Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

A	For the	2022 calend	dar year, or tax year beginning	01/01/2022	and ending	l	12/31/20	022					
В	Check if	applicable:	C Name of organization ST NICH	IOLAS UGANDA CHILDREN	IS FUND			D Emplo	yer identification	number			
	Address	change	Doing business as					26-1600243					
	Name ch	ange	Number and street (or P.O. box i	if mail is not delivered to street ac	ddress)	Room/s	uite	E Telephone number					
	Initial retu	urn	PO Box 285		•				440-497-7557				
	Final retu	rn/terminated	City or town, state or province, or	country, and ZIP or foreign postal	code				110 107 7007				
П	Amended	d return	Chardon, OH 44024	,,				G Gross	receipts \$	343,103			
П	Application	on pending	F Name and address of principal of	ficer: Peter D Georges		L	AND THE PARTY OF T			es No			
	1-1-		5773 Fenwood Court, Mentor	•			31.0	50					
ī	Tax-exer	npt status:	✓ 501(c)(3)		(a)(1) or 527				es included? LY	es 🔛 No			
J			andachildrensfund.org) (insert no.) 4047	(a)(1) 01 321				e instructions.				
			Corporation Trust Associa	ation Other	1.14		(c) Group exe						
TO SECURE	art I	Summa		ation Other	L Year of for	mation:	2008	M State	of legal domicile:	OH			
a)	1		cribe the organization's miss										
Activities & Governance		Ugandan children, teens, and young adults. We pay tuition and all school-related expenses for students in primary, secondary, and tertiary education. We provide healthcare for all students. We assist impoverished families with basic needs as necessary.											
rna										ssary.			
Vel			box if the organization c					% of its	s net assets.				
ဗိ			f voting members of the gove					3		6			
රු			f independent voting membe					4	=	6			
tie	5	Total numb	ber of individuals employed i	n calendar year 2022 (Par	t V, line 2a)			5		0			
ξį	6	Total numb	ber of volunteers (estimate if	necessary)				6		3			
Ac	7a	Total unrel	lated business revenue from	Part VIII, column (C), line	12			7a		0			
-	b	Net unrelat	ted business taxable income	from Form 990-T, Part I,	line 11			7b		0			
			Prior Year	_	Current Ye	ear							
۵	8	Contributio	ons and grants (Part VIII, line	29	7,638		284,275						
ğ	9	Program se	ervice revenue (Part VIII, line		0		0						
Revenue			t income (Part VIII, column (A		0		-3,076						
ď			enue (Part VIII, column (A), lin		0		-3,070						
			nue-add lines 8 through 11 (r	20			204 400						
			d similar amounts paid (Part					7,638		281,199			
	1	Renefits no	aid to or for members (Part I)	18	186,520		236,809						
			ther compensation, employee										
Expenses								0		0			
en			nal fundraising fees (Part IX, o					0 0					
X			raising expenses (Part IX, col		2,221			7,338		16,055			
				s (Part IX, column (A), lines 11a-11d, 11f-24e)									
			nses. Add lines 13-17 (must				20	3,858		252,864			
. 0	19	Revenue le	ess expenses. Subtract line 1	18 from line 12	· · · · ·			3,780		28,335			
Assets or Balances						Beginn	ning of Curre	nt Year	End of Ye	ar			
ssel 3ala	20		ts (Part X, line 16)				28	32,599		310,934			
Net A Fund I	21		ities (Part X, line 26)					0		0			
			or fund balances. Subtract	line 21 from line 20 .	<u></u>		28	2,599		310,934			
Pa	art II	Signatu	ire Block										
Un tru	der penal e, correct	ties of perjury, , and complete	r, I declare that I have examined this re. Declaration of preparer (other than	return, including accompanying n officer) is based on all informati	schedules and s on of which prep	tatements arer has a	s, and to the any knowledg	best of m	ny knowledge and	belief, it is			
e:	w 100	0.											
Sig	T-13	Signature of	omicer				Date						
He	re		ges, President										
		Type or print	name and title										
Pa	id	Print/Type	e preparer's name	Preparer's signature	-	Date		Check [7 if PTIN				
	epare	r						self-empl					
	e Only		ne				Firm's I	FIN					
US	e Om	Firm's add	dress				Phone						
Ma	y the IR	S discuss t	this return with the preparer	shown above? See instru	ctions		1-Hone	110.	Vec	□ No			

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
70	School-related program services: Educational assistance in the form of tuition, uniforms, shoes, socks, lunch, books, scholastic
	materials, and other fees & related expenses. This assistance was provided to orphans and other vulnerable children living in impoverished neighborhoods of Kampala, Uganda. Assisted 229 children in 2022.
	<u> </u>
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ 4,405 including grants of \$ 0) (Revenue \$ 0) Charitable-related program services: Provided support in the form of rent assistance, food, healthcare, clothing, transportation, working capital, beds, and bedding to sixteen Uganda families and individuals in 2022.
4d	
	Other program services (Describe on Schedule O.) See Schedule O, Statement 1 (Expenses \$ 13,191 including grants of \$ 0) (Revenue \$ 0)
4e	

Part IV	Checklist of		0 1 1 1
I SA TARRA TAR	Checklisto	T KANIIIRAN	Schadulae

			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	√	110
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	1	
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	V	,
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			1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	4		✓
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	5		√
7	"Yes," complete Schedule D, Part I	6		✓
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		✓
	complete Schedule D, Part III	8		✓
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		√
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
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	11c		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		√
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		√
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	
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.			
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	14b	√	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15	,	_ ✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	√	
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.	17		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18		√
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 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		
	Property and the first state of	21	000	

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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
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		√
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		1
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		1
b c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 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	28b 28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 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		1
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the application comply with body			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	age C			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		res	No			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b					
3a							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3a 3b		√			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over.						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1			
b	If "Yes," enter the name of the foreign country						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓			
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-			
oa	organization solicit any contributions that were not tax deductible as charitable contributions?			,			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		√			
-	gifts were not tax deductible?	6b	9				
7	Organizations that may receive deductible contributions under section 170(c).	ดม					
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					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7c					
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					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	_					
9	NO 761	8					
а	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		-			
10	Section 501(c)(7) organizations. Enter:	9b					
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)		-				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
b	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						
D	the exceptantian is lineared to increase wellfield beauty along						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		V			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טקרו					
	excess parachute payment(s) during the year?	15		1			
	If "Yes," see the instructions and file Form 4720, Schedule N.			4			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1			
	If "Yes," complete Form 4720, Schedule O.			•			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	1000000					
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17					
	If "Yes," complete Form 6069.						

Form 990 (2022) 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. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 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 . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 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? The organization's CEO, Executive Director, or top management official 15a 15b 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 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ✓ Another's website ✓ Upon request ☐ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

Peter Georges, (440)497-7557

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Form	990	(2022)
		120221

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

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

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

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

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

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

Check this box if neither the organization not	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any current	officer, director,	or trustee.
				(0	C)					
(A)	(B)	/da a	at ak		ition	. +6		(D)	(E)	(F)
Name and title	Average hours per week	hours officer and a director/trustee)					n an	Reportable compensation	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
Peter D Georges	60.00									
President	0.00	✓		✓				0	0	0
Sharon W Georges	7.00									
Vice President	0.00	✓		✓				0	0	0
Jennifer Cunningham	10.00									
Secretary/Treasurer	0.00	✓		✓				0	0	0
Elizabeth LeMaster MD	0.00									
Director	0.00	✓						0	0	0
Jack Palivoda	0.00									
Director	0.00	✓						0	0	0
Barry Sabol PhD	0.00									
Director	0.00	✓						0	0	0
		-								
										4
										,

Felle	VII Section A. Oπicers, Directors,	rustees,	ney	Emi	יסוכ	yee	s, an	ar	lignest Compe	nsated E	mpio	yees (con	tinuea)
	(A) Name and title	(B) Average hours per week	box,	unles er and	Pos neck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportation compensation from relation	ation	(F) Estimated of oth compens	er
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		s (W-2/ SC/	from t organization related orga	he on and
1b c	Subtotal	VII, Section		:	:	: :		•	0		0		0
2	Total (add lines 1b and 1c) Total number of individuals (including reportable compensation from the organ	g but not					se lis	ted	above) who r		onore t	 han	,000 0
3	Did the organization list any former employee on line 1a? If "Yes," complete	officer, dir	ector	, tru	iste	e, livid	key e	mp	loyee, or highe	st comper	nsated		es No
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re greater th	porta an \$	ıble 150	cor	npe	nsatio	on a	and other compe	nsation fro	m the		1
5	individual		ompe	ensa						tion or indi			1
Secti	on B. Independent Contractors					700	410 0					5	
1	Complete this table for your five hig compensation from the organization. Rep												
	(A) Name and business ad	dress							(B) Description of ser	vices		(C) Compensatio	'n
None								-				And the second s	
							0						
2	Total number of independent contract							o th	hose listed above	ve) who			
	received more than \$100,000 of compen-	sation from	the o	rgar	niza	tion			0				

-	990 (202									Page \$
Par	τνιιι	Statement of Re			senor	oso or note to on	v line in this De			
		Check if Schedule	0 00	ontains a re	sspoi	ise of note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts, nts	1a	Federated campaig			1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b				0				
s, G Am	C	Fundraising events 1c				0				
Sift	d	Related organizations 1d Government grants (contributions) 1e				0				
imi	e	All other contribution	nt grants (contributions) 1e ontributions, gifts, grants,			0				
tior er S		and similar amounts not included above				284,275				
ibu	g					204,275				
on tr		lines 1a-1f			1g	\$ 0				
g g	h	Total. Add lines 1a-	–1f .				284,275	the state of the s		
d)						Business Code				
<u>Vi</u>	2a									
Ser	b									
Program Service Revenue	d									
	e									
	f	All other program se								7.
30.00	g	Total. Add lines 2a-	-2f .				0			
	3	Investment income	(inc	luding divi	dend	s, interest, and				
		other similar amoun								
	4	Income from investr					***************************************			
	5	Royalties	· ·	(i) Rea						
	6a	Gross rents	6a	(i) nea	.1	(ii) Personal				
	b	Less: rental expenses	6b							
	С	Rental income or (loss)			0	0				
	d	Net rental income o	r (los	s)						
	7a	Gross amount from		(i) Securit	ties	(ii) Other				
		sales of assets	_	5	8,828	0				
45	b	other than inventory Less: cost or other basis	7a							
nue	Б	and sales expenses .	7b		1 004					
evenue	С	- 0000 10 to 0000 management 200	7c		1,904 3,076	0				
	d	Net gain or (loss)					-3,076	-3,076	0	•
Other R	8a	Gross income from	m fu	indraising			-3,070	-3,076	U	0
0		events (not including	\$	0						
		of contributions rep								Make 155
	la la	1c). See Part IV, line			8a					
	b	Less: direct expension Net income or (loss)			8b					
	9a	Gross income f	rom	gaming	g eve	nts				
		activities. See Part I			9a					
	b	Less: direct expense			9b			22.64.07.400	driet in the man	
	С	Net income or (loss)	from	gaming ac	ctivitie	es				
	10a	Gross sales of ir		ory, less						
		returns and allowan			10a					
	b	Less: cost of goods			10b				ALEXANDER OF THE OWNER	
	С	Net income or (loss)	trom	sales of in	vento					-
iscellaneous Revenue	11a					Business Code				
scellaneo Revenue	b									
eve	С									
lis(d	All other revenue						-		

0

-3,076

281,199

e Total. Add lines 11a-11d

Total revenue. See instructions

12

0

Part	IX Statement of Functional Expenses				Page 10
Sectio	n 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All	other organizations r	must complete colur	mn (A).
D	Check if Schedule O contains a response				
3b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	-		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	236,809	236,809		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			-	
0		0	0	0	0
9	Other employee benefits		0	0	0
10 11	Payroll taxes	0	0	0	0
а	Management	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	417	417	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	250	250	0	0
13	Office expenses	9,840	7,344	488	2 000
14	Information technology	972			2,008
15	Royalties	0	817	155	0
16			0	0	0
17	Occupancy	3,610	3,610		
18	Travel	966	753	0	213
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	0	0	0
24	Other expenses. Itemize expenses not covered			1966	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а					
b					
C					
d					
	All other expenses				
e 25	All other expenses		September 1	00.00	Apple Afficiant to
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	252,864	250,000	643	2,221

Part X	E-2	OI .
	Dalai	nce Sheet

Bando Bando		Check if Schedule O contains a response or note to any line in this Par	t X		🗆
			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	220,695	1	252,106
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	0
	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	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	0
	8	Inventories for sale or use		8	0
As	9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0		9	U
	b	Less: accumulated depreciation 10b 0		10c	•
	11	Investments—publicly traded securities	61,904		50.000
	12	Investments—other securities. See Part IV, line 11	61,904	12	58,828
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	202 502		0
	17	Accounts payable and accrued expenses	282,599		310,934
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0		0
ties	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0	21	0
Liabilities		controlled entity or family member of any of these persons			
	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X	0	24	0
		of Schedule D	-	25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	282,599	27	310,934
20	28	Net assets with donor restrictions	0	28	0.0,004
Net Assets or Fund Balances		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	
	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 net assets or fund balances	282,599	32	310,934
	33	Total liabilities and net assets/fund balances	282,599		310,934
-	THE OWNER OF THE OWNER OWNE		202,399	00	310,934

-	000	(0000)
-orm	990	(2022)

Page 12

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		281,199			
2	Total expenses (must equal Part IX, column (A), line 25)	252,				
3	Revenue less expenses. Subtract line 2 from line 1		28,335			
4			282,599			
5	5 Net unrealized gains (losses) on investments			0		
6	6 Donated services and use of facilities		0			
7	stment expenses		0			
8	Prior period adjustments	11	0			
9	Other changes in net assets or fund balances (explain on Schedule O)		0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
1915	32, column (B))		31	10,934		
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u>, </u>		
			Yes	No		
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other	_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain of Schedule O.	ח				
		2a				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on separate basis, consolidated basis, or both:	a				
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
C	the audit, review, or compilation of its financial statements and selection of an independent accountant? .					
	If the organization changed either its oversight process or selection process during the tax year, explain o	20				
	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	_				
Ou	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	9 3a		1		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				¥		
-	3b					
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.			0 (2022)		