type II. A supporting organiz	ration supervised or o	ontrolled in connection	with its	support	ed organization(s), by	having control or			
		management of the supporting	organization vested in	the same persons that co	ontrol or	manage	the supported organizat	ion(s). You			
_		must complete Part IV, Sect									
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizat ons). You must com i	lion operated in connection	n with, ar 4. D. an	na tunctio d E.	onally integrated with, its	supported			
d		Type III non-functionally integ	•	,			supported organization(s) that is not			
		functionally integrated. The contractions instructions instructions in the functions in the function in the fu	organization generally	must satisfy a distribu	tion requ	uiremen	t and an attentiveness	requirement (see			
е		Check this box if the organiz	•	•	ha IDC	that it is	s a Type I Type II Typ	a III functionally			
·		integrated, or Type III non-fu	inctionally integrated	supporting organization	iie iks I.	נוומנ זנ וצ	ватурет, турет, тур	e iii iuiiciionaliy			
f	Er	nter the number of supported	organizations								
g		ovide the following informatio		d organization(s).							
(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) I	s the ion listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				àbove (see instructions))	in your g	overning		Support (See mondedone)			
						1					
					Yes	No					
/ A\											
(A)											
/D\											
<u>(B)</u>											
(C)											
(0)											
(D)											
(E)											
Total											

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

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

Page 2

Sec	tion A. Public Support		otou bolow, plous	o complete i alt ii	,					
	endar year (or fiscal year		4							
	nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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									
Sec	tion B. Total Support									
Cale begi	endar year (or fiscal year inning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activ	rities, etc. (see in	structions)							
13	First 5 years. If the Form 990 is organization, check this box and	for the organizati stop here	on's first, second	, third, fourth, or t	fifth tax year as a	section 501(c)(3)				
Sec	tion C. Computation of Pul	blic Support F	Percentage							
	Public support percentage for 20	•		• •	•		%			
15	Public support percentage from 2	2022 Schedule A	, Part II, line 14			15	%			
16a	33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.									
b	b 33-1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	and-circumstances	s test, check this	box and stop here	e. Explain in Part V	/I how			
b	or more, and if the organization organization meets the facts-and	meets the facts-a	and-circumstances	s test, check this	box and stop here	e. Explain in Part V	/I how the			
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions			

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.)

Page 3

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	375,426.	270,056.	459,406.	209,992.	265,777.	1,580,657.
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.	373,420.	270,036.	439,400.	209,992.	203,111.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	375,426.	270,056.	459,406.	209,992.	265,777.	1,580,657.
7 a	Amounts included on lines 1, 2, and 3 received from disgualified 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.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)						1,580,657.
	tion B. Total Support				4.0		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	375,426.	270,056.	459,406.	209,992.	265,777.	1,580,657.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
13	Total support. (Add lines 9, 10c, 11, and 12.)	375,426.	270,056.	459,406.	209,992.	265,777.	1,580,657.
14	First 5 years. If the Form 990 is a organization, check this box and	for the organizatio	n's first, second, t	hird, fourth, or fi	fth tax year as a s	ection 501(c)(3)	
Sec	tion C. Computation of Pul						
	Public support percentage for 20			e 13, column (f))		15	100.00 %
	Public support percentage from 2	•	• •				100.00 %
	tion D. Computation of Inv						100.00
17	Investment income percentage for			d by line 13 colu	ımn (f))		0.00 %
	Investment income percentage fr	· ·	• •	-			0.00 %
	33-1/3% support tests—2023. If t is not more than 33-1/3%, check	he organization di	d not check the bo	ox on line 14, an	d line 15 is more	han 33-1/3%, ar	nd line 17
b	33-1/3% support tests—2022. If t line 18 is not more than 33-1/3%	he organization di	d not check a box	on line 14 or line	e 19a, and line 16	is more than 33	-1/3%, and
20	Private foundation. If the organiz		-				

Part IV Supporting Organizations

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

Page 4

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.	1		
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 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 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.	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 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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons,			
	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in 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? <i>If "Yes," provide detail in Part VI.</i>	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.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," 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		

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		s the organization accepted a gift or contribution from any of the following persons? erson 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		
	b A fa	amily member of a person described on line 11a above?	11b		
	c V 3E	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations	110		
-		1 D. Type i Supporting Siguinzations		Yes	No
1		the governing body, members of the governing body, officers acting in their official capacity, or membership of one		103	110
	or r	nore supported organizations have the power to regularly appoint or elect at least a majority of the organization's cers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported			
	org	anization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more none supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees			
	wer	re allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
	dur	ing the tax year.	1		
2	Did that	the organization operate for the benefit of any supported organization other than the supported organization(s) toperated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such			
	ben	nefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the	2		
_		porting organization.			
Se.	ction	n C. Type II Supporting Organizations		Yes	No
1	\A/or	ro a majority of the argenization's directors or trustees during the tay year also a majority of the directors or trustees		163	NO
١	of e	re a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
		porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction	D. All Type III Supporting Organizations			
1	Did	the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	orga	anization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax r, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		anization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	\ \ /o.	re any of the argenization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orga	re any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported anization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part V I how			
	tne	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By r	reason of the relationship described on line 2, above, did the organization's supported organizations have a significant ce in the organization's investment policies and in directing the use of the organization's income or assets at			
	all t	times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played			
		his regard.	3		
<u>5e</u>		n E. Type III Functionally Integrated Supporting Organizations			
٠		ck 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.			
	b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	с 📙	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Acti	ivities Test. Answer lines 2a and 2b below.	ľ	Yes	No
	a Did	substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	sup	ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported			
		anizations and explain how these activities directly furthered their exempt purposes, how the organization was ponsive to those supported organizations, and how the organization determined that these activities constituted			
	sub	estantially all of its activities.	2a		
		the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or			
	moi rea:	re of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the</i> sons for the organization's position that its supported organization(s) would have engaged in these activities			
		for the organization's involvement.	2b		
3	Par	ent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
	eac	ch of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
		the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	Cap	production of the state of the organization of			l

Page 6

Pa	t = 1 Type III Non-Functionally integrated 509(a)(3) Supporting Orga	mizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.
Sec	tion 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2023

Pai	$\mathbf{t} \mathbf{V} = \mathbf{I} \mathbf{y} \mathbf{p} \mathbf{e} \mathbf{I} \mathbf{I} \mathbf{M} \mathbf{o} \mathbf{n} \mathbf{t} \mathbf{e} \mathbf{f} \mathbf{o} \mathbf{n} \mathbf{e} \mathbf{e} \mathbf{o} \mathbf{e} \mathbf{e} \mathbf{e} \mathbf{e} \mathbf{e} \mathbf{e} \mathbf{e} e$	inued)				
Sec	Section D — Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8				
9	Distributable amount for 2023 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) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 FILI 46-1009340 Page **8**

Part VI

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

BAA TEEA0408L 08/14/23 Schedule A (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

FILI

Employer identification number 46-1009340

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

The mission for Fili, Inc. is to help a featured charity or worthy humanitarian project reach a goal or self-sustainability. There are so many programs in the world struggling to create positive change, but often fail because of the need to fundraise. We take on that labor to help charities reach success.

Form 990, Part III, Line 1 - Organization Mission

The mission for Fili, Inc. is to help a featured charity or worthy humanitarian project reach a goal or self-sustainability. There are so many programs in the world struggling to create positive change, but often fail because of the need to fundraise. We take on that labor to help charities reach success.

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Fili, Inc will adhere to a document retention and destruction policy as an accountability and transparency measure. The board members will adhere to guidelines for the handling, backing up, archiving and destruction of documents on an on-going basis, agreed upon by majority vote of the board. These guidelines foster good record keeping procedures that promote data integrity. In its current form, this policy is executed through email, personal computer folders, and a google cloud folder associated with the email help@fili-inc.com.

Per the instructions on the Form 990, officers, directors, or trustees and key employees are required to annually disclose interests that could give rise to conflicts. The process for this is for volunteers or board members to email the Board of Directors and determine the next steps per the Conflict-of-Interest policy.

Schedule O (Form 990) 2023 Page 2

Name of the organization	Employer identification number
FILI	46-1009340

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

2023 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 2023 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/yyyy)	
Corporation/Or	ganization name		California corporation number
FILI			0041988
Additional info	rmation. See instructions.		FEIN
Street address	(suite or room)		46-1009340 PMB no.
	OSE LANE		T MB 116.
City		State	ZIP code
SAN JOS		CA Foreign province/state/county	95120 Foreign postal code
r oreigir counti	y name	r oreign province/state/county	Torcigit postar code
B Amended C IRC Secti D Final info	on 494/(a)(1) trust	Did the organization have any changes to its on the reported to the FTB? See instructions. If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Is the organization exempt under R&TC Section 1structions. Is the organization exempt under R&TC Section 1structions. Is the organization a limited liability company 1 Did the organization file Form 100 or Form 1structure 1str	Yes X No Ine Yes X No Ine Yes X No Yes X No
		Date filed with IRS	
Part I	Complete Part I unless not required to file this form. See Gener	ral Information B and C.	
Receipts and Revenues	 Gross sales or receipts from other sources. From Side 2, F Gross dues and assessments from members and affiliates Gross contributions, gifts, grants, and similar amounts received. Total gross receipts for filing requirement test. Add line 1 to this line must be completed. If the result is less than \$50 Cost of goods sold. Cost or other basis, and sales expenses of assets sold. Total costs. Add line 5 and line 6 	eivedSEESCHB. • through line 3. ,000, see General Information B • 5 • 6	2 3 265,777. 4 265,778.
	8 Total gross income. Subtract line 7 from line 4		8 265,778.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, Ii10 Excess of receipts over expenses and disbursements. Sub		9 10,875. 10 254,903.
Payments		t line 12 from line 11	11
C:	Under penalties of perjury, I declare that I have examined this return, including accom-	panying schedules and statements, and to the be	st of my knowledge and belief, it is true,
Sign Here	correct, and complete. Declaration of preparer (other than taxpayer) is based on all in Signature of officer CFO	formation of which preparer has any knowledge. Date	• Telephone (408) 605-8025
Paid	Preparer's signature JACQUELINE M. DISALVO-JAYNE	self- employed ►	P01215967
Preparer's Use Only	Firm's name EIGLEBERRY TAX SERVICE		Firm's FEIN
USE OILLY	(or yours, if self-employed) 7671 EIGLEBERRY STREET		20-2722420
	and address GILROY, CA 95020		• Telephone
	May the FTB discuss this return with the preparer shown above	2 San instructions	4088420046 • X Yes No
CACA1112L 0	May the FTB discuss this return with the preparer shown above	;; See Instructions	● X Yes No

FILI Part II

Organizations with gross receipts of more than \$50,000 and private foundations

		regai	rdless of amount of gross receipts	- complete Part II or fu	rnish subs	titute information				
		1	Gross sales or receipts from all	business activities. S	ee instruc	ctions		1		
		2	Interest					2		
		3	Dividends					3	1	
Rece	ipts	4	Gross rents					4	,	
Othe		5	Gross royalties					-	;	
Sour	ces	6	Gross amount received from sa						;	
		7	Other income. Attach schedule.							1.
		8	Total gross sales or receipts from other							1.
		9	Contributions, gifts, grants, and similar							т.
		10	Disbursements to or for member							
			Compensation of officers, direct							
		11								0.
Expe	nses	12	Other salaries and wages							
and		13	Interest						_	
ment	urse-	14	Taxes							
		15	Rents							
		16	Depreciation and depletion (Se							
		17	Other expenses and disbursem							10,875.
		18	Total expenses and disbursements. Add	•						10,875.
Sch	edule	<u> L</u>	Balance Sheet	Beginning	of taxab			d of ta	axable year	
Asse				(a)		(b)	(c)			(d)
1						59,844.			•	24,525.
2			receivable						•	
3 4			eivable						•	
5			state government obligations						•	
6			n other bonds						•	
7			n stock						•	
8			18						•	
9	•	•	nents. Attach schedule						•	
-			issets							
			ated depreciation							
									•	
12			Attach schedule						•	
						59,844.				24,525.
			et worth			03,011.				21,0201
			able						•	
			, gifts, or grants payable						•	
			otes payable						•	
17			yable						•	
18			es. Attach schedule							
19			or principal fund			59,844.			•	24,525.
20			pital surplus. Attach reconciliation			03,011.			•	
21			nings or income fund						•	-
22			ies and net worth			59,844.				24,525.
Sch	edule	М-	1 Reconciliation of income per Do not complete this schedu	er books with income	per returr	i Lline 13. column	(d), is less than	\$50.0	00.	
1	Net inc	nme n	er books	•	7		books this year not in			
			ne tax	•	⊣ ′		h schedule		•	
				•	8	Deductions in this r				
			ecorded on books this year.			against book incom	-			
•			ıle	•					•	
5			orded on books this year not deducted		9	Total. Add line 7 ar	d line 8			
-			. Attach schedule	•	10	Net income per				
6			e 1 through line 5			Subtract line 9	from line 6			

3652234 059 **Side 2** Form 199 2023 CACA1112L 01/02/24

2023	California Stateme	nts		Page 1
	FILI			46-1009340
Statement 1 Form 199, Part II, Line 7 Other Income Other Investment Income				1. 1.
Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, 1	rustees and Key Employees			
Current Officers: Name and Address	Title and Average Hours Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
NICOLE CAPSOPOULOS 1418 N TALMAN AVE 3 CHICAGO, IL 60622	CEO 5.00	- '	\$ 0.	
Cleo Constantin 6132 Franciscan Ct San Jose, CA 95120	Secretary 5.00	0.	0.	0.
Rosa Deamant 32888 Buttercup Lane Squaw Valley, CA 93675	CFO 20.00	0.	0.	0.
Roberta Sardell 231 Washington St #4 Santa Clara, CA 95050	Treasurer 5.00	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.
Statement 3 Form 199, Part II, Line 17 Other Expenses Accounting Fees Advertising and Promotion BANK FEES Information Technology Office Expenses PAYPAL PROCESSING FEES REGISTRATION FEE				1,318. 2,360. 438. 1,871. 2,570. 2,218. 100. 10,875.

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021) IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT DEPARTMENT OF JUSTICE PAGE 1 of 5 (For Registry Use Only)

TO ATTORNEY GENERAL OF CALIFORNIA Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

			1							
FILI				Check if:						
Name of Organization			I E	Change of address						
List all DBAs and names the organization uses	or has used		Amended report							
6430 BOSE LANE	or rias asea		State Charity	Registration Number CT0262465						
Address (Number and Street)										
SAN JOSE, CA 95120 City or Town, State, and ZIP Code			Corporation of	or Organization No. 0041988						
(408) 605-8025 Telephone Number	HELP@	FILI-INC.COM	Fordered Facel	ID No. 46, 1000240						
·			· ·	loyer ID No. <u>46-1009340</u>						
ANNUAL REGI	STRATION	RENEWAL FEE SCHEDULE (11 of Make Check Payable to Dep								
Total Revenue	<u>Fee</u>	Total Revenue	<u>Fee</u>	Total Revenue	F	<u>ee</u>				
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$25 \$50 \$75	Between \$250,001 and \$1 mi Between \$1,000,001 and \$5 r Between \$5,000,001 and \$20	nillion \$200		lion \$1					
PART A – ACTIVITIES										
For your most recent full acco	unting peri	od (beginning 1/01/2	ending	12/31/23) list:						
Total Revenue \$ (including noncash contributions)	265.77	8. Noncash Contributions	\$	0. Total Assets \$ 2	4 - 52	25.				
,					1,02	<u> </u>				
Program Expen	ses ₽	0.	i otai Expense	es \$ 10,875.						
PART B – STATEMENTS RE	GARDIN	G ORGANIZATION DURI	NG THE PERI	OD OF THIS REPORT						
Note: All questions must be answe providing an explanation and	ered. If you d details for	answer "yes" to any of the quo each "yes" response. Please	estions below, yo review RRF-1 ins	ou must attach a separate page structions for information required.	Yes	No				
 During this reporting period, were officer, director or trustee thereof, either 	there any or directly o	contracts, loans, leases or other finan r with an entity in which any s	cial transactions between officer, director (ween the organization and any or trustee had any financial interest?		X				
2 During this reporting period, was	there any th	neft, embezzlement, diversion	or misuse of the	organization's charitable property or funds?		X				
3 During this reporting period, were	any organi	zation funds used to pay any	penalty, fine or ju	udgment?		X				
4 During this reporting period, were coventurer used?	the service	es of a commercial fundraiser, fund	raising counsel fo	or charitable purposes, or commercial		X				
5 During this reporting period, did t	he organiza	tion receive any governmental	funding?			X				
6 During this reporting period, did t	he organiza	tion hold a raffle for charitable	purposes?			X				
7 Does the organization conduct a	vehicle dona	ation program?				X				
Did the organization conduct an i generally accepted accounting pr	ndependent inciples for	audit and prepare audited fina this reporting period?	ancial statements	s in accordance with		Х				
9 At the end of this reporting period	d, did the or	ganization hold restricted net asse	ets, while reportin	g negative unrestricted net assets?		X				
I declare under penalty of perjury to and belief, the content is true, corre				documents, and to the best of my kn	owled	ge				
		A DEAMANT	CFO							
Signature of Authorized Agent	Printed	Name	Title	Date		7				

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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.

Α	For t	he 2023 ca	lenda	r year, or tax	year be	gin	ning			, 202	3, an	nd endir	ng		•	, 20			
В	Check	if applicable:	applicable: C											D Employer identification number					
	Address change FILI											46-1009340							
	N	lame change													hone num				
	Ir	nitial return	S	SAN JOSE,	CA 9	51	20							(4	08) 6	05-8025			
	Fi	nal return/termina	ted											,	,				
	А	mended return												G Gross	receipts	\$ 2	65,778.		
	А	pplication pend	ding	Name and add	lress of prir	ncipal	officer: Ro	nsa Dea	mai	nt			H(a) Is this	s a group ret	urn for sul		Yes X No		
			S	Same As C	Abov	e	1	oba bee	a.				H(b) Are a	all subordinat o," attach a li	es include	ed?	Yes No		
I	Tax	-exempt status		X 501(c)(3)	501(c))	(insert no.)		4947(a)(1)	or	527	1 1110	o, attacii a ii	ist. See iii:	structions.			
J	We	bsite:	WWW	.FILI-IN	C.COM				•			•	H(c) Group	p exemption	number				
K	For	m of organizati	on:	X Corporation	Trust		Association	Other		L	_ Yea	r of format	tion: 201	15 M	State of	legal domicile:	CA		
Pa	rt I	Sumn	nary							•									
	1	Briefly de	scribe	the organiza	ation's m	iissi	on or mos	st significa	nt a	ctivities: S	<u>lee</u>	Sche	dule C)					
ö																			
anc																			
e.	_		. <u>-</u> -		:-		,												
હુ	3	Check this		ng members						tions or dis						ssets.	1		
∘જ	4			ependent voti													4		
lies	5			f individuals													0		
Activities & Governance	6			f volunteers													6		
Ą	7a			business rev													0.		
	b	Net unrela	ited b	ousiness taxa	ble inco	me	from Forn	1 990-T, P	art I	, line 11							0.		
		Cambribusti		nd avanta (D	اللا المست		16)							Prior Yea		Curren			
e	8 9			nd grants (P e revenue (P										209,	992.	2	65 , 777.		
Revenue	10			ome (Part VI										143,	365		1.		
æ	11			(Part VIII, co			•							143,	303.				
	12			- add lines 8										353,	357.	2	65,778.		
	13	Grants an	d sim	ilar amounts	paid (Pa	art I	X, columr	n (A), lines	s 1-3	5)					340.		83,096.		
	14	Benefits p	aid to	o or for mem	bers (Pa	rt I>	۲, column	(A), line 4	4)										
	15	Salaries,	other	compensatio	n, emplo	oyee	e benefits	(Part IX,	colur	nn (A), line	es 5-	10)							
Expenses	16a	Profession	nal fu	ndraising fee	s (Part I	Х, с	column (A), line 11e	(
ber	b	Total fund	raisir	ng expenses	(Part IX.	col	umn (D),	line 25)											
й	17			s (Part IX, co					e)				. —	8	969.		10,875.		
	18			. Add lines 1											309.		93,971.		
	19	•		expenses. Su	-									-104,			28,193.		
5 g														ing of Curr			f Year		
sets lanc	20	Total asse	ts (P	art X, line 16	5)										844.		24,525.		
Net Assets or Fund Balances	21	Total liabi	lities	(Part X, line	26)										0.		0.		
휼	22	Net assets	s or fu	und balances	. Subtra	ct li	ne 21 fror	n line 20.						59,	844.		24,525.		
Pa	rt II	Signa	ture	Block															
Unde	er pena	Ities of perjury	I decla	are that I have ex	amined this	retu	ırn, including	accompanyin	ig sche	edules and sta	temen	nts, and to	the best of	my knowled	ge and bel	ief, it is true, co	rrect, and		
COITI	Jiete. L	Deciaration of p	гераге	(other than offic	er) is based	J 011 6	all illioillatio	ir or willeri pre	срагсі	ilas aliy kilow	vieuge	•							
٠.		Signatur	e of off	ficer									Date						
Siç He	jn																		
пе	re			amant ame and title								(CFO						
				parer's name			Preparer's	signature			Ιn	ate		Ohe -li	:	PTIN			
_					l T-		· ·	-	D	1 T				Check	if		7		
Pa				ne M. DiSa				тпе м. 1	1729	ilvo-Jayn	.e			self-emplo	Jyeu	P01215967	-		
Us	epar e Or	als r		Eigleb										Firm's EIN	۷ ۵۵	-2722420			
- 3	. .	ily Firm's a	uuress				Street							+	20	-2722420			
May	/ the	IRS discus	s this	Gilroy return with t				nove? See	inst	ructions				Phone no	. 4008	420046 X Yes	No		

 4d Other program services (Describe on Schedule O.)

 (Expenses \$ including grants of \$) (Revenue \$)

 4e Total program service expenses
 293,971.

Part 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
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		Х
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		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
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.	9		Х
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		Х
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.			
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		Х
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		Х
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? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		Х
	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		Х
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			X
20a	Complete Schedule G, Part III	19 20a		X
	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		Х
	v v p m r m v v v v v v v v v v v v v v v v v			

Form 990 (2023) FILI Part 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	163	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
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> "Yes," complete Schedule L, Part II	26		Х
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		Х
	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," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Х
	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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	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	Х	
Par	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			
	Greek if Schedule O contains a response of note to any line in this Part v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
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		

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Page 5

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 State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 0			
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?	За		X
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	4-		Х
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		Λ
b	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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		Х
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	7.		Х
h	services provided to the payor?	7a 7b		Λ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	70		
	Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	ЭD		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
122	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	14a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: 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 the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	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	17		
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 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. **b** Enter the number of voting members included on line 1a, above, who are independent..... 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b 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..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X 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 X taxable entity during the year?..... 16a **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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

ROSA DEAMANT 32888 BUTTERCUP LN SOUAW VALLEY CA 93675 (408) 605-8025

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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.

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

	(C)								
(B)	Position (do not check more than one		(D)	(E) Reportable	(F)				
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(4) Name are stille (5) Name are stille (6) Name are stille (7) Name are stille (8) Name	Par	t VII Section A. Officers, Directors, 1rt	istees,	ney	En	при	oye	es,	and	Hignest Con	pensated Emp	loyees (continued)
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c Total from continuation sheets to Part VII, Section A.	<u>(==/_</u>											
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 Yes No Yes No Yes No Yes No Yes No No Yes Yes										0.	0.	0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 Tyes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who received more than												
from the organization 0 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than												
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who received more than	2	, -	to those i	isicu	abo	ve) ·	WITO	16661	veu	more than \$100,00	o of reportable comp	Delisation
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for services rendered to the organization? If "Yes," complete Schedule J for such person		such individual										. 4 X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	5	Did any person listed on line 1a receive or accru for services rendered to the organization? If "Yes	e comper s." comple	isatio e <i>te S</i>	n fr che	om dule	any	unre	late	ed organization or person	individual	. 5 X
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		tion B. Independent Contractors										
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	1	Complete this table for your five highest compen compensation from the organization. Report compen	sated indestants	epen the c	den alen	t coi dar	ntra vear	ctors endi	tha	it received more t	han \$100,000 of rganization's tax vear	
Total number of independent contractors (including but not limited to those listed above) who received more than	-						,			(B)	(C)
· · · · · · · · · · · · · · · · · · ·		Name and business add	ress							Description	of services	Compensation
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Form 990 (2023) FILI
Part VIII Statement of Revenue

		Check if Schedule O contains a	a resp	onse or note to an	y line in this Part V	III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, S	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	h	Membership dues	1b					
n Gr		Fundraising events	1c					
ž, š	٠.	L						
ia gi	a	Related organizations	1d					
ž, ř	е	Government grants (contributions)	1e					
io io	f	All other contributions, gifts, grants, and	4.	0.65				
결		similar amounts not included above	1f	265,777.				
들임	g	Noncash contributions included in lines 1a-1f	1g					
Cor	h	Total. Add lines 1a-1f			265,777.			
		Total. Add lines to the control of t		Business Code	203,777.			
ž	2-		ŀ	Business code				
ě.	2a							
œ.	b							
<u>.</u> 2	С							
en en	d							
S	е							
쿌	f	All other program service revenue	 e					
Program Service Revenue	q							
Д.	Ť							
	3	Investment income (including divide other similar amounts)	nas, ir	nterest, and	1.			1
	4	Income from investment of tax-ex						1.
	4			·				
	5	Royalties						
		(i) Re	al	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
		(i) Secur		(ii) Other				
	/a	Gross amount from sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis and sales expenses 7b						
		'						
		Gain or (loss)						
	d	Net gain or (loss)	<u></u>					
e ne	8a	Gross income from fundraising events						
		(not including \$						
Ş		of contributions reported on line 1c).						
æ		See Part IV, line 18	88	a				
er	b	Less: direct expenses	81	2				
Other Reven		Net income or (loss) from fundrai						
O			51119	T T				
	9a	Gross income from gaming activities. See Part IV, line 19	98					
		Less: direct expenses	91					
	С	Net income or (loss) from gaming	activ	rities				
	10a	Gross sales of inventory, less						
		returns and allowances	10	a				
	b	Less: cost of goods sold	101	b				
	С	Net income or (loss) from sales of	of inve	ntory				
'n	_	, ,		Business Code				
ا _ي ڄ	11a		1					
칠	b							
<u>હ</u> <u>ਹ</u>	2							
Miscellaneous Revenue	C,	All other revenue						
E E		All other revenue	L					
		Total. Add lines 11a-11d						
	12	Total revenue See instructions			265 770	1		1 1

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. (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 283,096. 283,096 Compensation of current officers, directors, trustees, and key employees 0. 0. 0 0. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).... 10 Fees for services (nonemployees): c Accounting..... 1,318 1,318 **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) 12 Advertising and promotion..... 2,360. 2,360. Office expenses 2,570. 2,570. 13 Information technology..... 14 1,871. 1,871. 15 Royalties.... 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 Payments to affiliates..... 21 Depreciation, depletion, and amortization.... 23 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.)..... 2,218 2,218 PAYPAL PROCESSING FEES b BANK FEES 438 438 REGISTRATION FEE С 100 100 d e All other expenses..... 293,971. 25 Total functional expenses. Add lines 1 through 24e. . . 293,971. 0 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here SOP 98-2 (ASC 958-720).....

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Part X Balance Sheet

1			Check if Schedule O contains a response or note to any line in this Part X			
Piedge and grants receivable, net.				(A) Beginning of year		(B) End of year
3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or formity member of any of these persons. 5 Complete Part V or Schedule D. 7 Notes and loans receivables from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(n)(3)(B). 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(n)(3)(B). 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(n)(3)(B). 7 Notes and loans receivable, net. 7 Notes and loans receivable from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(n)(3)(B). 6 Loans and other pacetivable, net. 7 Notes and loans receivable, net. 7 Notes and loans receivable, net. 8 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. 10a Loans, and complete part V of Schedule D. 11 Investments – program-related. See Part IV, line 11. 12 Investments – program-related. See Part IV, line 11. 13 Intangible assets. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue. 10 Deferred revenue. 10 Deferred revenue. 11 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or fami		1	Cash — non-interest-bearing	59,333.	1	24,014.
4 Accounts receivable, net. 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(c)(3)(6). 6 7 Notes and loans receivable, net. 7 8 Inventories for sale or use. 8 8 Prepaid expenses and deferred charges. 9 9 Prepaid expenses and deferred charges. 9 10a 1 Investments – publicity fraded securities. 10a 11 Investments – publicity fraded securities. 111 12 Investments – other securities. See Part IV, line 11. 12 13 investments – other securities. See Part IV, line 11. 13 14 Intangible assets. 114 15 Other assets. See Part IV, line 11. 15 16 Total assets. Add lines 1 through 15 (must equal line 33). 59, 844. 16 17 Accounts payable and accrued expenses. 17 18 Grants payable 1 Total assets and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 25 Secured mortgages and notes payable to unrelated third parties. 24 26 Unsecured notes and loans payable to unrelated third parties. 24 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 29 28 Paid-in or capital surplus, or land, building, or equipment fund. 30 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 31 Retained earnings, endowment, accumulated income, or other funds. 59, 844, 33 33 Total liabilities and net assets/fund balances. 59, 844, 33 34 Total liabilities and net assets/fund balances. 59, 844, 33		2	Savings and temporary cash investments.	510.	2	511.
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramily member of any of these persons.		3	Pledges and grants receivable, net		3	
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6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(n)(3)(B)			trustee, key employee, creator or founder, substantial contributor, or 35%		_	
Section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 7 7 7 7 7 7 7					5	
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12 Investments - other securities. See Part IV, line 11.		b	Less: accumulated depreciation		10c	
13 Investments — program-related. See Part IV, line 11.		11	Investments – publicly traded securities		11	
14		12	Investments – other securities. See Part IV, line 11		12	
15 Other assets. See Part IV, line 11		13	Investments – program-related. See Part IV, line 11		13	
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17		15	Other assets. See Part IV, line 11		15	
18 Grants payable 18 19 Deferred revenue 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 24 Unsecured notes and loans payable to unrelated third parties. 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 26 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 27 28 29 30 Paid-in or capital surplus, or land, building, or equipment fund. 30 31 Retained earnings, endowment, accumulated income, or other funds. 31 32 Total liabilities and net assets/fund balances 59,844. 32 33 70tal liabilities and net assets/fund balances 59,844. 33 33 34 35 36 37 38 38 38 38 38 38 38		16	Total assets. Add lines 1 through 15 (must equal line 33)	59,844.	16	24,525.
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25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. Corganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions. Corganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Corganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 33 Total liabilities and net assets/fund balances. 59,844. 33		23	Secured mortgages and notes payable to unrelated third parties		23	
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Possible of the property of the pro		24	·		24	
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions. 28 Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds. 29 Paid-in or capital surplus, or land, building, or equipment fund. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 31 Total net assets or fund balances. 33 Total liabilities and net assets/fund balances. 59,844. 33		25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
and complete lines 27, 28, 32, and 33. Net assets without donor restrictions. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. Total liabilities and net assets/fund balances. 159,844. 27 28 59,844. 27 28 Capital stock or trust principal, or current funds. 29 30 Total net assets or fund balances. 59,844. 32 33 Total liabilities and net assets/fund balances. 59,844. 33		26		0.	26	0.
	ces		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
	a	27		59.844.	27	24,525.
	Ba	28		03/0221	28	
	힏		Organizations that do not follow FASB ASC 958, check here			
	3		and complete lines 29 through 33.			
	ō	29	Capital stock or trust principal, or current funds		29	
	ets	30			30	
	SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
	116	32			32	24,525.
	ž	33	Total liabilities and net assets/fund balances.	59,844.	33	24,525.

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Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	65,7	778.
2	Total expenses (must equal Part IX, column (A), line 25).	2	2	93,9	971.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	28,1	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		59,8	344.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-7,1	26.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10		24,5	525.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ate			
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 on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х
t	o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
BAA	TEEA0112L 08/23/23		Form	990	(2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No. 1545-0047

Open to Public Inspection

Name o	Name of the organization Employer identification number						ation number	
FIL							46-100934	0
Part		Reason for Public Cha						ctions.
The c	rga	nization is not a private found	dation because it is: (For lines 1 through 12,	check o	nly one	box.)	
1		A church, convention of church	•		,	b)(1)(A)((i).	
2		A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)			
3		A hospital or a cooperative h	ospital service organ	ization described in sec	tion 170)(b)(1)(<i>A</i>	A)(iii).	
4		A medical research organiza	tion operated in conju	unction with a hospital o	describe	d in sec	tion 170(b)(1)(A)(iii). ⊟	Inter the hospital's
		name, city, and state:						
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ege or university owned	or opera	ated by	a governmental unit de	escribed in
6		A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).	
7		An organization that normally rin section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	blic described
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)			
9		An agricultural research organi	zation described in sec	ction 170(b)(1)(A)(ix) opera	ated in c	onjunctio	on with a land-grant colle	ege
		or university or a non-land-graduniversity:	nt college of agriculture	e (see instructions). Enter	the nam	ne, city,	and state of the college	or
10	X	An organization that normall	v receives (1) more th	nan 33-1/3% of its sunn	ort from		utions membershin fe	es and gross receints
		from activities related to its	exempt functions, sub	ject to certain exception	ns; and	(2) no r	nore than 33-1/3% of i	ts support from gross
		investment income and unre June 30, 1975. See section !	lated business taxabl 509(a)(2). (Complete l	e income (less section : Part III.)	511 tax)	from b	usinesses acquired by	the organization after
11		An organization organized a	* * * * * * * * * * * * * * * * * * * *	•	etv. See	section	1 509(a)(4).	
12		An organization organized a	nd operated exclusive	ely for the benefit of to	perform	the fun	ections of, or to carry o	ut the nurnoses of one
		or more publicly supported o lines 12a through 12d that de	rganizations describe escribes the type of s	ed in section 509(a)(1) o upporting organization a	r sectio and com	n 509(a iplete lii)(2). See section 509(a nes 12e, 12f, and 12g.)(3). Check the box on
а		Type I. A supporting organizati organization(s) the power to re complete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the director	ported or rs or trus	rganizat tees of t	ion(s), typically by giving the supporting organizati	g the supported on. You must
b		Type II. A supporting organiz	ration supervised or o	ontrolled in connection	with its	support	ed organization(s), by	having control or
		management of the supporting	organization vested in	the same persons that co	ontrol or	manage	the supported organizat	ion(s). You
_		must complete Part IV, Sect						
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizat ons). You must com i	lion operated in connection	n with, ar 4. D. an	na tunctio d E.	onally integrated with, its	supported
d		Type III non-functionally integ	•	,			supported organization(s) that is not
		functionally integrated. The contractions instructions instructions in the functions in the function in the fu	organization generally	must satisfy a distribu	tion requ	uiremen	t and an attentiveness	requirement (see
е		Check this box if the organiz	•	•	ha IDC	that it is	s a Type I Type II Typ	a III functionally
·		integrated, or Type III non-fu	inctionally integrated	supporting organization	I.	נוומנ זנ וצ	ватурет, турет, тур	e iii iuiiciionaliy
f	Er	nter the number of supported	organizations					
g		ovide the following informatio		d organization(s).				
(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) I	s the ion listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				àbove (see instructions))	in your g	overning		Support (See mondedone)
						1		
					Yes	No		
/ A\								
(A)								
/D\								
(6)	(B)							
(C)								
(0)								
(D)								
(E)								
Total								

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

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

Page 2

Sec	tion A. Public Support		otou bolow, plous	o complete i alt ii	,		
	endar year (or fiscal year		4				
	nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
Sec	tion B. Total Support						
Cale begi	endar year (or fiscal year inning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in	structions)				
13	First 5 years. If the Form 990 is organization, check this box and	for the organizati stop here	on's first, second	, third, fourth, or t	fifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support F	Percentage				
	Public support percentage for 20	•		• •	•		%
15	Public support percentage from 2	2022 Schedule A	, Part II, line 14			15	%
16a	33-1/3% support test—2023. If the and stop here. The organization						
b	33-1/3% support test—2022. If the and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	and-circumstances	s test, check this	box and stop here	e. Explain in Part V	/I how
b	or more, and if the organization organization meets the facts-and	meets the facts-a	and-circumstances	s test, check this	box and stop here	e. Explain in Part V	/I how the
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	tructions

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.)

Page 3

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						_
	any "unusual grants.")	375,426.	270,056.	459,406.	209,992.	265,777.	1,580,657.
2	Gross receipts from admissions,	373,420.	270,030.	437,400.	200,002.	205,111.	1,300,037.
	merchandise sold or services						
	performed, or facilities furnished in any activity that is						
	related to the organization's						
2	tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
_	its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the						•
_	organization without charge	055 406	000 000	450 406	000 000	0.65 555	0.
	Total. Add lines 1 through 5 Amounts included on lines 1,	375,426.	270,056.	459,406.	209,992.	265,777.	1,580,657.
/α	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.)						1 500 657
Sec	tion B. Total Support						1,580,657.
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	375,426.	270,056.	459,406.	209,992.		1,580,657.
-	Gross income from interest, dividends,	373,420.	270,036.	459,406.	209,992.	265,777.	1,300,037.
	payments received on securities loans,						
	rents, royalties, and income from similar sources						0.
b	Unrelated business taxable						0.
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in Part VI.)						0.
13	Total support. (Add lines 9,						0.
	10c, 11, and 12.)	375,426.	270,056.	459,406.		265,777.	1,580,657.
14	First 5 years. If the Form 990 is organization, check this box and					section 501(c)(3)	П
Sec	tion C. Computation of Pu						
	Public support percentage for 20			ne 13, column (f))	15	100.00 %
16	Public support percentage from	2022 Schedule A,	Part III, line 15.			16	100.00 %
	tion D. Computation of Inv					'	
17	Investment income percentage f	or 2023 (line 10c,	column (f), divide	ed by line 13, colu	umn (f))	17	0.00 %
18	Investment income percentage f	•	• •	-	* * * *	——	0.00 %
19a	33-1/3% support tests—2023. If	the organization di	d not check the I	oox on line 14, ar	nd line 15 is more	than 33-1/3%, an	d line 17
L	is not more than 33-1/3%, check 33-1/3% support tests—2022. If the		-			-	
D	line 18 is not more than 33-1/3%	ທຣ ບາງລາກຂອນບາງ ຝາ ໒, check this box a	nd stop here. Th	e organization qu	alifies as a public	ly supported orga	nization
20	Private foundation. If the organi.		-				

Part IV Supporting Organizations

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

Page 4

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	1				
	ne 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 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 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.	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 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? <i>If "Yes," provide detail in Part VI.</i>	6				
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7				
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8				
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons,					
	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in 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? <i>If "Yes," provide detail in Part VI.</i>	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.	9с				
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," 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				

Pa	rt IV	Supporting Organizations (continued)					
				Yes	No		
		s the organization accepted a gift or contribution from any of the following persons? erson 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				
	b A fa	amily member of a person described on line 11a above?	11b				
	c V 3E	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c				
		B. Type I Supporting Organizations	110				
-		1 D. Type I Supporting Significations		Yes	No		
1		the governing body, members of the governing body, officers acting in their official capacity, or membership of one		103	110		
	or r	nore supported organizations have the power to regularly appoint or elect at least a majority of the organization's cers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported					
	org	anization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more none supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees					
	wer	re allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers					
	dur	ing the tax year.	1				
2	Did that	the organization operate for the benefit of any supported organization other than the supported organization(s) toperated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such					
	ben	nefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the	2				
_		porting organization.					
Se.	ction	n C. Type II Supporting Organizations		Yes	No		
1	\A/or	ro a majority of the argenization's directors or trustees during the tay year also a majority of the directors or trustees		163	NO		
١	of e	re a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the					
		porting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
Se	ction	D. All Type III Supporting Organizations					
1	Did	the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No		
	orga	anization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax r, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the					
		anization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	\ \ /o.						
	orga	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					
	tne	organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By r	reason of the relationship described on line 2, above, did the organization's supported organizations have a significant ce in the organization's investment policies and in directing the use of the organization's income or assets at					
	all t	times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played					
		his regard.	3				
<u>5e</u>		n E. Type III Functionally Integrated Supporting Organizations					
٠		ck 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.					
	b	The organization is the parent of each of its supported organizations. Complete line 3 below.					
	с 📙	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).		
2	Acti	ivities Test. Answer lines 2a and 2b below.	ľ	Yes	No		
	a Did	substantially all of the organization's activities during the tax year directly further the exempt purposes of the					
	sup	ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported					
		anizations and explain how these activities directly furthered their exempt purposes, how the organization was ponsive to those supported organizations, and how the organization determined that these activities constituted					
	sub	estantially all of its activities.	2a				
		the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or					
	moi rea:	re of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the</i> sons for the organization's position that its supported organization(s) would have engaged in these activities					
but for the organization's involvement.			2b				
3	Par	ent of Supported Organizations. Answer lines 3a and 3b below.					
	a Did	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of					
	eac	ch of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a				
		the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b				
	Cap	production of the state of the organization of			l		

Page 6

Pa	t = 1 Type III Non-Functionally integrated 509(a)(3) Supporting Orga	mizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.
Sec	tion 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2023

Pai	$\mathbf{t} \mathbf{V} = \mathbf{I} \mathbf{y} \mathbf{p} \mathbf{e} \mathbf{I} \mathbf{I} \mathbf{M} \mathbf{o} \mathbf{n} \mathbf{t} \mathbf{e} \mathbf{f} \mathbf{o} \mathbf{n} \mathbf{e} \mathbf{e} \mathbf{o} \mathbf{e} \mathbf{e} \mathbf{e} \mathbf{e} \mathbf{e} \mathbf{e} \mathbf{e} e$	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 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) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 FILI 46-1009340 Page **8**

Part VI

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

BAA TEEA0408L 08/14/23 Schedule A (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

FILI

Employer identification number 46-1009340

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

The mission for Fili, Inc. is to help a featured charity or worthy humanitarian project reach a goal or self-sustainability. There are so many programs in the world struggling to create positive change, but often fail because of the need to fundraise. We take on that labor to help charities reach success.

Form 990, Part III, Line 1 - Organization Mission

The mission for Fili, Inc. is to help a featured charity or worthy humanitarian project reach a goal or self-sustainability. There are so many programs in the world struggling to create positive change, but often fail because of the need to fundraise. We take on that labor to help charities reach success.

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Fili, Inc will adhere to a document retention and destruction policy as an accountability and transparency measure. The board members will adhere to guidelines for the handling, backing up, archiving and destruction of documents on an on-going basis, agreed upon by majority vote of the board. These guidelines foster good record keeping procedures that promote data integrity. In its current form, this policy is executed through email, personal computer folders, and a google cloud folder associated with the email help@fili-inc.com.

Per the instructions on the Form 990, officers, directors, or trustees and key employees are required to annually disclose interests that could give rise to conflicts. The process for this is for volunteers or board members to email the Board of Directors and determine the next steps per the Conflict-of-Interest policy.

Schedule O (Form 990) 2023 Page 2

Name of the organization	Employer identification number
FILI	46-1009340

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

059							
Date Accept					O NOT MAIL	THIS FO	ORM TO THE FTB
TAXABLE Y			eturn Autho	rization for			FORM
2023		t Organiza	tions			T	8453-EO
Exempt Organiz	ation name					Identifying	
FILI Part I El	ectronic Return Inf	formation (whole o	dollars only)			46-10	09340
), line 4 or Form 109, I	ine 5)	1	265,778.
2 Total g	gross income or total t	ax (Form 199, line	8 or Form 109, line 1	4)		2	265,778.
	•	•	•			_	10,875.
	•					_	
	ettle Your Accoun					<u> </u>	
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=	ectronic funds withdra		nt	7h Withdrawa	I date (mm/dd/yy	vv)	
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8 Amour			-	_			-
	awal Date						
		n (Have you verifi	ed the exempt organi	zation's banking inforr	nation?)		
10 Routin	g number nt number			12 Type of account:	Checking		vings
	eclaration of Offic			12 Type of account.	Checking	Sa	711 Ig S
specified in electronic fu account spe Under penalt return origin correspondii organization! Tax Board (i for the tax li statements b	Part IV for the direct of ands withdrawal for the cified in Part IV. ies of perjury, I declare that (ERO), transmittent of the exempt is return is true, correct, FTB) does not receive ability and all applicate transmitted to the FTE	that I am an officer of the transmission of transmission o	es with the authorization 7a and any estimate 7a and any estimate 7a and any estimate 7a and 1a california electronic exempt organization is ment of the exempt of alties. I authorize the nitter, or intermediate s	in Part II. If I check Pation stated on my returnated payment amount ganization and that the lither amounts in Part I at creturn. To the best of sfiling a balance due reorganization's tax liabilities exempt organization ervice provider. If the provider the reason(s) for the	rn. If I check Part II solutions I stated on Part II information I provide bove agree with f my knowledge aturn, I understand lity, the exempt creturn and acconcessing of the exempt	t II, box 7 II, line 8 f ded to my the amou and belief that if the organization panying organizatio	, I authorize an rom the bank electronic unts on the figure to the exempt franchise on will remain liable schedules and n's return or
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<u>Here</u>	Signature of officer		Date	Title			
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ERO	ERO's signature JACQU	ELINE M. DIS		al	neck if so paid eparer X Check self-emplo	yed]	P01215967
Must	Firm's name (or yours if self-employed)	EIGLEBERRY 7671 EIGLEB				Firm's FEIN	20-2722420
Sign	and address	GILROY	ERKI SIKEEI		CA		95020
•		ave examined the above o	•	companying schedules and sta			
are true, correct	t, and complete. I make this Paid preparer's signature	declaration based on all	ı ıntormatıon of which I hav	e knowledge. Date	Check if self-employed	F	Paid preparer's PTIN
Preparer	<u>- 5</u>			<u> </u>	1 1.355	Firm's FEIN	
Must Sign	Firm's name (or yours if self- employed) and address					ZIP code	

Firm's name (or yours if self-employed) and address