### 990 **990**

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

OMB No. 1545-0047

2022

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.

, 2022, and ending , 20 For the 2022 calendar year, or tax year beginning C Name of organization Katy Responds Check if applicable: D Employer identification number Address change Doing business as Katy Responds Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 22765 Westheimer Parkway (281)305-8545 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Katy, TX 77450 **G** Gross receipts \$ 573,657. Amended return **H(a)** Is this a group return for subordinates? ☐ **Yes X No** Application pending F Name and address of principal officer: Ron Peters, 22765 Westheimer Parkway, Katy, TX 77450 H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions. 501(c) ( Website: https://katyresponds.org **H(c)** Group exemption number Form of organization: X Corporation Trust Association L Year of formation: 2018 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: Katy Responds is a collaborative network of churches, businesses 1 and community organizations committed to providing care & restoration Activities & Governance services returning families to their homes following disaster, as well as assist in community readiness. 2 Check this box  $\Box$  if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) . . . . . . . . . . 6 330 Total unrelated business revenue from Part VIII. column (C), line 12 7a 7a 0. Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . . . . 8 1,056,611 531,641. Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . 144 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 15,313. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,056,755 546,954 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 4,813 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 269,563 273,003. Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 16a Total fundraising expenses (Part IX, column (D), line 25) b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 627,410. 532,822. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 901,786. 805,825. 19 Revenue less expenses. Subtract line 18 from line 12 . 154,969. -258,871. Assets or designation of designation of the designa **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 571,745. 324,684. 7,337. 21 Total liabilities (Part X, line 26) . 19,147. 22 Net assets or fund balances. Subtract line 21 from line 20 564,408. 305,537. Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 05/15/2023 Sign Signature of officer Here Ron Peters, Executive Director Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date Check | if **Paid** 10/17/2023 self-employed Veronica Martinez Veronica Martinez **Preparer** Firm's name Jeffery Davidson & Associates Firm's EIN **Use Only** TX 77478 Phone no. (281)238-4442 131 Brooks Street Suite 300, Sugar Land,

May the IRS discuss this return with the preparer shown above? See instructions

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Katy Responds is a collaborative network of churches, businesses
	and community organizations committed to providing care & restoration
	services returning families to their homes following disaster, as well as assist in community readiness
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be 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 \$ 708,459. including grants of \$ 540,163.) (Revenue \$ 573,657.)
	Restore the homes of families through foundational and private gifts/
	grants.
4b	(Code: ) (Expenses \$ 1,702. including grants of \$ 0.) (Revenue \$ 0.)
	Building and coordination of community disaster readiness programs.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
70	(Code) (Levelue \$ including grants of \$) (Nevenue \$)
	Otherway and the second to the
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 710,161.
	·   - ·

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Part	V Checklist of Required Schedules			
	In the exemptation described in section $EO1(a)(2)$ or $40.47(a)(1)$ (ather then a private foundation)? If "Vec."		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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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			
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		×
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? <i>If "Yes," complete Schedule D, Part IX </i>	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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>	11e	×	×
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		×
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
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.			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		×
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		×
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
	If "Yes," complete Schedule G, Part III	19		×

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . .

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 . . . . .

20a

20b

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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	00		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		×
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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		×
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 "Yes," complete Schedule L, Part II</i>			
07		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		×
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		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
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,"	31		×
32	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> 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		×
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		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38		×
Part				
	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		Yes	No
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?	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
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		×
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		×
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).	OD		
a	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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:			
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:			
a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	ısa		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		×
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
- •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struct	tions.
Secti	on 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 2	Enter the number of voting members included on line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>~</u>
6	Did the organization have members or stockholders?	6		<u>~</u>
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		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15		
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
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?	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	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		×
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
J.	with a taxable entity during the year?	16a		<u>×</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
Cast:		16b		
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion 5	501(c)
19	☐ 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 and financial statements available to the public during the tax year.		•	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re Ron Peters, 22765 Westheimer Parkway, Katy, TX 77450 (281)305-8545	cords.		

Form 990 (2022) Page **7** 

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

#### 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 no	r any relate	a org	anız	atio	n c	ompe	ensa	ited any current	officer, director,	or trustee.
				(0	C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and title	Average hours per week	box,	unles er and	s pe d a d	rson	e than on its both to the contract of the cont	an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(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)		
(1) Fred Willis	5.00									
Chairman of the Board		×						0.	0.	0.
(2) Dennis Justus Treasurer	5.00	×						0.	0.	0.
(3) Christopher Humphreys Secretary	5.00	×						0.	0.	0.
(4) Ronald Peters Executive Director	45.00	×						79,008.	0.	0.
(5) John Lewis Board Member	5.00	×						0.	0.	0.
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	id F	lighest Compe	ensated E	mplo	yees (con	tinued)
	(A) Name and title	(B) Average hours per week	officer and a director/tru						Reportable compensation	(E)  Reportable compensation from related organizations (W-2	ation ited	(F) Estimated a of oth compens	er sation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NI	SC/	from ti organizatio related organ	on and
(15)													
(16)													
(17)													
(18)												 ]	
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal			١.					79,008.		0.	 	0.
C	Total from continuation sheets to Part	-							70.000		0		
d	Total (add lines 1b and 1c) Total number of individuals (including but	t not limited	to th	nose	e list	ted	above	e) w	79,008. ho received mor	e than \$10	0.00,000	of	0.
	reportable compensation from the organi	ization										Ye	s No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete of the line of the line of the list and the list and</i>							-	oyee, or highes	-	nsated		
4	For any individual listed on line 1a, is the	sum of re	portal	ble	con	npe	nsatio	n a	nd other compe	nsation fro			×
	organization and related organizations individual	•						s, "		auie J тог 	sucn 	4	×
5	Did any person listed on line 1a receive of for services rendered to the organization								. •	tion or ind		5	×
Secti	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add	Iress							(B) Description of ser	vices	(	<b>(C)</b> Compensation	n
		,		_						<u>.</u>			
2	Total number of independent contractor received more than \$100,000 of compens						ed to	o th	iose listed abov	re) who			

### Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	ıy line in this Pa	art VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaig Membership dues Fundraising events Related organization Government grants All other contribution and similar amounts no Noncash contribution	 ns . (cont ns, git ot incli	ributions) fts, grants, uded above	1a 1b 1c 1d 1e	531,641.				
Sontrik and O	g h	lines 1a–1f <b>Total.</b> Add lines 1a-			1g	\$ 33,494.	531,641.			
Program Service (	2a b c	Total. Add lines 1a				Business Code	331,041.			
Prograr Rev	d e f	All other program se	ervice	revenue						
	3 4	Total. Add lines 2a- Investment income other similar amoun Income from investr	(incl its) .	uding divi	dends 	s, interest, and				
	5 6a	Royalties  Gross rents Less: rental expenses	6a	(i) Rea		(ii) Personal				
	b c d 7a	Rental income or (loss) Net rental income o Gross amount from	6с	S) (i) Securit		(ii) Other				
Ð	b	sales of assets other than inventory Less: cost or other basis	7a	() The state of th		(/ -				
Revenue	С	and sales expenses . Gain or (loss) Net gain or (loss)	7b 7c							
Other	8a	Gross income from events (not including of contributions rep 1c). See Part IV, line	\$ porte e 18	d on line	8a	39,146.				
	с 9а	Less: direct expens Net income or (loss) Gross income f activities. See Part I	) from from IV, lin	n fundraisin gaming e 19 .	9a	26,703. nts	12,443.		0.	12,443.
	c 10a	returns and allowan	) from nvento ces	gaming acory, less	10a	es				
	b C	Less: cost of goods Net income or (loss)			10b vento		2,870.	2,870.	0.	0.
Miscellaneous Revenue	11a b c	All other revenue				Business Code				
Σ		All other revenue  Total. Add lines 11a					FAC 054	0.050		10.440
	12	Total revenue. See	ınstr	uctions			546,954.	2,870.	0.	12,443.

#### 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 . . . (**D**) Fundraising expenses (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . 102,333. 73,389. 28,944. 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) . . . Other salaries and wages 129,075. 92,567. 36,508. 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . 9 25,629. 18,380. 7,249. 0. 15,966. 10 Payroll taxes . . . . . . . . . . . . 11,450. 4,516. 0. 11 Fees for services (nonemployees): Management . . . . . . . . . . Legal . . . . . . . . . . . . . . . . Accounting . . . . . . . . . . . . Lobbying . . . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 7,841. 0. 0. 7,841. 12 Advertising and promotion . . . . . 13 14,983. 14,721. 262. Office expenses . . . . . . . . 0. 14 Information technology . . . . . . 15 Occupancy . . . . . . . . . . . . 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates . . . . . . . 6,138. 4,284. 1,854. 22 Depreciation, depletion, and amortization . 0. 0. 23 32,784. 28,698. 4,086. Other expenses. Itemize expenses not covered 24 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.) 0. Automobile 17,611. 15,446. 2,165. Materials & Supplies 414,971. 414,971. 0. 0. c Professional Services 0. 15,406. 15,406. 0. Rentals 300. 300. 0. 0. All other expenses 22,788. 12,708. 10,080. 0. 25 **Total functional expenses.** Add lines 1 through 24e 805,825. 710,161. 95,664. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [ if following SOP 98-2 (ASC 958-720)

### Part X Balance Sheet

		(A) Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	383,438.	1	236,758
2	Savings and temporary cash investments	303 / 1301	2	2507.00
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	149,133.	4	45,731
5	Loans and other receivables from any current or former officer, directo			
	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 define under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	d	6	
7	Notes and loans receivable, net	0.	7	6,992
8	Inventories for sale or use	15,414.	8	4,240
9	Prepaid expenses and deferred charges	6,985.	9	16,968
10a		0,965.	-	10,900
104	basis. Complete Part VI of Schedule D 10a 29,740	n		
b			10c	13,995
11	Investments—publicly traded securities	10,773.	11	13,993
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	571,745.	16	324,684
17	Accounts payable and accrued expenses	7,337.	17	19,145
18	Grants payable	7,337.	18	19,143
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, directo	r	21	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related thin			
	parties, and other liabilities not included on lines 17–24). Complete Part			_
	of Schedule D	0.	25	2
26	Total liabilities. Add lines 17 through 25	7,337.	26	19,147
	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	564,408.	27	305,537
28	Net assets with donor restrictions		28	
	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	
	Retained earnings, endowment, accumulated income, or other funds .		31	
31				
31	Total net assets or fund balances	564,408.	32	305,537

Form 990 (2022) Page **12** 

Part	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)	5	46,9	54.				
2	Total expenses (must equal Part IX, column (A), line 25)	8	05,8	25.				
3	Revenue less expenses. Subtract line 2 from line 1	-258,871.						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	564,408						
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities							
7	Investment expenses							
8	Prior period adjustments							
9	Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	3	05,5	37.				
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			Yes	No				
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other ☐ If the organization changed its method of accounting from a prior year or checked "Other," explain on								
	Schedule O.	,,,						
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×				
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	-						
	reviewed on a separate basis, consolidated basis, or both:	J.						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?	2b	×					
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on							
	separate basis, consolidated basis, or both:							
	☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	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 o	on						
	Schedule O.							
3a		ne						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		×				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ne						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3b						

REV 05/17/23 PRO Form **990** (2022)

# SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of t	ne organization					Employer identification	n number
(aty	<i>r</i> F	lesponds						
Par	tΙ	Reason for Public Char	rity Status. (All	organizations mus	t comple	ete this p	oart.) See instruction	ons.
The c	rga	nization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	
1		A church, convention of church	nes, or association	on of churches descri	ibed in <b>se</b>	ection 17	0(b)(1)(A)(i).	
2		A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)		
3		A hospital or a cooperative hos	spital service org	anization described i	n <b>section</b>	170(b)(1	)(A)(iii).	
4	П	A medical research organization	on operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and state	e:					
5	П	An organization operated for t	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
	_	section 170(b)(1)(A)(iv). (Comp		· ·		•	, 0	
6	П	A federal, state, or local govern	nment or govern	mental unit described	l in <b>sectio</b>	on 170(b)	(1)(A)(v).	
7		An organization that normally	•					n the general public
		described in section 170(b)(1)			•	Ü		
8	П	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	$\overline{\Box}$	An agricultural research organi				erated in	conjunction with a l	and-grant college
		or university or a non-land-gra						
		university:		•	,			· ·
10		An organization that normally r	eceives (1) more	than 331/3% of its su	pport fro	m contrib	utions, membership	fees, and gross
	_	receipts from activities related	to its exempt fur	nctions, subject to ce	rtain exce	eptions; a	ınd (2) no more than	. 33¹/₃% of its
		support from gross investment acquired by the organization a	t income and uni fter June 30 197	related business taxal 75. See <b>section 509/</b> a	ble incom	ie (iess se nnlete Pa	ection 5 i i tax) from	businesses
11	П	An organization organized and		_			•	
12		An organization organized and	•	•	-			out the purposes o
		one or more publicly supported						
		the box on lines 12a through 12	•				` '` '	` '` '
а		Type I. A supporting organ	ization operated	. supervised, or contr	olled by i	ts suppo	rted organization(s).	typically by giving
		the supported organization						
		supporting organization. Ye						
b		☐ <b>Type II.</b> A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having
		control or management of						
		organization(s). You must	complete Part I	V, Sections A and C.	ī			
С		☐ Type III functionally integ	rated. A support	ting organization oper	ated in c	onnection	n with, and function	ally integrated with,
		its supported organization(	s) (see instructio	ns). <b>You must comp</b> l	lete Part	IV, Secti	ons A, D, and E.	
d		☐ Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s
		that is not functionally integ						
		requirement (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е		☐ Check this box if the organ	ization received	a written determination	on from th	ne IRS tha	at it is a Type I. Type	e II. Type III
		functionally integrated, or T						, . ,
f	Е	nter the number of supported o	organizations .					
g	Ρ	rovide the following information	about the supp	orted organization(s).				
	(i) I	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10		ir governing ment?	support (see	other support (see
				above (see instructions))	docui	nent:	instructions)	instructions)
					Yes	No		
<b>A</b> )								
<u></u>								
В)								
C)								
-,								
D)								
E)								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 727,905. 1,151,693. 1,179,569. 3,804,584. 221,961. 523,456. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . **Total.** Add lines 1 through 3 4 221,961. 523,456. 727,905. 1,151,693. 1,179,569. 3,804,584. 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) . . . . **Public support.** Subtract line 5 from line 4 3,804,584. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 221,961. 7 523,456. 727,905. 1,151,693. 1,179,569. 3,804,584. Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . Net income from unrelated business 9 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.) . . . . . . . **Total support.** Add lines 7 through 10 11 3,804,584. Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . % 14 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 % 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

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Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Secti	on A. Public Support			, , ,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		l	T	ı	1	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is regularly carried on						
10	<b>3</b>						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•			•		, , , ,
Saat:	organization, check this box and stop he on C. Computation of Public Suppor						· · · <u></u>
15	Public support percentage for 2022 (line 8			13 column (f)		15	%
16	Public support percentage from 2021 Sch						<del></del>
	on D. Computation of Investment In	come Perce	ntage	<u></u>	<u> </u>	1.5	/0
17	Investment income percentage for 2022 (			ov line 13. colu	ımn (f))	17	%
18	Investment income percentage from 2021			-			<del>/</del> 6
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2022. If the organ						
. 54	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2021. If the organiz	_	_	-		-	_
	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	_	=	=	-		_

#### 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.)

### Se

Secti	on 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 (15 and 16			
8	with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	7		
0	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
h	Did the organization have any excess business holdings in the tay year? (I se Schedule C. Form 4720 to			

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
	provide detail in <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b c 2	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.</li> </ul>	(see ir	struct <b>Yes</b>	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2</b> a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

				•			
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (expl	ain in <b>Part VI</b> ). <b>See</b>			
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
_ 5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C—Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	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-functional (see instructions)	ally i	ntegrated Type III suppo	rting organization			

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** 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 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 **a** From 2017 . . . . . From 2018 **c** From 2019 **d** From 2020 . . . . . From 2021 . . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name o	f the organization		Employer identification number					
Kat	y Responds							
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year) .							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor a	advisors in writing that the assets he	eld in donor advised					
	funds are the organization's property, subject to the	organization's exclusive legal contro	l? □ Yes □ No					
6	Did the organization inform all grantees, donors, ar							
	only for charitable purposes and not for the benefit							
	conferring impermissible private benefit?		· · · · · ·					
Par	t II Conservation Easements.							
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the o	rganization (check all that apply).						
	☐ Preservation of land for public use (for example, recreations)	ation or education)   Preservation of	of a historically important land area					
	☐ Protection of natural habitat	☐ Preservation of	of a certified historic structure					
	☐ Preservation of open space							
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contributio	n in the form of a conservation					
	easement on the last day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		<b>2</b> a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c					
d	Number of conservation easements included in (c) a		on a					
	historic structure listed in the National Register .		· · 2d					
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terr	minated by the organization during the					
	tax year							
4	Number of states where property subject to conserv		·					
5	Does the organization have a written policy regulation		·					
	violations, and enforcement of the conservation eas							
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcin	g conservation easements during the year					
_								
7	Amount of expenses incurred in monitoring, inspecting	g, nandling of violations, and enforcing	conservation easements during the year					
8	Does each conservation easement reported on line 2	P(d) above satisfy the requirements of	section 170(h)(4)(R)(i)					
	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports co							
	balance sheet, and include, if applicable, the text of							
	organization's accounting for conservation easemer	nts.						
Part	Organizations Maintaining Collections	of Art. Historical Treasures. or	Other Similar Assets.					
	Complete if the organization answered "							
1a	If the organization elected, as permitted under FAS		ue statement and balance sheet works					
	of art, historical treasures, or other similar assets							
	service, provide in Part XIII the text of the footnote to	o its financial statements that describ	es these items.					
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue	statement and balance sheet works of					
	art, historical treasures, or other similar assets held							
	provide the following amounts relating to these item	s:						
	(i) Revenue included on Form 990, Part VIII, line 1		\$					
	(ii) Assets included in Form 990, Part X		\$					
2	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li><li>If the organization received or held works of art,</li></ul>	historical treasures, or other similar	assets for financial gain, provide the					
	following amounts required to be reported under FA	SB ASC 958 relating to these items:	<u> </u>					
а	Revenue included on Form 990, Part VIII, line 1 .		\$					
h	Assets included in Form 990, Part X		\$					

Part									
3	Using the organization's acquisition, acceleration items (check all that apply):	ession, and oth	ner recoi	rds, chec	k any of the	follow	ring that make si	gnificant u	se of its
а	☐ Public exhibition		d	Loan	or exchange	progra	am		
b	☐ Scholarly research		е	Other					
С	☐ Preservation for future generations								
4	Provide a description of the organization's XIII.	s collections a	nd expla	ain how t	hey further th	e org	anization's exem	pt purpose	e in Part
5	During the year, did the organization solid assets to be sold to raise funds rather than								□ Na
Dow			inca as <sub>i</sub>		organization	1 3 00	ilootion:	162	☐ No
Part	Complete if the organization and 990, Part X, line 21.	swered "Yes"					•		orm
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?								☐ No
b	If "Yes," explain the arrangement in Part X	III and comple	te the fo	llowing ta	able:				
							An	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount or	n Form 990, Pa	ırt X, line	21, for e	scrow or cus	todial	account liability?	?    Yes	☐ No
b	If "Yes," explain the arrangement in Part X								
Par					·				
	Complete if the organization and	swered "Yes"	on For	m 990, F	Part IV, line	10.			
	. (a	) Current year	(b) Pri	or year	(c) Two years b	oack	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
a									
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the c		d balanc	e (line 1g	, column (a))	held a	as:		
а	Board designated or quasi-endowment	9	6						
b	Permanent endowment %								
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c s	hould equal 10	00%.						
3a	Are there endowment funds not in the pos	ssession of the	e organi	zation tha	at are held an	nd adr	ministered for the	9	
	organization by:							Y	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ	izations listed	as requi	red on So	chedule R? .			3b	
4	Describe in Part XIII the intended uses of t	he organizatio	n's endo	owment fu	unds.				<u> </u>
Part									
	Complete if the organization ans		on For	m 990, F	Part IV, line	11a. S	See Form 990,	Part X, lin	e 10.
	Description of property	(a) Cost or oth		, ,	or other basis ther)		Accumulated preciation	(d) Book v	alue
1a	Land		0.						0.
b	Buildings								
С	Leasehold improvements								
d	Equipment				29,740.		15,745.	13	,995.
e	Other				-,,,		==,,		,
	Add lines 1a through 1e (Column (d) must	equal Form 90	00 Part	X column	(R) line 10c	)		1 2	995

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on Form	m 990. Part IV. lin	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuation: -of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
Part VIII	Complete if the organization answered "Yes" on Form	m 000 Part IV lin	e 11c. See Form	000 Part V line 13
				hod of valuation:
	(a) Description of investment	(b) Book value	(-)	nod of valuation: -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)	man (b) manual forms 000 Port V and (P) line 45			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Complete if the organization answered "Yes" on Form	m 000 Dart IV lin	0 110 or 11f Co	Earm 000 Dart V
	line 25.	11 990, Part IV, III	e rie or rii. See	9 FOITH 990, Part A,
1.	(a) Description of liability			(b) Book value
(1) Federal ir	.,, ,			(b) Book value
(2) Round:				2
	Ing			2.
(3)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			2.
	r uncertain tax positions. In Part XIII, provide the text of the footnot		n's financial stateme	
	s liability for uncertain tax positions under FASB ASC 740. Check			

Part				Retu	rn.
	Complete if the organization answered "Yes" on Form 990, F				
	Total revenue, gains, and other support per audited financial statements			1	573,657.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		ı		
	Net unrealized gains (losses) on investments	2a			
	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)				
	Add lines <b>2a</b> through <b>2d</b>			2e	
	Subtract line <b>2e</b> from line <b>1</b>			3	573,657.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	-	-26,703		
	Add lines <b>4a</b> and <b>4b</b>			4c	-26,703.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	546,954.
Part 2				er Re	turn.
	Complete if the organization answered "Yes" on Form 990, F		<u> </u>		
	Total expenses and losses per audited financial statements			1	805,825.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		ı		
	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>	· · .		3	805,825.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	805,825.
Part )					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	vide any additional i	nforma	ition.
Pt XI	, Line 4b: Audited financial statements show reve	enues	s without dedu	cting	J 
				_	
direc	t expenses of fundraising. Those expenses are sho	own u	under the expe	nse J	lines
in th	e financial statment. The tax return, however, sh	lows	revenues net	of fu	ındraising 
	-1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				-
exper	ses. This is a difference of \$26,703, overstaied	in t	the audited fi	nanci	lal
			_	_	
state	meent revenues and understated int he coprrespodn	ning	expenses of t	he au	ıdited
finar	cials.				

Schedule D (Fo	rm 990) 2022	Page \$
Part XIII	Supplemental Information (continued)	,

## SCHEDULE M (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

Open to Pub

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

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Katy Responds **Types of Property** (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g 1 Art-Works of art . . . . . 2 Art—Historical treasures . . . 3 Art—Fractional interests . . 4 Books and publications . . 5 Clothing and household goods . . . . . . . . . 6 Cars and other vehicles . . . 7 Boats and planes . . . . 8 Intellectual property . . . . 9 Securities-Publicly traded . . Securities-Closely held stock . 10 Securities - Partnership, LLC, 11 or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . . . . . 14 Qualified conservation contribution - Other . . . 15 Real estate - Residential . . . 16 Real estate—Commercial . . Real estate-Other . . . . 17 18 Collectibles . . . . . . 19 Food inventory . . . . . . 20 Drugs and medical supplies . . 21 Taxidermy . . . . . . 22 Historical artifacts . . . . 23 Scientific specimens . . . . 24 Archeological artifacts . . . 25 26 Other (\_\_\_\_\_) 27 28 Other ( Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be 30a × **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 31 × 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a × If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Schedule M (Form 990) 2022 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

# SCHEDULE O (Form 990)

#### 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.

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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**Employer identification number** 

Katy Responds Pt VI, Line 11b: Provided at Board of Directors meeting for review and/or electronically for electronic review if regular meeting date does not coincide with deadline for filing. Pt VI, Line 15a: The Board of Directors annually evaluates the Chief Executive Officer ("CEO") on his/her performance and solicits input on matters of performance and compensation. The Board researches and makes a recommendation of compensation based on comparability data. To approve the CEO's compensation the Board documents the process of determining the compensation in the minutes of the meeting during which the compensation was approved. Pt VI, Line 12c: Board members with any conflict of interest recuse themselves from voting on such issues. Other: On Part XI, Line 9, The charity has recorded the use of in-kid building materials and donated services as expenses when used.T This results in a difference between the book unrestricted net assets and the tax unrestricted net assets of \$87,020. Pt X: We have adjusted 2021 and 2022 financials to reflect the balance sheet as reported on the charity's audited financial statements, except for tax-book depreciation differences. We have also included a \$2 rounding adjustment on other liabilities.