Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2022, or fiscal year beginning 4/01, 2022, and ending 3/31, 20 2023 Do not send to the IRS. Keep for your records.

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer		EIN or SSN	
ITALIAN CULTUR	AL CENTER OF SAN DIEGO	95-3608624	
Name and title of officer or person subject to	tax	77	
DON STADELLI TREASUR	ΣR		
	and Return Information		
and Form 5330 filers may enter 6a, 7a, 8a, 9a, or 10a below, and 6b, 7b, 8b, 9b, or 10b, whichever line below. Do not complete mor	dollars and cents. For all other forms, ento the amount on that line for the return bein is applicable, blank (do not enter -0-). Bu e than one line in Part I.	er the applicable amount, if any, from the return. Form 8038-CP er whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a ng filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, at, if you entered -0- on the return, then enter -0- on the applicable	,
1a Form 990 check here 2a Form 990-EZ check here		Part VIII, column (A), line 12)	~
3a Form 1120-POL check here		2)	
4a Form 990-PF check here	b Tax based on investment income	e (Form 990-PF, Part V, line 5)	
5a Form 8868 check here		5b	
6a Form 990-T check here	b Total tax (Form 990-T, Part III, lin	ne 4)	
7a Form 4720 check here	b Total tax (Form 4720, Part III, line	e 1)	
8a Form 5227 check here	b FMV of assets at end of tax year	(Form 5227, Item D)	
9a Form 5330 check here	b Tax due (Form 5330, Part II, line	19)	
10a Form 8038-CP check here.	b Amount of credit payment reques	sted (Form 8038-CP, Part III, line 22) 10b	
Part II Declaration and S	gnature Authorization of Officer	or Person Subject to Tax	=
and belief, they are true, correct, electronic return. I consent to all IRS and to receive from the IRS of processing the return or refund, and initiate an electronic funds withdraw of the federal taxes owed on this U.S. Treasury Financial Agent at financial institutions involved in tinquiries and resolve issues relat return and, if applicable, the consequence on the tax year 2022 electronic agency (ies) regulating charitic return's disclosure consent. As an officer or person subject return. If I have indicated with the IRS Fed/State program, I	of the 2022 electronic return and accomp and complete. I further declare that the above my intermediate service provider, transita) an acknowledgement of receipt or reast (c) the date of any refund. If applicable, I au al (direct debit) entry to the financial institution to det 1-888-353-4537 no later than 2 business ne processing of the electronic payment of detected to the payment. I have selected a personant to electronic funds withdrawal. **RATTINI** CPA** APC** **ERO firm name** **Denically filed return. If I have indicated with the payment of the IRS Fed/State program, I also served to tax with respect to the entity, I will enter in this return that a copy of the return is being will enter my PIN on the return's disclosure of the served to the entity of the return is disclosure of the served to the entity of the return is disclosure of the enter my PIN on the return's disclosure of the served to the entity of the return is disclosure of the enter my PIN on the return's disclosure of the enterminant in the payment of the return is disclosure of the enterminant in the payment of the return is disclosure of the enterminant in the payment of the return is disclosure of the enterminant in the payment of the return is disclosure of the payment	rentity or I am a person subject to tax with respect to (EIN) companying schedules and statements, and, to the best of my knowledge amount in Part I above is the amount shown on the copy of the smitter, or electronic return originator (ERO) to send the return to the son for rejection of the transmission, (b) the reason for any delay in atthorize the U.S. Treasury and its designated Financial Agent to son account indicated in the tax preparation software for payment being the entry to this account. To revoke a payment, I must contact the days prior to the payment (settlement) date. I also authorize the sonal identification number (PIN) as my signature for the electronic to enter my PIN To enter my PIN O0933 The enter five numbers, but do not enter all zeros thin this return that a copy of the return is being filed with a state so authorize the aforementioned ERO to enter my PIN on the To my PIN as my signature on the tax year 2022 electronically filed and filed with a state agency(ies) regulating charities as part of consent screen. Date	the n
	d Authentication		_
ERO's EFIN/PIN. Enter your six-onumber (EFIN) followed by your to live the live that the above numeric am submitting this return in a	ive-digit self-selected PIN. entry is my PIN, which is my signature on the	30318592119 Do not enter all zeros 2022 electronically filed return indicated above. I confirm that I 4163, Modernized e-File (MeF) Information for Authorized IRS e-file	,
Providers for Business Returns.		. ,	
ERO's signature LORI A. ZA	RATTINI, CPA	Date	_
	EDOM: D T.		-
		Form — See Instructions e IRS Unless Requested To Do So	

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 142,031. 13 Professional fees and other payments to independent contractors 13 14,263. 14 Occupancy, rent, utilities, and maintenance 14 15,773. 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) SEE SCHEDULE O 16 15,194. 17 Total expenses. Add lines 10 through 16 17 188,377.	Α	Fort	he 2022 calendar year, or tax year beginning $4/01$, 2022, and ending $3/31$,	2023		
Table Tabl	В	Check	if applicable: C	Employer id	entification number		
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SAN DIEGO, CA 92103 F Group Exemption F		Name					
Provided P		Initial i	CAN DIECO CA 02103	·			
Section points Section	L	1	um/ terminated	61923	70601		
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Website: WIWN_TCC-SD.ORG S01(c)() 501(c)() (insert no.) 497(a)(1) or 377	G	Acco	unting Method: X Cash Accrual Other (specify):	X if the	organization is not		
Form of organization:	1	Web:	site: WWW.ICC-SD.ORG required to	o attach s	Schedule B		
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total sessels (Part II, column (8)) are \$500,000 or more, file form 990.EZ. \$156,513. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part I. \$\frac{1}{X}\$ Contributions, gifts, grants, and similar amounts received. \$1 1 141,156. \$2 139,457. \$3 Membership dues and assessments. \$3 2,875. \$4 1 Notestment income. \$4 2 139,457. \$3 Membership dues and assessments. \$3 2,875. \$4 1 Notestment income. \$4 2 25. \$5 Gross amount from sale of assets other than inventory. \$5 Sa Gross amount from sale of assets other than inventory. \$5 Sa Gross amount from sale of assets other than inventory. \$5 Sa Gross income from quarising events. \$5 Sa Gross income from fundraising events. \$5 Sa Gross income from fundraising events (not including \$5 Sa Gross income from fundraising events (not including \$5 Sa Gross income from fundraising events (not including \$5 Sa Gross income from fundraising events (not including \$5 Sa Gross income from fundraising events (not including \$5 Sa Gross income from fundraising events (not including \$5 Sa Gross income from fundraising events (not including \$5 Sa Gross income from fundraising events (not including \$5 Sa Gross income from fundraising events (not including \$5 Sa Gross income from fundraising events (not including \$5 Sa Gross income from fundraising events (not including \$5 Sa Gross income and contributions exceeds \$15,000). \$6 Sa Gross income and contributions exceeds \$15,000 Sa Gross income from fundraising events (not gross income and contributions exceeds \$15,000). \$6 Sa Gross sales of inventory, less returns and allowances. \$7 Sa Gross sales of inventory, less returns and allowances. \$7 Sa Gross sales of inventory, less returns and allowances. \$7 Sa Gross sales of inventory, less returns and allowances. \$7 Sa Gross sales of inventory (subtract	J	Tax-ex	temperature (closek dilly close))). 			
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	BA	A Foi		1-1			

Par	Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II)	action in this Part II			60.00
	Check if the organization used Sche	dule O to respond to any qu		A) Beginning of yea		(B) End of year
22	Cash, savings, and investments			159,871.		128,007.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets.			159,871		128,007.
26	Total liabilities (describe in Schedule O)			0.	26	0.
27	Net assets or fund balances (line 27 of			159,871.	27	128,007. Expenses
Par	t III Statement of Program Service Ac Check if the organization used Sci	complishments (see the inst hedule O to respond to any o	ructions for Part III)	\overline{X}	(D	•
What i	s the organization's primary exempt purpose? SEE	SCHEDULE O				uired for section 501) and 501(c)(4)
Desc	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	ccomplishments for each of manner, describe the service	its three largest prograces provided, the numb	m services, as per of persons		nizations; optional thers.)
28	ITALIAN LANGUAGE COURSES PROMOTE ITALIAN LANGUAGE		KIMATELY 120 ST	UDENTS TO		
	(Grants \$) If th	is amount includes foreign g	rants, check here		28 a	110,710.
29	SPECIAL CULTURAL EVENTS T	O PROMOTE ITALIAN	CULTURE TO THE	GENERAL		
	(Grants \$) If th	is amount includes foreign g	rants, check here		29a	1,549.
30	NEWSLETTER TO APPROXIMATE				===	1,545.
	ORGANIZATIONS INCLUDING S			INFORM AND		
	EDUCATE					
		is amount includes foreign g			30 a	
31	Other program services (describe in Sch (Grants \$) If th					
32	Total program service expenses (add lin	is amount includes foreign g			31 a	112,259.
Par	t IV List of Officers, Directors,	Trustees, and Kev Emp	plovees (list each one ever	if not compensated — si		instructions for Part IV)
	Check if the organization used Sc	hedule O to respond to any o	question in this Part IV.		2	A
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-)		s, oyee erred	(e) Estimated amount of other compensation
CAF	OL GRATZKE PATTERSON					
	ARD MEMBER	1	0.		0.	0.
	ALD C STADELLI					
	ASURER	10	0.		0.	0.
	RBARA CARRA	1.0				
	E PRESIDENT IL PITINGARO	10	0.	-	0.	0.
	SIDENT	10	0.		0.	0.
	VIA METZGER	10	0.		0.	0.
	ARD MBR/INSTR	1	0.		0.	0.
	RICK NARDULLI					
	ARD MEMBER	1	0.		0.	0.
	SIN WITKIN					
	ARD MEMBER	1	0.		0.	0.
	<u>IIEL MAZZELLA</u> RD MEMBER	1	_			_
	GELA RUSCIGNO	<u>_</u>	0.		0.	0.
	RETARY	10	0.		0.	0.
MIC	CHAEL RICCIARDI ARD MEMBER	1			0.	
	CHELA DIBELLA		0.		υ.	0.
	RD/COURS DIR	10	19,460.		0.	0.

	disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37 a	0.		
	Did the organization file Form 1120-POL for this year?		37)	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employ any such loans made in a prior year and still outstanding at the end of the tax year covered	vee; or were by this return?	38	a	Х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved.	38 b	0.		
39	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on line 9	39 a	0.		
b	Gross receipts, included on line 9, for public use of club facilities	39 b	0.		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the	year under:			
	section 4911: 0.; section 4912: 0.; section 495	5: (0.		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in a benefit transaction during the year, or did it engage in an excess benefit transaction in a pri reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations or disqualified persons during the year under sections 4912, 4955, and 4958	or year that has not been			Х
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimburby the organization	sed	0.		
е	All organizations. At any time during the tax year, was the organization a party to a prohibit	ed tax	40		Х
41	shelter transaction? If "Yes," complete Form 8886-T		40	9	
42 a	The organization's books are in care of: DON STADELLI	`	19) 23	7-06	01
	Located at: 3585 5TH AVENUE, STE 102 SAN DIEGO CA	ZIP + 4 921	103		
				1/	1 1
b	At any time during the calendar year, did the organization have an interest in or a signature or other	r authority over a		Yes	-
b		r authority over a inancial account)?	42	_	No X
	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other	ccounts (FBAR).	42		-
	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial At At any time during the calendar year, did the organization maintain an office outside the Un	ccounts (FBAR).			X
c	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country). See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A At any time during the calendar year, did the organization maintain an office outside the Un If "Yes," enter the name of the foreign country:	ccounts (FBAR).			X
c	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country). See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A At any time during the calendar year, did the organization maintain an office outside the Un If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C	ccounts (FBAR). ited States?			X X
c	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country). See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A At any time during the calendar year, did the organization maintain an office outside the Un If "Yes," enter the name of the foreign country:	ccounts (FBAR). ited States?			X
c 43	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country). See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A At any time during the calendar year, did the organization maintain an office outside the Un If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C	ccounts (FBAR). ited States?	42	Yes	X X N/A N/A
c 43 44a	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country). See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A At any time during the calendar year, did the organization maintain an office outside the Un If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be of Form 990-EZ.	ccounts (FBAR). ited States?	42	Yes	X N/A N/A N/A
c 43 44a b	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country). See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A At any time during the calendar year, did the organization maintain an office outside the Un If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C and enter the amount of tax-exempt interest received or accrued during the tax year	ccounts (FBAR). ited States?	42	Yes	X X X N/A N/A N/O
c 43 44a b c	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A At any time during the calendar year, did the organization maintain an office outside the Unif "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year?	ccounts (FBAR). ited States?. heck here completed instead	42	Yes	X X N/A N/A No X X
c 43 44a b c d	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other in the securit	ccounts (FBAR). ited States?. heck here completed instead	42	Yes	X N/A N/A No X X X
c 43 44a b c d	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other in If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial At At any time during the calendar year, did the organization maintain an office outside the Unif "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Coand enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule Q. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	ccounts (FBAR). ited States?. heck here completed instead st be completed	44 44 44 45	Yes	X X N/A N/A No X X
c 43 44a b c d	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other in the interest in or a signature or other financial account in a foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A At any time during the calendar year, did the organization maintain an office outside the Unit "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Cand enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaninform 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	ccounts (FBAR). ited States?. heck here completed instead st be completed	44 44 44 45	Yes	X X N/A N/A No X X X

Form 990	-EZ (2022) ITA	ALIAN CULTURAL CE	NTER OF SAN DI	EGO	95-360	08624	F	² age 4	
							Yes	No	
		engage, directly or indire				46		V	
		c office? If "Yes," complet				46		X	
Part VI		11(c)(3) Organization 501(c)(3) organization		unstions 17 19h a	nd 52 and complete	a tha tahli	20		
	for lines 50	301(c)(3) organization	nis must answer q	uestions 47-430 a	nd 52, and complete	ב נווכ נמטוי	55		
		ne organization used :	Schadula () to resi	and to any questi	on in this Part VI				
	Officer II til	ie organization useu .	ochedule o to res	bond to any questi	on in this rait vi		Yes	No	
		engage in lobbying activities				l/			
		C, Part II						X	
		a school as described in se				-		X	
	-	make any transfers to an		-		-	_	X	
		lated organization a sectio	-				L	Ь.	
		or the organization's five high n received more than \$100,0				key			
	loyees) who each	Treceived more than \$100,0			1				
	(a) Name and title	of each employee	(b) Average hours per week devoted	(c) Reportable compensatio (Forms W-2/1099-MISC/ 1099-NEC)	n (d) Health benefits, contributions to employee	(e) Estimate	ed amou	int of	
	(a) Hamb and the	or such simpley so	to position	1099-NEC)	benefit plans, and deferred compensation	other con	ipensati	on	
NONE									
TIONE									
		er employees paid over \$1			=7				
51 Com	plete this table for	or the organization's five high the organization. If there i	hest compensated indep	endent contractors who	each received more than S	\$100,000 of			
	<u>'</u>			4).T	·,	1.00	e.		
	(a) Name and busin	less address of each independent o	ontractor	(b) Typ	e of service	(c) Com	pensatio	n	
NONE _									
			 						
									
d Tota	al number of oth	er independent contractors	s each receiving over S	100 000					
		n complete Schedule A? N	3						
com	pleted Schedule	A				X Ye	s	∐No	
		re that I have examined this return, ration of preparer (other than office				elief, it is			
uue, correct,	and complete, Decia	ration of preparer (other than office	er) is based on all miormation	or which preparer has any kno	wieage.			_	
Sian	Signature of office	er			Date		_		
Sign Here	DON STADE	דדד							
	Type or print nam				TREASURER				
	Print/Type prepare	er's name	Preparer's signature	Date		PTIN			
D.11	LORT A 7AT	RATTINI, CPA	IORT & ZADATTINI	CPA	Check if self-employed	200225617			
Paid Preparer	Firm's name	LORI A. ZARATTINI,	LORI A. ZARATTINI	CFA		200235617			
Preparer Use Only	Firm's address		- 17		Firm's EIN	20-82674	33		
Jiny						20 020, 155			
May the II	RS discuss this	return with the preparer sh		ructions	017	X Ye	. [No	
	4130433 4113	Totalli Milli dio propaler si	TOTAL ADDIVE: OEE IIISU	dodolia perilipi perilipi	639 · · · · · · · · · · · · · · · · · · ·				
BAA						Form 99	U-EZ	(2022)	

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

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

Department of the Treasury Internal Revenue Service Name of the organization

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 95-3608624 ITALIAN CULTURAL CENTER OF SAN DIEGO Part | Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's Δ name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (ii) EIN (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	(a) 2018	(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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10		The state of				
12	Gross receipts from related activ	rities, etc. (see in:	structions)				
13	First 5 years. If the Form 990 is organization, check this box and	for the organizati	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	******
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						%
15	Public support percentage from	2021 Schedule A,	Part II, line 14				%
1 6 a	33-1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.						
b	33-1/3% support test—2021. If the and stop here. The organization	ne organization die qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	33-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this	box and stop her	e. Explain in Part \	∕I how
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances t	ind-circumstances est. The organiza	s test, check this tion qualifies as a	box and stop her publicly support	e. Explain in Part \ ed organization	√I how the
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	nis box and see ins	tructions

BAA

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.)

_	rans to quanty under the te	ests listed below, p	nease complete r	art II.)			
	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
	any "unusual grants.")	4,381.	10,879.	5,176.	16,494.	17,031.	53,961.
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	195,971.	174,508.	137,639.	156,938.	139,457.	804,513.
	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
·	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	200,352.	185,387.	142,815.	173,432.	156,488.	858,474.
7a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0:
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6.)						858,474.
Sec	tion B. Total Support		, i				
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	200,352.	185,387.	142,815.	173,432.	156,488.	858,474.
1 0 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
-	similar sources	27.	38.	38.	13.	25.	141.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
С	Add lines 10a and 10b	27.	38.	38.	13.	25.	141.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include						-
	gain or loss from the sale of						
	čapital assets (Explain in Part VI.) SEE PART VI			24,000.	24,460.		48,460.
13	Total support. (Add lines 9, 10c, 11, and 12.)	200,379.	185,425.	166,853.	197,905.	156,513.	907,075.
14	First 5 years. If the Form 990 is organization, check this box and	for the organizatio		third, fourth, or fi	fth tax year as a s	section 501(c)(3)	
Sec	tion C. Computation of Pul				0000.0000000000000000000000000000000000	nondeposition SAS	
15	Public support percentage for 20			e 13. column (f)			94.64 %
16	Public support percentage from 2						94.69 %
	tion D. Computation of Inv					10	74.07 0
				d by line 12 sele	(f)	17	0.00 %
17 19	Investment income percentage f			-			0.02 %
18	Investment income percentage f						0.01 %
	33-1/3% support tests—2022. If is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppo	orted organization.	X
	33-1/3% support tests—2021. If I line 18 is not more than 33-1/3%	6, check this box a	ind stop here. The	organization qua	alifies as a publicl	y supported organi	zation
20	Private foundation. If the organiz	zation did not che	ck a box on line 14	4, 19a, or 19b, cl	heck this box and	see instructions	
_				09/09/22		Schedule A	