

_dQ[XR' SXbR[^bdaT' R^_h

Department of the Treasury

Yd[' @; ' A?AA

Yd] ' B?; ' A?AB

\daaPh' bcPcT' R^[[TVT' U^d] SPcX^] 'X] R

FB<@? GEEHA

^] T' \daaPh' RP_db

DG? <BGF <F @CA

cXbW^\X] V^; ' ^Z' ' FBCE?

GAH; ?GG=

YY' WPaQTac <Qa ^VS^]

g

fff =\br^Z=TSd>P[d\] X<P] S<U^d] SPcX^] >U^d] SPc

g

@HFH

^Z

c^'_a^eXST' bd__^ac' U^a' bcdST] c

@B

@B

?

@B

? =

? =

B@F; CA? =

AC?; H?F =

<C?C; BEF =

@B; D@C =

DBD; ?FC = @EF; CFC =

FG; ??A =

? =

? =

? =

? =

BEA; CFH =

E?A; EFE = CC?; CG@ =

<EF; E?A = <AFB; ??F =

¥ØGB =

ZY

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

1 Briefly describe the organization's mission:

c^'_a^eXST' bd__^ac' c^'\daaPh' bcPcT' R^[[TVT' U^a' bcdST] c' bRW^[PabWX_b;
UPRd[ch' X] XcXPcXeTb; ' P] S' R^[[TVT' STeT[^_\T] c=

2

Yes 9 No

3

Yes 9 No

4

4a Code: _____ Expenses \$ _____ FG; ??A= _____ including grants of \$ _____ FG; ??A= _____ Revenue \$ _____
Uda] XbW bd__^ac' c^'\daaPh' bcPcT' R^[[TVT' c^' X] eTbc' X]' bcdST] c' bdRRTbb' Qh
_a^eXSX] V' bRW^[PabWX_b' Ud] Sb=

Reven2 2er

4b Code: _____ Expenses \$ _____ @BH; DHE= _____ including grants of \$ _____ Revenue \$ _____
Pb' cW' X] bcXcdcX^] b' [PaVTbc' b^daRT' ^U' d] aTbcaXRcTS' bd__^ac; ' cW' \daaPh
bcPcT' R^[[TVT' U^d] SPcX^]' W' [_b' c^' bd__^ac' _a^VaP\b' P] S' bTaeXRTb' cWPc
PaT' RaXcXRP[' c^' cW' X] bcXcdcX^]; ' bdrW Pb' _a^eXSX] V' ST_Pac\T] cP[
bd__^ac; ' d_VaPSX] V' UPRX[XcXTb; ' P] S' STeT[^_X] V' cW' UPRd[ch=

4c Code: _____ Expenses \$ _____ HC; CDA= _____ including grants of \$ _____ Revenue \$ _____
c^'_a^eXST' UPRX[XcXTb' U^a' \daaPh' bcPcT' R^[[TVT' c^' dbT' U^a' bcdST] c
W^dbX] V=

4d

Expenses \$ _____ including grants of \$ _____ Revenue \$ _____

4e B@A; ? D? =

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with 'g' or 'g' in Yes/No columns.

(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 ~ ~ ~ ~ ~		g
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 ~ ~ ~ ~ ~	g	
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 ~ ~ ~ ~ ~		g
b			
c			
d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. If "Yes," complete Schedule L, Part I		g
b			
	Schedule L, Part I		g
26			
	If "Yes," complete Schedule L, Part II		g
27			
	If "Yes," complete Schedule L, Part III		g
28			
a			
	If "Yes," complete Schedule L, Part IV		g
b			
	If "Yes," complete Schedule L, Part IV		g
c			
	If "Yes," complete Schedule L, Part IV		g
29			
	If "Yes," complete Schedule M		g
30			
	If "Yes," complete Schedule M		g
31			
	If "Yes," complete Schedule N, Part I		g
32			
	If "Yes," complete Schedule N, Part II		g
33			
	If "Yes," complete Schedule R, Part I	g	
34			
	If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	g	
35a			
	If "Yes," complete Schedule R, Part V, line 2	g	
b			
36	Section 501(c)(3) organizations. If "Yes," complete Schedule R, Part V, line 2		g
37			
	If "Yes," complete Schedule R, Part VI		g
38			
	Note:	g	

Note:

		Yes	No
1a	1a ?		
b	1b ?		
c			
	1c		

\daaPh'bcPcT'R^[[TVT'U^d]SPcX^]'X]R

FB<@?GEEHA

?

g

g

g

g

g

g

g

g

g

g

g

g

D

For each "Yes" response to lines 2 through 7b below, and for a "No" response

g

			Yes	No
1a	1a	@B		
b	1b	@B		
2			2	g
3			3	g
4			4	g
5			5	g
6			6	g
7a			7a	g
b			7b	g
8				
a			8a	g
b			8b	g
9			9	g

			Yes	No
10a			10a	g
b			10b	
11a			11a	g
b				
12a			12a	g
b			12b	g
c			12c	g
13			13	g
14			14	g
15				
a			15a	g
b			15b	g
16a			16a	g
b				
			16b	

17 ^Z

18

19 g g

20 cW' ^aVP] Xi PcX^]' <' DG? <BGF <F@CA
 ^] T' \daaPh' RP\ _db; ' cXbW^ \X] V^; ' ^Z ' ' FBCE?



? =	AG?; ?AA=	? =
? =	?	? =
? =	AG?; ?AA=	? =

?



g



g



g

] ^] T

?



G



				(A)	(B)	(C)	(D)	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	1a						
	b	1b						
	c	1c						
	d	1d						
	e	1e						
	f	1f	' %&Z (&\$"					
	g Noncash contributions included in lines 1a-1f	1g						
	h Total		' %&Z (&\$"					
Program Service Revenue	2 a							
	b							
	c							
	d							
	e							
	f							
	g Total							
Other Revenue	3							
	4							
	5							
	6 a	6a						
		6b						
		6c						
	7 a	7a						
		b						
		7b						
	7 c	7c						
		8 a						
			8a					
	8b							
	9 a	9a						
		9b						
10 a		10a						
	10b							
	Miscellaneous Revenue	11 a						
b								
c								
d								
e R								

c- p(ftt) tt=



		(A)		(B)
1		BDD; ? DF =	1	@DF; H@F =
2			2	
3			3	
4			4	@; GFF =
5				
			5	
6				
			6	
7			7	
8			8	
9			9	
10a				
	10a			
b				
	10b		10c	
11			11	
12			12	
13			13	
14			14	
15			15	
16			16	
17			17	
18			18	
19			19	
20			20	
21			21	
22				
			22	
23			23	
24			24	
25				
			25	
26			26	
27				
28				
29				
30				
31				
32				
33				

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	@EF; CFC=
2	Total expenses (must equal Part IX, column (A), line 25)	2	CC?; CG@=
3	Revenue less expenses. Subtract line 2 from line 1	3	<AFB; ??F=
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	B; CB@; ?EE=
5	Net unrealized gains (losses) on investments	5	GCD; ?EG=
6	Donated services and use of facilities	6	AD; FA?=
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	?=
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	C; ?AG; GCF=

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

	Yes	No
1		
2a		g
2b	g	
2c	g	
3a		g
3b		

Rp(t)sp{Stpf7-fux,rp{Stpfqtvx}}xv}x8	(a)	(b)	(c)	(d)	(e)	(f)
1	@DD; ?FC=	BGD; ?BA=	@DF; D@D=	@EA; FCC=	B@F; CA?=	@@FFFGD=
2						
3						
4 Total.	@DD; ?FC=	BGD; ?BA=	@DF; D@D=	@EA; FCC=	B@F; CA?=	@@FFFGD=
5						
6 Public support. Subtract line 5 from line 4.						BEE; @AG= G@@; EDF=

Rp(t)sp{Stpf7-fux,rp{Stpfqtvx}}xv}x8	(a)	(b)	(c)	(d)	(e)	(f)
7	@DD; ?FC=	BGD; ?BA=	@DF; D@D=	@EA; FCC=	B@F; CA?=	@@FFFGD=
8						
9	@GC; @B?=		BGA; ?DE=	@BB; EC?=	HF; C@G=	FHF; ACC=
10						
11 Total.	@D; D?E=	B; @H?=	FCE=	A; CGB=	@B; D@C=	BD; CBH=
12						A?@?CEG=
13						@; @H?; @EC=

	C? =BF
	CA=BC

(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

Rp(t) spfStpf7-fux, rp{Stpfqtvx}xv}8	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4						
5						
6 Total.						
7a						
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						
c						
8 Public support.						

Rp(t) spfStpf7-fux, rp{Stpfqtvx}xv}8	(a)	(b)	(c)	(d)	(e)	(f)
9						
10a						
b d) f(p.ts qf, x)t, .p%q(t)r- t 7(t, ., tr.x) D@.p%8y- 'qf, x)t, .t, pr, t'ys'put,fYf) t B? :@FD						
c						
11						
12						
13 c~, p{, t€€-f, =(Add lines 9, 10c, 11, and 12)						
14 First 5 years.						

stop here

15	15
16	16

17	2022	17
18	2021	18

19a 33 1/3% support tests - 2022.

stop here.

b 33 1/3% support tests - 2021.

stop here.

20 Private foundation.

\daaPh'bcPcT'R^[[TVT'U^d]SPcX^]'X]R

FB<@?GEEHA

@E

'@GC?@@@B'AD@BEE'F@@H'.....A?AA=?D???' \daaPh'bcPcT'R^[[TVT'U^d]'F@@Hnn@'

		Yes	No
11			
a			
	11a		
b			
	11b		
c	If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
	11c		

		Yes	No
1	If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	1		
2	If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	2		

		Yes	No
1	If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	1		

		Yes	No
1			
	1		
2	If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
	2		
3	If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
	3		

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	Complete line 2 below.		
b	Complete line 3 below.		
c	Describe in Part VI how you supported a governmental entity (see instructions).		
2	Answer lines 2a and 2b below.		
a	If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	2a		
b	If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. If "Yes," provide		
	2b		
3	Answer lines 3a and 3b below.		
a	Part VI.		
	3a		
b	Part VI.		
	3b		

Section D - Distributions

Current Year

1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover a th2		
j	2 2 n 2 2		
4			
a			
b			
c			
5	distrespio5 explain in Part VI. 2 2		2 2 2
6	Dist explain in Part VI 2ob e	2 221 b	
7	Excess distributions carryover to 2023.		
8			
a			
b			
c			
d			
e			

bRWTsd[T' P; ' _Pac' XX; ' [X] T' @?; ' Tg_[P] PcX^]' U^a' ^cW'a' X] R^\TI

^cW'a' X] R^\TI

A?@G' P\^d] cl' 3' ' ' @D; D?E=

A?@H' P\^d] cl' 3' ' ' B; @H?=

A?A?' P\^d] cl' 3' ' ' FCE=

A?A@' P\^d] cl' 3' ' ' A; CGB=

A?AA' P\^d] cl' 3' ' ' @B; D@C=

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization \ daaPh` bcPcT` R^ [[T V T` U^d] SPcX^] ` X] R Employer identification number F B < @? G E E H A

Organization type (check one):

Filers of: Section: 9 501(c)(B) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

9 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ~ ~ ~ ~ ~ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA

Name of organization

Employer identification number

\daaPh' bcPcT' R^[[TVT' U^d] SPcX^] 'X] R

FB<@? GEEHA

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
@		@@; ??? =	Person 9 Payroll Noncash
A		CD; ??? =	Person 9 Payroll Noncash
B		@?; GG? =	Person 9 Payroll Noncash
C		G@; H@A =	Person 9 Payroll Noncash
D		@?; ??? =	Person 9 Payroll Noncash
E		G; CE? =	Person 9 Payroll Noncash

Name of organization	Employer identification number
----------------------	--------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
F	<hr/> <hr/> <hr/>	<hr/>	Person 9 Payroll Noncash
_____	<hr/> <hr/> <hr/>	<hr/>	Person Payroll Noncash
_____	<hr/> <hr/> <hr/>	<hr/>	Person Payroll Noncash
_____	<hr/> <hr/> <hr/>	<hr/>	Person Payroll Noncash
_____	<hr/> <hr/> <hr/>	<hr/>	Person Payroll Noncash
_____	<hr/> <hr/> <hr/>	<hr/>	Person Payroll Noncash
_____	<hr/> <hr/> <hr/>	<hr/>	Person Payroll Noncash

Name of organization \ <daaph' '="" [="" bcpct'="" r<="" r^="" spcx^]="" td="" tvt'="" u^d]="" x]=""> <td>Employer identification number FB<@? GEEHA</td> </daaph'>	Employer identification number FB<@? GEEHA
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization
\\daaPh' bcPcT' R^[[TVT' U^d] SPcX^]' X] R

Employer identification number
FB<@? GEEHA

Part III

Complete columns through the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of for the year. (Enter this info. once.) \$
Use duplicate copies of Part III if additional space is needed.

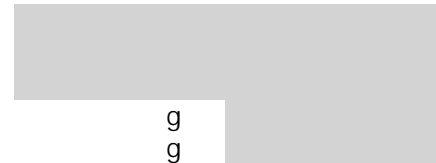
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

\daaPh' bcPcT' R^[[TVT' U^d] SPcX^] ' X] R

FB<@?GEEHA

AE

' @GC?@@@B' AD@BEE' F@@H' A?AA=?D???' \daaPh' bcPcT' R^[[TVT' U^d] ' F@@Hnn@'



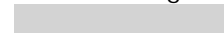
g
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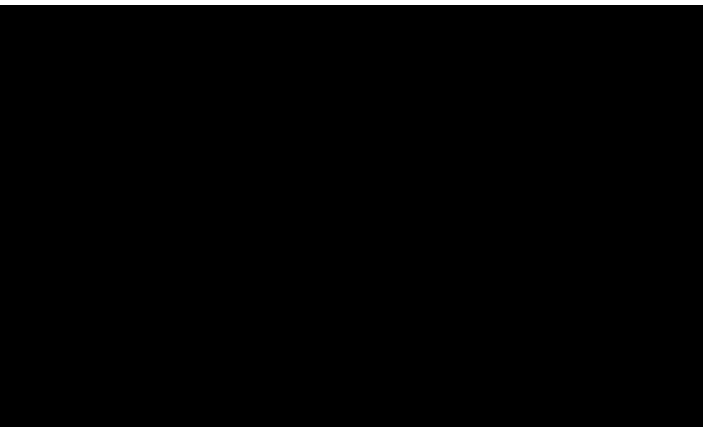
@G; ??? =

g
g

@G; ??? =



g



_Pac' XX<Q; '[X]T' @; '[^QQhX]V' PRcXeXcXTbl'

[^QQhX]V' PRcXeXcXTb' R^] bXbc' ^U' P' R^] caPRc' [^QQhXbc' fW' \PX] cPX] b' P]

^] V^X] V' SXP[^VdT' fXcW ZTh' [TVXb[Pc^ab' R^] RTa] X] V' WXVWTa' TSdRPcX^] =

--	--	--

\daaPh'bcPcT'R^[[TVT'U^d]SPcX^]'XR FB<@?GEEHA

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) c - Stpf, qprz	(d) cwftt Stpf, qprz	(e) U-1f Stpf, qprz
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows 1-9.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows 1-9 and a Total row.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows 1-9 and a Total row.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 9

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	@; ?@F; F?? =
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	GCD; ?EG =	
b	Donated services and use of facilities	2b	AD; FA? =	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		GF?; FGG =
3	Subtract line 2e from line 1		3	@CE; H@A =
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	A?; DEA =	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		A?; DEA =
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	@EF; CFC =

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	C@H; H@H =
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		? =
3	Subtract line 2e from line 1		3	C@H; H@H =
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	A?; DEA =	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		A?; DEA =
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	CC?; CG@ =

_Pac' g; ' [X] T' AI'

cW' U^d] SPcX^] ' Xb' TgT\ _c' Ua^\ UTSTaP[' P] S' bcPcT' X] R^\ T' cPgTb' d] STa' cW'

_a^eXbX^] b' ^U' X] cTa] P[' aTeT] dT' R^ST' bTRcX^] ' D?@7R87B8= ' W^fTeTa; ' cW'

U^d] SPcX^] ' Xb' bdQYTRc' c^ UTSTaP[' X] R^\ T' cPg' ^] ' P] h' d] aT[PcTS' QdbX] Tbb

cPgPQ[T' X] R^\ T=] ^] T' ^U' cW' U^d] SPcX^] 6b' UTSTaP[' ^a' bcPcT' X] R^\ T' cPg

aTcda] b' PaT' RdaaT] c[h' d] STa' TgP\ X] PcX^] ' Qh' cW' X] cTa] P[' aTeT] dT' bTaeXRT' ^a

Qh' cW' ^Z[PW^\ P' cPg' R^\ XbbX^] ='

cW' U^d] SPcX^] ' WPb' PS^ _cTS' cW' aTR^V] XcX^] ' aT' dXaT\ T] cb' U^a' d] RTacPX]

X] R^\ T' cPg' _^bXcX^] b' Pb' aT' dXaTS' Qh' VT] TaP[[h' PRRT' _cTS' PRR^d] cX] V

aX] RX [Tb= ' X] R^\ T' cPg' QT] TUXcb' PaT' aTR^V] Xi TS' U^a' X] R^\ T' cPg' _^bXcX^] b

cPZT] ' ^a' Tg' TRcTS' c^ QT' cPZT] ' X] ' P' cPg' aTcda] ' ^] [h' fW] ' Xc' Xb' STcTa\ X] TS

Part XIII Supplemental Information (continued)

cWPc' cWT' X] R^\T' cPg' _^bXcX^] ' fX[[' \^aT<[XZT[h<cWP] <] ^c' QT' bdbcPX] TS' d_^]
TgP\X] PcX^] b' Qh' cPgX] V' PdcW^aXcXTb=' cWT' U^d] SPcX^] ' WPb' P] P[hi TS' cPg
_^bXcX^] b' cPZT] ' U^a' UX[X] V' fXcW cWT' X] cTa] P[' aTeT] dT' bTaeXRT' P] S' P[[' bcPcT
YdaXbSXRcX^] b' fW'aT' Xc' ^_TaPcTb=' cWT' U^d] SPcX^] ' QT[XTeTb' cWPc' X] R^\T' cPg
UX[X] V' _^bXcX^] b' fX[[' QT' bdbcPX] TS' d_^] ' TgP\X] PcX^] ' P] S' S^Tb'] ^c
P] cXRX_PcT' P] h' PSYdbc\T] cb' cWPc' f^d[S' aTbd[c' X] ' P' \PcTaXP[' PSeTabT' TUUTRc
^] ' cWT' U^d] SPcX^] 6b' UX] P] RXP[' R^] SXcX^] ; ' aTbd[cb' ^U' ^_TaPcX^] b; ' ^a' RPbW
U[^f b=

Multiple horizontal lines for supplemental information.

\daaPh'bcPcT'R^[[TVT'U^d]SPcX^]'X]R

FB<@?GEEHA

g

AI FF5MGH5H9'7C@9,9
CB9' AI F5M75ADI G
H-G<CA=B; C? 'C?' + (*\$

' \$! \$, ,)&*+)\$%&7Lfl L

\$"

+ ž\$\$&"

G7<C@5FG<=DG



For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

Name of the organization

\daaPh' bcPcT' R^[[TVT' U^d] SPcX^] ' X] R

Employer identification number

FB<@? GEEHA

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

First-class or charter travel
Travel for companions

Housing allowance or residence for personal use
Payments for business use of personal residence

	Yes	No
1b		
2		
3		
4		
4a		g
4b		g
4c		g
5		
5a		g
5b		g
6		
6a		g
6b		g
7		
7		g
8		
8		g
9		
9		

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization \ daaPh' bcPcT' R^ [[TVT' U^d] SPcX^] ' X] R
Employer identification number F B < @ ? G E E H A

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AI FF5MGH5H9 7C@@9 9 : Q B85H-CB' GH 89BH <Q G-B' '@@' fGH 89BH <Q G-B' Lz' CB9 AI FF5M 75ADI G' H-G-CA-B' C? ' C? ' ' (*\$	d =@-B' ' : CF' I G9' 6MAI FF5M G-5H9 7C@@9 9	C?@5<CA5	&%ž(\$, "	&ž&&' ž&(&" : Q B85H-CB	AI FF5MGH5H9 7C@@9 9

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had 2 itw

(a)	(b)	(c)	(d)	(e)	Cj (f) 2	(g) Section 512(b)(13) & foreign c controlled entity?	
						Yes	No
AI FF5MGH5H9 7C@@9 9 ! ' ' \$! \$, ,) &* + CB9 AI FF5M75ADI G H-G-CA-B' C? ' C? ' ' (*\$	7C@@9 9	C?@5<CA5) \$%f7Lf l Ł	@-B9' &	B#5		g

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ~ ~ ~ ~ ~	1a	g
b Gift, grant, or capital contribution to related organization(s) ~ ~ ~ ~ ~	1b	g
c Gift, grant, or capital contribution from related organization(s) ~ ~ ~ ~ ~	1c	g
d Loans or loan guarantees to or for related organization(s) ~ ~ ~ ~ ~	1d	g
e Loans or loan guarantees by related organization(s) ~ ~ ~ ~ ~	1e	g
f Dividends from related organization(s) ~ ~ ~ ~ ~	1f	g
g Sale of assets to related organization(s) ~ ~ ~ ~ ~	1g	g
h Purchase of assets from related organization(s) ~ ~ ~ ~ ~	1h	g
i Exchange of assets with related organization(s) ~ ~ ~ ~ ~	1i	g
j Lease of facilities, equipment, or other assets to related organization(s) ~ ~ ~ ~ ~	1j	g
k Lease of facilities, equipment, or other assets from related organization(s) ~ ~ ~ ~ ~	1k	g
l Performance of services or membership or fundraising solicitations for related organization(s) ~ ~ ~ ~ ~	1l	g
m Performance of services or membership or fundraising solicitations by related organization(s) ~ ~ ~ ~ ~	1m	g
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) ~ ~ ~ ~ ~	1n	g
o Sharing of paid employees with related organization(s) ~ ~ ~ ~ ~	1o	g
p Reimbursement paid to related organization(s) for expenses ~ ~ ~ ~ ~	1p	g
q Reimbursement paid by related organization(s) for expenses ~ ~ ~ ~ ~	1q	g
r Other transfer of cash or property to related organization(s) ~ ~ ~ ~ ~	1r	g
s Other transfer of cash or property from related organization(s) ~ ~ ~ ~ ~	1s	g

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

CC