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TIN: 65-0250478

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A F	or th	e 2021 calendar year, or tax year beginning 01-01-2022 , and ending 12-31 C Name of organization	-2022					
		pplicable: ADOPT-A-VILLAGE IN GUATEMALA INC				cation number		
O Na				65-02504	478			
O Ini	ial re	turn Doing business as						
_		n/terminated		E Telephone number				
		d return Number and street (or P.O. box if mail is not delivered to street address) Room/suit 1264 NE 156th St	e					
		City or town, state or province, country, and ZIP or foreign postal code North Miami Beach, FL 33162		G Gross rece	aints ¢ 26	52 883		
		F Name and address of principal officer:	H(a) Is this		G Gross receipts \$ 262,883			
		FRANCES DIXON		s a group return for dinates? ☐Yes ✓No				
		PO BOX 698 Grants Pass, OR 97528	H(b) Are all	subordinate	S	☐ Yes ☐No		
I Tax	-exer	npt status:	include	ed? ." attach a lis	t See i			
1 W	ebsit	te: WWW.ADOPTAVILLAGE.COM	H(c) Group					
		WITH WILL IS ELECTION I	•	•				
K Forn	n of o	rganization: Corporation Trust Association Other	L Year of forma	tion: 1991	M State o	of legal domicile: OR		
Pa	rt I	Summary		l		_		
		Briefly describe the organization's mission or most significant activities: Partner with the Guatemalan nonprofit, Fundacion Para el Desarrollo Comunal de Huet	wananga ta a	mnower the	Mayra of	northwest		
æ		Guatemala to improve their social and economic conditions through education & vocat		inpower the	мауа оі	northwest		
a								
Ē								
Governance	2	Check this box ▶ □						
		Number of voting members of the governing body (Part VI, line 1a)			3	9		
Se	4	Number of independent voting members of the governing body (Part VI, line 1b) $$.		•	4	9		
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	0			
TCE	6	Total number of volunteers (estimate if necessary)		6				
4		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	1		7b	0		
			Pric	or Year		Current Year		
3		Contributions and grants (Part VIII, line 1h)		350,38	31	213,352		
venue		Program service revenue (Part VIII, line 2g)		200		0		
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,99	98	49,531		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		377,37	70	262,883		
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			_			
		Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4)		162,90	70	208,088		
**		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				0		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)				0		
8		Total fundraising expenses (Part IX, column (D), line 25) 1,001			+			
ă		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	19,37	72	22,920			
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		182,28		231,008		
		Revenue less expenses. Subtract line 18 from line 12		195,09	_	31,875		
Net Assets or Fund Balances	_	- p	Beginning (of Current Ye	· · · · · · · · · · · · · · · · · · ·			
sets	20	Total assets (Part X, line 16)	788,380 711,4					
d B		Total liabilities (Part X, line 26)		700,30		711,405		
Š		Net assets or fund balances. Subtract line 21 from line 20		788,38	30	711,465		
		assess of rana balancest subtract line 21 from line 20 1 1 1 1 1	•	, 50,50		, 11,703		

Pai	rt II Sig	gnature Block					
		f perjury, I declare that I have exa					
	eage ana be nowledge.	elief, it is true, correct, and comple	ete. Declaration	or preparer (other tha	n officer) is base	ed on all informati	on of which preparer has
<u>,</u>	II.						
	_					2023-04-25	
Sign	Sigi	nature of officer				Date	
Here	l k	nces Dixon President					
		e or print name and title					
	r	Print/Type preparer's name	Preparer's	signature	Date	PT:	IN
Paid	ı		<u> </u>	•	2023-05-02	Check if P0 self-employed	1388687
	oarer	Firm's name Touchet LLC	<u> </u>			Firm's EIN 35-27	703417
	Only						
USE	Office	Firm's address > 3117 Oxford Ct				Phone no. (415) 37	0-4178
		Plano, TX 75075					
May +k	ao IDC discu	use this return with the preparer sh	nown above? (soo instructions)			☑ Yes □ No
		iss this return with the preparer sheduction Act Notice, see the s				In 11202V	
0	арсі Могк	Reduction Act Notice, see the s	eparate mstr	actions.	Cat. N	lo. 11282Y	Form 990 (2021
				D 0			
				— Page 2 ———			
orm s	990 (2021)						Page 2
Parl	, ,	tement of Program Service	Accomplis	hments			r age a
I all		_	•				
_		ck if Schedule O contains a respon cribe the organization's mission:	ise or note to a	any line in this Part III .		<u> </u>	
-	•	•) D	lla Camarinal da Urratira		the Meyer of me	who week Constant le to
		Guatemalan nonprofit, Fundacion F ial and economic conditions throud			nango to empow	er the Maya of no	rtnwest Guatemaia to
			,				
2	Did the ora	anization undertake any significan	t program serv	vices during the year wh	nich were not lis	ted on	
_		orm 990 or 990-EZ?					🗆 Yes 🔽 No
	•	scribe these new services on Sche					C les lio
	•	anization cease conducting, or ma		changes in how it condu	icts any prograi	m	
_	services?		5.5		, p. eg. a.	•••	🗌 Yes 🔽 No
		scribe these changes on Schedule	0				
4		e organization's program service a		ts for each of its three	largost program	convices as mea	sured by expenses
•		1(c)(3) and $501(c)(4)$ organization			J 1 J	,	, .
		e, if any, for each program service		•	3		, ,
4a	(Code:) (Expenses \$	154,847	including grants of \$) (Revenue \$)
		ing for the management of a high schoo eir communities. Students earn diploma					
		niversity degree or meaningful employm		astamasis agricultare and	compater serence.	or addated at a prope	ca to paroac professiona.
4b	(Code:) (Expenses \$	60,156	including grants of \$) (Revenue \$)
	Establishmer	nt of a child literacy program.					
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other prog	ram services (Describe in Schedule	e O.)				
	(Expenses	•	ding grants of	\$) (Revenue \$	5)
4e	Total prog	Jram service expenses▶	215,0	03			

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥨	2	Yes	
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 "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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		No
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 "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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 $\cdot \cdot $	11b		No
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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
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	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99	0 (2021)
	Page 4			
	Tage 4			
	990 (2021)			Page 4
Pa	Checklist of Required Schedules (continued)		Vaa	No.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I </i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
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? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>			No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note.		Yes	

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		F	orm 99	0 (2021)
	Page 5 ———————————————————————————————————			
orm	990 (2021)			Page 5
Pa	statements Regarding Other IRS Filings and Tax Compliance (continued)			rage c
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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		No
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7		0.5		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
				l

12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
12	Section F01(c)(29) qualified penprefit health incurance issuers			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in	13a		
D	which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	1 les, complete form 6005.	F	orm 99	0 (2021
				•
	Page 6			
-	000 (2021)			_
	990 (2021)			Page (
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management	1		
4-	Cates the growth and cating magnetic and the growth and the growth and at the terror and a		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more		1	
	members of the governing body?	7a		No
b	members of the governing body?	7a 7b		
b 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			No
8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		Yes	No
8 a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	No
8 a b 9	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b 8a 8b		No No
8 a b 9	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b 8a 8b	e.)	No No No
8 a b 9	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b 8a 8b 9		No No No No
8 a b 9 Se	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b 8a 8b	e.)	No No No
8 a b 9 Se 10a 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 8a 8b 9	e.)	No No No No
8 a b 9 Se 10a b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	7b 8a 8b 9 • Code	e.)	No No No No
8 a b 9 Se 10a b 11a b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O Ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	7b 8a 8b 9 Code 10a 10b 11a	e.) Yes	No No No No
8 a b 9 Se 10a b 11a b 12a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	7b 8a 8b 9 10a 10b	e.) Yes	No No No No

c	Did the organization regularly and consists Schedule O how this was done	ently monitor ar	nd enfo	rce co	mpl •	ianc	e with	the	policy? If "Yes," de	scribe on	120	
13	Did the organization have a written whistle	eblower policy?									13	No
14	Did the organization have a written docum	nent retention a	nd dest	ructio	on po	olicy	?.				14	No
15	Did the process for determining compensa persons, comparability data, and contemp	ition of the follo	wing pe	ersons	s inc	lude	a rev	iew	and approval by inc			
а	The organization's CEO, Executive Director	r, or top manag	ement o	officia	ıl .						15	a No
b	Other officers or key employees of the org	anization .									151	No No
	If "Yes" to line 15a or 15b, describe the pr	ocess on Sched	ule O. S	See in	nstru	ictio	ns.					
16a	Did the organization invest in, contribute a taxable entity during the year?										16	a No
b	If "Yes," did the organization follow a writt in joint venture arrangements under applies status with respect to such arrangements?	en policy or pro cable federal ta	cedure x law, a	requi ind ta	iring ke s	the	orgar to sa	nizat fegu	ion to evaluate its pard the organization	articipation	161	
Se	ction C. Disclosure											
17	List the states with which a copy of this Fo	orm 990 is requ	ired to	be file	ed▶		FL , OI	R				
18	Section 6104 requires an organization to r 501(c)(3)s only) available for public inspen	make its Form 1 ction. Indicate h	.023 (10 now you	024 o u mad	r 10 le th	24-	A, if ap	plica	able), 990, and 990 Check all that apply	-T (section		
	Own website Another's website	Upon rec	quest	\Box c	Other	r (ex	kplain	in S	chedule O)			
19	Describe in Schedule O whether (and if so	, how) the orga	nizatior	n mad	le its	go'				interest		
20	policy, and financial statements available t State the name, address, and telephone n	•	-		•		the o	raan	ization's books and	records:		
		Pass, OR 97528					- 110 01	gan	mzacion o books ana	10001401		
												Form 990 (2021)
				Page	7							
				ruge	. ,							
Form	990 (2021)											Page 7
Par	t VII Compensation of Officers, D		stees	, Key	/ En	npl	oyee	s, H	lighest Compen	sated Emp	loy	ees,
	and Independent Contracto Check if Schedule O contains a res		o any lii	no in t	thic	Dorf	: \ /II					
Se	ection A. Officers, Directors, Truste										•	0
	omplete this table for all persons required to										e or	ganization's tax
year.	List all of the organization's current officer	c directors tru	ctooc ()	whath	or ir	adiv	idualc	or o	rganizations) roga	dloss of amo	unt	
of co	mpensation. Enter -0- in columns (D), (E),	and (F) if no co	mpensa	ation v	was	paid	l.				unic	
	ist all of the organization's current key em											
who i	ist the organization's five current highest of received reportable compensation (box 5 of nization and any related organizations.											000 from the
	ist all of the organization's former officers,						sated	emp	loyees who received	d more than :	\$100	,000
	portable compensation from the organization is tall of the organization's former directo	•	-				canac	sitv. s	as a formor director	or tructoo of	: tha	
	nization, more than \$10,000 of reportable c										tile	
See t	he instructions for the order in which to list	the persons ab	ove.									
<u> </u>	Check this box if neither the organization no	or any related o	rganiza	tion c	omp	ens	ated a	ny c	current officer, direct	tor, or trustee	e	T
	(A) Name and title	(B) Average	Positi	on (da	(C)) t ch	eck mo	ore	(D) Reportable	(E) Reportable	-	(F) Estimated
	Nume and title	hours per	than o	one bo	0x, ι	ınles	ss pers	son	compensation	compensati	on	amount of other
		week (list any hours		oth a direct			and a	1	from the organization	from relate organizatio		compensation from the
		for related						т	(W-2/1099-	(W-2/1099)-	organization and
		organizations below dotted	d M	nst	Officer	Key	Highest employe	Former	MISC/1099- NEC)	MISC/1099 NEC)) -	related organizations
		line)	eg di	tuti	Œ,	əmp		ĕ	,	,		J
			Q #	Institutional		employee	e on					
			Individual trustee or director	Truste		96	compensated ee					
			õ	stee			nsat					
				Ф			be					
(1) Al	NGIE ROBERTS	1.00										
DIREC			X	1	1	1	1		0		0	0
DINE	CTOR	0.00									·	
	TOR DROTHY DEMICHELE	0.00 1.00	-									

DIRECTOR	0.00							
(3) BRUCE POWELL	0.00							
DIRECTOR	0.00	Х				0	0	0
(4) FRANK DIXON	5.00							_
DIRECTOR	0.00	Х				0	0	0
(5) KATHY HIEBERT	1.00							
DIRECTOR	0.00	Х				0	0	0
(6) FRANCES DIXON	20.00							
		Χ		Х		0	0	0
PRESIDENT	0.00							
(7) Susan Hill	0.00							
SECRETARY		Х		Х		0	0	0
	0.00							
(8) THERESA TOUCHET	1.00	Х		х		0	0	0
TREASURER	0.00			^			O .	O .
(9) TED ROSE	15.00							
		Χ		Х		0	0	0
VICE PRESIDENT	0.00							
			<u> </u>					Form 990 (2021)

– Page 8 *–*

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Page **8**

Dart V/II	Section A Officers Directors	Trustees Key Employees	and Highest Compensated Employees (continued)	

(A) Name and title	(B) Average hours per week (list any hours for related	than c is b	ne bo	ox, ι in of	t che inles ficer	and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	2/1099- MISC/1099-NEC)	organization and related organizations

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII		1		1					1	1			1				
c Total from continuation sheets to Part VII, Section A																	
c Total from continuation sheets to Part VII, Section A																	
Total from continuation sheets to Part VII, Section A																	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ≥ 0 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director or trustee, key employee, or highest compensated employee on limited to those listed above) who received more than \$100,000 of the compensation and related organizations greater than \$150,000? If "Yes," complete Schedule? For such individual is easier of the organization of the compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule? For such individual organization or individual for services and the former of the organization? If "Yes," complete Schedule? For such properties of the complete Schedule? For such properties of Sc				-													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ≥ 0 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If **Yes,** complete Schedule J for such individual** For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If **Yes,** complete Schedule J for such individual** No For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If **Yes,** complete Schedule J for such middle J for such present than \$150,000? If **Yes,** complete Schedule J for such present than \$150,000? If **Yes,** complete Schedule J for such present to make the such that the compensation of the complete Schedule J for such present J for such present than \$100,000 of compensation from the organization. Report compensation of the calendar year ending with or within the organization's to year. Section B. Independent Contractors Complete Shallow the lightest compensation of the calendar year ending with or within the organization's to year. Form the organization. Report compensation of the calendar year ending with or within the organization's to year. Form \$90 (202) Page 9 Page 9 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Form \$90 (2021) Page 9 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of services. In the provided Schedule Organization of the calendar year ending with or within the																	
Total number of independent Contractors Complete this table for your five highest compensation from the organization? If Yes, "complete Schedule J for such independent contractors from the organization is table to pure highest compensation from the organization is table to pure highest compensation from the organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "es," complete Schedule J for such individual. Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual individual organization greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensation from any unrelated organizations tave year. (A) No																	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is an organization is an organization is an organization of the compensation and related organization greater than \$150,000? If "res," complete Schedule 1 for such midwidual is easier of the organization of the compensation from any numeriated organization or individual for services rendered to the organization? If "res," complete Schedule 1 for such person Section B. Independent Contractors Compete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation or the calendar year ending with or within the organization is services. Page 9																	
c Total from continuation sheets to Part VII, Section A	h Sub-Total							•				1					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of or proportable compensation from the organization \$100.000 of organization ists any former office, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual is experiment of the compensation from any unrelated organization or individual for services rendered to the organization? Yes," complete Schedule J for such person. Section 8. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year. (A) Name and business address Compensation (A) Name and business address Page 9 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. The compensation of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Total revenue Check if Schedule O contains a response or note to any line in this Part VIII. Total revenue Page 9 Total revenue Related organization Total revenue Related organization organization Total revenue Related organization organization Total revenue Related organization Total revenue Related organization Total revenue Related organization Total revenue Re								•									
Did the organization from the organization P 0 Did the organization list any former office, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule 1 for such individual	d Total (add lines 1b and 1c) $$.							•				0			0		
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Pes," complete Schedule J for such individual . For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Pes," complete Schedule J for such person . Section B. Independent Contractors Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (C) Name and biseliness address Description of services Compensation from the organization in the o					e liste	ed al	oove) who	rec	eived n	nore th	an \$10	00,000				
Iline 1a? If "res," complete Schedule J for such individual																Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section 8. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organizations as year. (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Did the organization list any fo	ormer officer	, director	or trust	ee, ke	ey er	nplo	yee, d	or hi	ghest c	ompen	sated	employe	ee on			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	line 1a? If "Yes," complete Sch	nedule J for s	uch indiv	idual .			•		•						3		No
individual	For any individual listed on line	e 1a, is the s	um of rep	ortable	comp	ensa	tion	and o	other	comp	ensatio	n fron	the				
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	_	izations grea	ter than	\$150,00	0? <i>If</i>	"Yes	," cc	mple	te So	chedule	J for s	such					
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(a) C Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ Form 990 (2021) Page 9 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII C C Reprinted business revenue Page Page Part VIII C C Reprinted business revenue Page Page Page Page Page Page Page Page															mpens	ation	
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ Form 990 (2021) Page 9 Page 9 Total revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Related or exempt function revenue business revenue and revenue revenue 1 to 512 - 514 Jeff add draising events . 1c All other contributions, gifts, grants, and similar amounts not included above 213,352	3	(/	A)		,								(B)				
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Form 990 (2021) Page 9 rm 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII																	
Form 990 (2021) Page 9 rm 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII																	
Form 990 (2021) Page 9 Page 9 Total revenue Revenue Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Check if Schedule O contains a response o																	
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rm 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII			uug 2u						u.z.c.	<i>c,</i>				4100,0	00 0.		
Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Call Ca																Form 99	0 (202)
Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Calc Ca																	
Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII					— ·	Page	9										
Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII	rm 990 (2021)																Page
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defented campaigns			•		ĺ												
function revenue tax under section fevenue t						Tota	al re	venue	2								
derated campaigns										fu	ınction				ta	ax under	section
Indication dues	and devoted compositions	1.								re	evenue					512 -	514
f All other contributions, gifts, grants, and similar amounts not included above 1f 213,352	g Jerateu Campaigns	Tq															
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f All other contributions, gifts, grants, and similar amounts not included above 1f 1f	E inibership dues	10															
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and similar amounts not included above 1f		•															
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	213,352																
lines 1a - 1f:\$	q Noncash contributions included in																

h	Total. Add lines 1a-1f				213,352	!		
					Business Code			
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2	P -							
0.00	20 3							
0	Jerus Persente							
9								
à		:						
	f All other program s							
	9 Total. Add lines 2a					1		<u> </u>
	3 Investment income (similar amounts) .	(incl	uding divider	nds, ir •	nterest, and other	37,031	37,031	
	4 Income from investn	nent	t of tax-exem	pt bo	nd proceeds			
	5 Royalties	<u>.</u>	(:) D -		/ii) Dama			
	l,		(i) Rea	ı	(ii) Personal			
	6a Gross rents	6a						
	b Less: rental expenses	6b						
	c Rental income or (loss)	6с						
	d Net rental income	or (loss)]		
			(i) Securit	ties	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a			12,500			
	b Less: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c			12,500			
	d Net gain or (loss)				•	12,500	12,500	
0	Gross income from fun (not including \$	drais	sing events of					
Revenue	contributions reported	on li	ine 1c).					
70	See Part IV, line 18			8a				
4	b Less: direct expens			8b		J		
Other	c Net income or (loss	s) fro	om fundraisin	ig eve	ents			
	Gross income from g See Part IV, line 19	amii	ng activities.	9a				
	b Less: direct expens	es		9b				
	c Net income or (loss			ctiviti	es			l .
	10a Gross sales of inver returns and allowar	ntor	y, less	10a				
	b Less: cost of goods	sol	d	10b]		
	c Net income or (loss			nvent				
	Miscellaneou	us R	evenue	ı	Business Code			
	11a							
	b							_

	ı	1	1	1
С				
d All other revenue				
e Total. Add lines 11a–11d	>			
12 Total revenue. See instructions	262,883	49,53	1	
				Form 990 (2021
	—— Page 10 ———			
Form 990 (2021)				Page 1 (
Part IX Statement of Functional Expenses				-
Section 501(c)(3) and 501(c)(4) organizations mu	st complete all columns.	All other organization	ons must complete co	olumn (A).
Check if Schedule O contains a response or note to	any line in this Part IX			
Do not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See				
Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign	an 208,088	208,088		
governments, and foreign individuals. See Part IV, lines 15				
and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (
defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section				
401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	616		616	
14 Information technology	320			
15 Royalties				
16 Occupancy	10,121		10,121	
17 Travel	9,681	6,195	3,486	
18 Payments of travel or entertainment expenses for any				
federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				

Insurance . . .

	misce excee	r expenses. Itemize expenses not covered above ellaneous expenses in line 24e. If line 24e amounteds 10% of line 25, column (A) amount, list line 20 ases on Schedule O.)	Ì								
a	Ban	k & Merchant Fees		1,899		720			336		843
Ė	Fun	draising		158							158
c	Lice	ences & Permits		445					445		
c	l										
ē	Allo	other expenses									,
25	Tota	I functional expenses. Add lines 1 through 24e		231,008		215,003		1	5,004		1,001
	repor educa	costs. Complete this line only if the organization ted in column (B) joint costs from a combined ational campaign and fundraising solicitation. k here if following SOP 98-2 (ASC 958-720)									
				— Page 11 ———						Form	990 (2021)
orm	000	(2021)									. 44
	rt X	Balance Sheet									Page 11
ГС	III A		o to on	v line in this Bart IV							
		Check if Schedule O contains a response or note	e to an	y line in this Part ix .	Ī	(A)			•	 (B)	
						Beginning of y	/ear			End of y	/ear
	1	Cash-non-interest-bearing		•	-		82,835	1			74,883
	2	Savings and temporary cash investments			75,628	2			1,104		
	3	Pledges and grants receivable, net				3					
	4	Accounts receivable, net				4					
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of the				5					
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.						6			
ţ2	7	Notes and loans receivable, net						7			
set	8	Inventories for sale or use						8			
Asse	9	Prepaid expenses and deferred charges						9			
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,0)24						
	b	Less: accumulated depreciation	10b	2,0)24		133	10 c			
	11	Investments—publicly traded securities .					629,784	11			635,478
	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 equ	ıal line	33)			788,380	16			711,465
	17	Accounts payable and accrued expenses	•					17			
	18	Grants payable						18			
	19	Deferred revenue						19			
	20	Tax-exempt bond liabilities						20			
S	21	Escrow or custodial account liability. Complete P	art IV c	of Schedule D				21			
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contribution or family member of any of these persons .						22			
Ξ	23	Secured mortgages and notes payable to unrelate	ted thii	d parties	F			23			
	24	Unsecured notes and loans payable to unrelated		•				24			
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties	s,			25			
							_	· 7	_	_	-

26	Total liabilities. Add lines 17 through 25 0	26			0
	Organizations that follow EASR ASC QES, shock here				
27	Net assets without donor restrictions	27			
28	Net assets with donor restrictions	28			
29		29			
30					
31	Retained earnings, endowment, accumulated income, or other funds 788,380	31			711,465
32	Total net assets or fund balances	32			711,465
33	Total liabilities and net assets/fund balances	33			711,465
	<u>'</u>	ı	-	orm 99	0 (2021
					•
	Page 12 ————				
	Tuge 12				
1 990	(2021)				Page 1
art XI	Reconcilliation of Net Assets				. 490 =
11 (/ / 1					
	Check if Schedule O contains a response or note to any line in this Part XI	· i			
T	al accessor (accest accest DartVIII actions (A) that 12)				262.00
					262,88
Tota	al expenses (must equal Part IX, column (A), line 25)	2			231,00
Rev	venue less expenses. Subtract line 2 from line 1	3			31,87
Net	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			788,38
Net	unrealized gains (losses) on investments	5			-108,79
		6			,
	·	\vdash			
Oth	er changes in net assets or fund balances (explain in Schedule O)	9			
Net	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			711,46
art XII	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				 Yes	No
		<u> </u>		Yes	No
	ounting method used to prepare the Form 990:			Yes	No
If t	he organization changed its method of accounting from a prior year or checked "Other," explain on			Yes	No
If the Sch	he organization changed its method of accounting from a prior year or checked "Other," explain on needule O.			Yes	
If the Sch	the organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	No No
If the School Wei	the organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization's financial statements compiled or reviewed by an independent accountant? The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O.			Yes	
If the School Wei	the organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization's financial statements compiled or reviewed by an independent accountant? The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain or checked "			Yes	
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If the School West If "Y sep	the organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization's financial statements compiled or reviewed by an independent accountant? The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain or checked "Other," explain or checked "Other," explain or checked "Other," explain or checked "Ot		2a	Yes	No
If the School West	the organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization's financial statements compiled or reviewed by an independent accountant? Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed arate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis re the organization's financial statements audited by an independent accountant?	on a		Yes	
If the School West September 16 'Yes	the organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization's financial statements compiled or reviewed by an independent accountant? The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The organization changed its method of accounting from a prior year or checked "Other," explain or checked "Other," explain or checked "Other," explain or checked "Other," explain or checked "Ot	on a	2a	Yes	No
If the School West September 16 "Yes	the organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The the organization's financial statements compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant?	on a	2a	Yes	No
If the School West September 16 "Yes	the organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The the organization's financial statements compiled or reviewed by an independent accountant? Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed arate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis The the organization's financial statements audited by an independent accountant? Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	on a	2a	Yes	No
If the School West of	the organization changed its method of accounting from a prior year or checked "Other," explain on needule O. The tree organization's financial statements compiled or reviewed by an independent accountant? Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed arate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis The tree organization's financial statements audited by an independent accountant? Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate solidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a	2a	Yes	No
If the School West of "Your configurations of the If"	the organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The the organization's financial statements compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant? The very compiled or reviewed by an independent accountant?	on a	2a	Yes	No
If the School West of the School	the organization changed its method of accounting from a prior year or checked "Other," explain on ledule O. The the organization's financial statements compiled or reviewed by an independent accountant? Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed arate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis The the organization's financial statements audited by an independent accountant? Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate solidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?	on a basis,	2a 2b	Yes	No
If the School West of the School	the organization changed its method of accounting from a prior year or checked "Other," explain on hedule O. The tree organization's financial statements compiled or reviewed by an independent accountant? Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed arate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis The organization's financial statements audited by an independent accountant? Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate solidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	on a basis,	2a 2b	Yes	No
If the School of	the organization changed its method of accounting from a prior year or checked "Other," explain on needule O. The tree organization's financial statements compiled or reviewed by an independent accountant? The ves,' check a box below to indicate whether the financial statements for the year were compiled or reviewed arate basis, consolidated basis, or both: The organization's financial statements audited by an independent accountant? The organization's financial statements audited by an independent accountant? The organization is financial statements audited by an independent accountant? The organization is financial statements for the year were audited on a separate solidated basis, or both: The organization is consolidated basis and separate basis The organization of its financial statements and selection of an independent accountant? The organization changed either its oversight process or selection process during the tax year, explain in Schema are result of a federal award, was the organization required to undergo an audit or audits as set forth in the Signary in the second or a separate basis.	on a basis, edule O.	2a 2b	Yes	No
If the School of	the organization changed its method of accounting from a prior year or checked "Other," explain on needule O. The tree organization's financial statements compiled or reviewed by an independent accountant? The organization's financial statements compiled or reviewed by an independent accountant? The organization's consolidated basis, or both: The organization's financial statements audited by an independent accountant? The organization's financial statements audited by an independent accountant? The organization basis The organization consolidated and separate basis The organization consolidated basis The organization of its financial statements and selection of an independent accountant? The organization changed either its oversight process or selection process during the tax year, explain in Schements and selection or consolidated basis.	on a basis, edule O.	2a 2b	Yes	No
If the School of	the organization changed its method of accounting from a prior year or checked "Other," explain on needule O. The the organization's financial statements compiled or reviewed by an independent accountant? The organization's financial statements compiled or reviewed by an independent accountant? The organization's financial statements the financial statements for the year were compiled or reviewed arate basis, consolidated basis, or both: The organization's financial statements audited by an independent accountant? The organization's financial statements audited by an independent accountant? The organization or both: The organization basis are the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? The organization changed either its oversight process or selection process during the tax year, explain in School are result of a federal award, was the organization required to undergo an audit or audits as set forth in the State and OMB Circular A-133? The organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	on a basis, edule O. ingle	2a 2b	Yes	No
If the School of	the organization changed its method of accounting from a prior year or checked "Other," explain on needule O. The the organization's financial statements compiled or reviewed by an independent accountant? The organization's financial statements compiled or reviewed by an independent accountant? The organization's consolidated basis, or both: The organization's financial statements audited by an independent accountant? The organization's financial statements audited by an independent accountant? The organization's process or selection process during the tax year, explain in Scheme organization changed either its oversight process or selection process during the tax year, explain in Scheme are sult of a federal award, was the organization required to undergo an audit or audits as set forth in the Scheme organization of the organization of the process or selection of the section of the sect	on a basis, edule O. ingle	2a 2b 2c 3a 3b	Yes	No No
1	27 28 29 30 31 32 33 Tota Tota Rev Net Dor Inv Pric Oth Net	Organizations that follow FASB ASC 958, check here □ and complete lines 27, 28, 32, and 33. Possible 18 Net assets without donor restrictions	Organizations that follow FASB ASC 958, check here □ and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions	Organizations that follow FASB ASC 958, check here □ and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions	Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33. 7 Net assets without donor restrictions

Form 990 (2021)

Additional Data Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

ObjectId: 202301229349301455 - Submission: 2023-05-02

TIN: 65-0250478OMB No. 1545-0047

2022

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a se

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

Nam	e of th	ne organization					Employer identific	ation number
		LAGE IN GUATEMALA INC					' '	ation number
			<u> </u>				65-0250478	
	rt I	Reason for Public ation is not a private four					see instructions.	
1	n garriz	A church, convention of		•	,		(A\(i\	
_		•	•				(A)(I).	
2		A school described in se						
3		A hospital or a cooperat	ive hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).	
4		A medical research organame, city, and state:	inization operat	ed in conjunction with	a hospital desc	ribed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit descril	oed in section
6		A federal, state, or local	government or	governmental unit de	scribed in secti	on 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.)						
8		A community trust desc			(Complete Part	II.)		
9		An agricultural research						ege or university or a
10		non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% 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 organize	ed and operated	d exclusively to test for	r public safety. S	See section 509	(a)(4).	
12		An organization organize more publicly supported on lines 12a through 12	l organizations (described in section 5	09(a)(1) or se	ection 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo	ontrolled by its ority of the direct	supported organistors or trustees of	zation(s), typically by of the supporting orga	giving the supported nization. You must
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the san				
С		Type III functionally supported organization(integrated. A s s) (see instruct	supporting organizations). You must com	n operated in co	onnection with, ar	nd functionally integra	ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution	requirement and		
е		Check this box if the org	ganization recei	ved a written determin	ation from the		pe I, Type II, Type III	functionally
f	Enter	integrated, or Type III n the number of supported						
g		de the following informati						_
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota	I							
		work Reduction Act Not or 990-EZ.	tice, see the I		Cat. No. 1128	5F	Schedule	A (Form 990) 2022

Schedule A (Form 990) 2022

	tion failed				ne organization complete Part II			
Calendar year		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
(or fiscal year beginning in)		(a) 2016	(B) 2019	(6) 2020	(d) 2021	(e) 2022		(I) Iotai
 Gifts, grants, contributions, membership fees received. include any "unusual grant. 	(Do not	256,318	245,078	292,966	350,381	21	3,352	1,358,09
Tax revenues levied for the organization's benefit and e to or expended on its behal								
3 The value of services or fac	ilities							
furnished by a governmenta the organization without ch								
4 Total. Add lines 1 through	3	256,318	245,078	292,966	350,381	21	3,352	1,358,09
5 The portion of total contribute each person (other than a governmental unit or public governmental g	ly							161,06
supported organization) inc line 1 that exceeds 2% of the	ne amount							
shown on line 11, column (i Public support. Subtract li line 4.								1,197,03
Section B. Total Suppor	t			•	•	•		
Calendar year (or fiscal year beginning in)	>	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
7 Amounts from line 4		256,318	245,078	292,966	350,381	21	3,352	1,358,09
8 Gross income from interest dividends, payments receing securities loans, rents, roy	ved on alties and	8,554	12,895	18,674	27,150	3	7,031	104,30
 income from similar source Net income from unrelated activities, whether or not the income is required. 	d business the							
business is regularly carrie Other income. Do not included loss from the sale of capital (Explain in Part VI.).	ude gain or			-7,444	-152	1	.2,500	4,90
11 Total support. Add lines	7 through							1,467,30
10 12 Gross receipts from related	activities,	Letc. (see instruction	ns)			12		· · ·
13 First 5 years. If the Form	990 is for th	he organization's f	irst, second, third	, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	organ	ization, check
this box and stop here .						▶□)	
Section C. Computation		• •						
14 Public support percentage f	•	, , ,		` ,,		14		81.580 %
Public support percentage f 16a 33 1/3% support test—20						15	thic	85.670 %
and stop here. The organi		-						_
b 33 1/3% support test—2 box and stop here. The of the support test—2 17a 10%-facts-and-circumst and if the organization mee	2021. If the organization tances test	e organization did qualifies as a pub — 2022. If the org	not check a box o licly supported or ganization did not	n line 13 or 16a, a ganization check a box on lir	and line 15 is 33 _{1/} ne 13, 16a, or 16b	3% or more, , and line 14	chec 	k this ▶ □ .% or more,
meets the "facts-and-circums b 10%-facts-and-circums more, and if the organizat	tances tes	t-2021. If the or	rganization did no	t check a box on I	ine 13, 16a, 16b, o	or 17a, and I	ine 15	5 is 10% or
meets the "facts-and-circu 18 Private foundation. If the	e organizatio	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	and see		- 0
instructions			<u> </u>			Schodul	 a A /!	▶ □ Form 990) 2022
						Scheduk	. A (.	101111 330) 2022
			Page 3					
Schedule A (Form 990) 2022								Page 3
. ,	hedule fo	or Organizatio	ns Described i	n Section 509	(a)(2)			rage S
(Complete of the organization)	only if you ation fails t	checked the bo	x on line 10 of F	Part I or if the o	rganization faile complete Part II.		und	er Part II. If
Section A. Public Supportation Calendar year	ort	1				T		1
(or fiscal year beginning in)		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
1 Gifts, grants, contribution membership fees received								
include any "unusual gran Gross receipts from admis	its.") . ssions,							

	performed, or facilities furnished in any activity that is related to the									
3	organization's tax-exempt purpose 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									
5	to or expended on its behalf 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									
С	13 for the year. Add lines 7a and 7b									
8	Public support. (Subtract line 7c from line 6.)									
Se	ection B. Total Support			<u> </u>	ļ					
Cale	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2	(f) Tota	al	
(or '	fiscal year beginning in) Amounts from line 6.	(4) 2010	(2) 2013	(6) 2020	(4) 2021	(3) 202.	_	(1)		
10a	Gross income from interest,									
	dividends, payments received on securities loans, rents, royalties and									
_	income from similar sources									
b	Unrelated business taxable income (less section 511 taxes) from									
	businesses acquired after June 30, 1975.									
c	Add lines 10a and 10b.									
11	Net income from unrelated business activities not included on line 10b,									
	whether or not the business is									
12	regularly carried on. Other income. Do not include gain or					+				
	loss from the sale of capital assets									
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,									
	11, and 12.) First 5 years. If the Form 990 is for t	he organization's	first second thi	ird fourth or fift	th tay year as a sec	tion 501(c)	(3) orga	nization	che	ack
14	this box and stop here	-			•		(3) orga			• ()
Se	ction C. Computation of Public	Support Perc	entage							
15	Public support percentage for 2022 (lin	, , ,	•			15				
16	Public support percentage from 2021 S	· · · · · · · · · · · · · · · · · · ·	•			16				
Se	ction D. Computation of Invest Investment income percentage for 20:			v line 13. columi	n (f))	17				
18	Investment income percentage from 2	,	` ,	•	. , ,	18				
	33 1/3% support tests-2022. If the	organization did	not check the bo	x on line 14, and	l line 15 is more tha		and line	2 17 is no	ot	
b	more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the									g ic
D	not more than 33 1/3%, check this box	-						_		0 13
20	Private foundation. If the organization							_	_	
							ule A (F			2022
			Page 4							
Sche	dule A (Form 990) 2022								Pa	ige 4
Par	t IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section	a box on line 12 octions A and C. I	f you checked bo							
Se	ection A. All Supporting Organiz		complete rait v.)							
								Ye	s	No
1	Are all of the organization's supported								T	
	If "No," describe in Part VI how the st describe the designation. If historic an				teu by class or purp	ose,	L	1	+	
2	Nid the organization have any cupnort	ed organization t	hat does not hav	a an IRS datarm	ination of status un	idar saction	-	1	+	

_	509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3a		
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 Part VI what controls the organization put in place to ensure such use.	3b		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3c		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	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 Part VI .	9c		
0a	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		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
	Schedule A	10b (Form	990)	2022
		•	/	
	Page 5 ———————————————————————————————————			
che	dule A (Form 990) 2022		Б	age 5
	t IV Supporting Organizations (continued)		r	age J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations			
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly		Yes	No

_	appoint or elect at least a majority of the organization's directors or trustees at all tim describe in Part VI how the supported organization(s) effectively operated, supervise activities. If the organization had more than one supported organization, describe how remove directors or trustees were allocated among the supported organizations and wapplied to such powers during the tax year.	nes dur ed, or d v the p	ing the tax year? If "No," ontrolled the organization's owers to appoint and/or			
2	Did the organization operate for the benefit of any supported organization other than operated, supervised, or controlled the supporting organization? If "Yes," explain in Page 1.			1		
	carried out the purposes of the supported organization(s) that operated, supervised organization.			2		
S	ection C. Type II Supporting Organizations					
					Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a reach of the organization's supported organization(s)? If "No," describe in Part VI how supporting organization was vested in the same persons that controlled or managed to	ı contr	ol or management of the	1		
S	ection D. All Type III Supporting Organizations		<u> </u>	<u> </u>	<u> </u>	
					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?					
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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
				2		
3	By reason of the relationship described in 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 Part VI the role the organization's supported			3		
S	ection E. Type III Functionally-Integrated Supporting Organizations					
1	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete The organization supported a governmental entity. Describe in Part VI how yo			instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the substantially all of its activities.	Part \ loses, i at the	I identify those supported now the organization was se activities constituted	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in to organization's involvement.	' expla	in in Part VI the reasons for	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			20		
i	a Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No", provide details in Part VI.	icers, o	lirectors, or trustees of each of	3a		
ı	b Did the organization exercise a substantial degree of direction over the policies, progra supported organizations? If "Yes," describe in Part VI. the role played by the organizations			3b		
			Schedule A	(Form	1 990)	2022
	Page 6					
Sche	edule A (Form 990) 2022				F	Page 6
Pa	rrt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				e	
	Section A - Adjusted Net Income		(A) Prior Year (B) Curr (optio	ent Yea onal)	r
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		· <u>-</u>	_	-

9

	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) derdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
10	Line 8 amount divided by Line 9 amount				10	
9	Distributable amount for 2022 from Section C, line 6				9	
8	Distributions to attentive supported organizations to white details in Part VI). See instructions	ich the organization is respons	sive (<i>pro</i>	ovide	8	
7	Total annual distributions. Add lines 1 through 6.				7	
6	Other distributions (describe in Part VI). See instruction	ns			6	
5	Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)			5	
	Amounts paid to acquire exempt-use assets				4	
	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons		3	
	excess of income from activity			ations, in	2	
	Amounts paid to supported organizations to accomplish		organiz	ations in		
	Amounts paid to supported organizations to accomplish	exempt nurnoses			1	Current rear
	ction D - Distributions	Supporting (organi	izations (co	ueu	Current Year
	dule A (Form 990) 2022 rt V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organi	izations (co	ntinued	Page 7
		Page 7				medule A (Form 990) 2022
7	Check here if the current year is the organization instructions)	n's first as a non-functionally-i	integrate	ed Type III sup		organization (see hedule A (Form 990) 2022
6	Distributable Amount. Subtract line 5 from line 4, un temporary reduction (see instructions)	nless subject to emergency	6			
5						
4						
3						
1	, , , , , , , , , , , , , , , , , , ,					
	Section C - Distributable Amount					Current Year
8	Minimum Asset Amount (add line 7 to line 6)					
7	Recoveries of prior-year distributions		7			
6	Multiply line 5 by 0.035		6			
5	Net value of non-exempt-use assets (subtract line 4 from	om line 3)	5			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	3 (for greater amount, see	4			
3	Acquisition indebtedness applicable to non-exempt use Subtract line 2 from line 1d	: assets	3			
	Discount claimed for blockage or other factors (explain in detail in Part VI): Association indebtodes applicable to per exemptions.					
	I Total (add lines 1a, 1b, and 1c)		1d			
	Fair market value of other non-exempt-use assets		1c			
	Average monthly cash balances		1b			
ā	Average monthly value of securities		1a			
1	Aggregate fair market value of all non-exempt-use ass tax year or assets held for part of year):	ets (see instructions for short	1			, , ,
	Section B - Minimum Asset Amount	,		(A) Prior	Year	(B) Current Year (optional)
8	Adjusted Net Income (subtract lines 5, 6 and 7 from	n line 4)	8			
7	production of income (see instructions) Other expenses (see instructions)	ince of property field for	7			
6	Portion of operating expenses paid or incurred for procincome or for management, conservation, or maintena		6			

1 Distributable amount for 2022 from Section C line 6

Additional Data				Return to Form
Return Reference		Е	xplanation Sc	chedule A (Form 990) 2022
	Facts And	a Gircumstances Tes	i i	
	Easte And	d Circumstances Tes	÷	
instructions).				
Supplemental Information. Section A, lines 1, 2, 3b, 3c, 4b, Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; an instructions)	, 4c, 5a, 6, 9a, 9b, 9c, 1 ; Part IV, Section E, line	11a, 11b, and 11c; Pa es 1c, 2a, 2b, 3a and 3	rt IV, Section B, lines 1 and 2; Bb; Part V, line 1; Part V, Secti	Part IV, Section C, line 1; on B, line 1e; Part V
Schedule A (Form 990) 2022		-		Page 8
		- Page 8 ———		
LACESS HOIH 2022			Sch	l nedule A (Form 990) (2022)
d Excess from 2021 e Excess from 2022				
c Excess from 2020				
b Excess from 2019				
a Excess from 2018				
8 Breakdown of line 7:				
7 Excess distributions carryover to 202 3j and 4c.	23. Add lines			
6 Remaining underdistributions for 2022. S lines 3h and 4b from line 1. If the amou than zero, explain in Part VI. See instru	nt is greater ictions.			
5 Remaining underdistributions for years proceedings 2022, if any. Subtract lines 3g and 4a from If the amount is greater than zero, explosee instructions.	om line 2. ain in Part VI .			
c Remainder. Subtract lines 4a and 4b from	m line 4.			
b Applied to 2022 distributable amount				
a Applied to underdistributions of prior ye	ars			
\$				
j Remainder. Subtract lines 3g, 3h, and 3i4 Distributions for 2022 from Section D, line				
i Carryover from 2017 not applied (see instructions)	from line 3f			
h Applied to 2022 distributable amount				
g Applied to underdistributions of prior ye	ars			
f Total of lines 3a through e				
e From 2021				
d From 2020				
c From 2019				
b From 2018				
a From 2017				
See instructions. 3 Excess distributions carryover, if any, to	2022:			
2 Underdistributions, if any, for years prior (reasonable cause required explain in I				
■ DISCIDUCADIE AMOUNT IOF 2022 HOM SECT	ion C, iine o			

Software ID: Software Version:

ObjectId: 202301229349301455 - Submission: 2023-05-02

Schedule B

(Form 990)

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

Internal Revenue Service	Go to <u>www.irs.gov/Form990</u> for the latest inform
Name of the organization ADOPT-A-VILLAGE IN GU	
Organization type (che	eck one):
Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a p
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a privat
	☐ 501(c)(3) taxable private foundation
Check if your organizat Note: Only a section 50	ion is covered by the General Rule or a Special Rule . 01(c)(7), (8), or (10) organization can check boxes for both the Gene
General Rule	
	ration filing Form 990, 990-EZ, or 990-PF that received, during the year property) from any one contributor. Complete Parts I and II. See in:
Special Rules	
under sections to received from a	tion described in section 501(c)(3) filing Form 990 or 990-EZ that me 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 c ny one contributor, during the year, total contributions of the greater ne 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
during the year,	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990 total contributions of more than \$1,000 exclusively for religious, chat the prevention of cruelty to children or animals. Complete Parts I, II,
during the year, If this box is che purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990 contributions exclusively for religious, charitable, etc., purposes, but ecked, enter here the total contributions that were received during the complete any of the parts unless the General Rule applies to this orgable, etc., contributions totaling \$5,000 or more during the year
	on that isn't covered by the General Rule and/or the Special Rules do t it must answer "No" on Part IV, line 2, of its Form 990; or check the

d٥ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of S 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization ADOPT-A-VILLAGE IN GUATEMALA INC

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is ne
(a) No.	(b) Name, address, and ZIP + 4	Tot
RESTRICTED		
		\dashv
(a) No.	(b) Name, address, and ZIP + 4	Tot
(a) No.	(b) Name, address, and ZIP + 4	Tot
•		_
(a) No.	(b) Name, address, and ZIP + 4	Tot
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(a) No.	(b) Name, address, and ZIP + 4	Tot
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(a) No.	(b) Name, address, and ZIP + 4	Tot
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(a) No. from Part I (b) Description of noncash property given (a) No. from Part I (b) Description of noncash property given (a) No. from Part I (b) Description of noncash property given (a) No. from Part I (b) Description of noncash property given (a) No. from Part I (b) Description of noncash property given (c) Description of noncash property given (d) Description of noncash property given (e) Description of noncash property given (a) No. from Part I (b) Description of noncash property given (a) No. from Part I (b) Description of noncash property given (a) No. from Part I (b) Description of noncash property given (a) No. from Part I (b) Description of noncash property given (a) No. from Part II Exclusively religious, charitable, etc., contributions to organizations description of noncash property given (a) Operical Part III Exclusively religious, charitable, etc., contributions to organizations description organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions to organizations description organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions to organizations description organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions to organizations descriptions organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions to organizations descriptions organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions to organizations descriptions organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions to organizations descriptions organizations completing Part III is additional space is needed.	No. from Description of noncash property given	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	6
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chedule B (Form 990) (2022) ame of organization DOPT-A-VILLAGE IN GUATEMALA INC Part III Exclusively religious, charitable, etc., contributions to organizations describe than \$1,000 for the year from any one contributor. Complete columns (a) throrganizations completing Part III, enter the total of exclusively religious, characteristic year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) (b) Purpose of gift (c) Use of gift	chedule B (Form 990) (2022) ame of organization DOPT-A-VILLAGE IN GUATEMALA INC Exclusively religious, charitable, etc., contributions to organizations describe than \$1,000 for the year from any one contributor. Complete columns (a) throorganizations completing Part III, enter the total of exclusively religious, charyear. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) (b) Purpose of gift (c) Use of gift (e) Transfer of gift	-		_
Ame of organization DOPT-A-VILLAGE IN GUATEMALA INC Exclusively religious, charitable, etc., contributions to organizations describe than \$1,000 for the year from any one contributor. Complete columns (a) three organizations completing Part III, enter the total of exclusively religious, characteristic year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) (b) Purpose of gift (c) Use of gift	ame of organization DOPT-A-VILLAGE IN GUATEMALA INC Exclusively religious, charitable, etc., contributions to organizations describe than \$1,000 for the year from any one contributor. Complete columns (a) throorganizations completing Part III, enter the total of exclusively religious, charyear. (Enter this information once. See instructions.) ▶ \$ Use duplicate copies of Part III if additional space is needed. (a) (b) Purpose of gift (c) Use of gift (e) Transfer of gift (fine the properties of the pro		Page 4	
Part III Exclusively religious, charitable, etc., contributions to organizations describe than \$1,000 for the year from any one contributor. Complete columns (a) througanizations completing Part III, enter the total of exclusively religious, charyear. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) (b) Purpose of gift (c) Use of gift	Part III Exclusively religious, charitable, etc., contributions to organizations describe than \$1,000 for the year from any one contributor. Complete columns (a) three organizations completing Part III, enter the total of exclusively religious, charyear. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) (b) Purpose of gift (c) Use of gift (e) Transfer of gift			
than \$1,000 for the year from any one contributor. Complete columns (a) thr organizations completing Part III, enter the total of exclusively religious, characteristic year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) Io. from Part I (b) Purpose of gift (c) Use of gift	than \$1,000 for the year from any one contributor. Complete columns (a) throorganizations completing Part III, enter the total of exclusively religious, charyear. (Enter this information once. See instructions.) \(\) Use duplicate copies of Part III if additional space is needed. (a) (b) Purpose of gift (c) Use of gift (e) Transfer of gift	DOPT-A-V	ILLAGE IN GUATEMALA INC	
lo. from Part I (b) Purpose of gift (c) Use of gift	lo. from Part I (b) Purpose of gift (c) Use of gift (e) Transfer of gift	Part III	than \$1,000 for the year from any one contributor. Complete columns (a) organizations completing Part III, enter the total of exclusively religious, year. (Enter this information once. See instructions.)	throu
		lo.`from	(b) Purpose of gift (c) Use of gift	
/-\ T				

No.`from Part I	(b) Purpose of gift	(c) Use of gift
· <u> </u>	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relati
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift
· <u>=</u>	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relati
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift
. <u>=</u>	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relati

Additional Data

Software ID: Software Version:

Name of the organization

ObjectId: 202301229349301455 - Submission: 2023-05-02

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Employer identification number

TIN: 65-0250478

Department of the Treasury Internal Revenue Service

► 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.
► Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

ADC	PPT-A-VILLAGE IN GUATEMALA INC			65-02	50478
Pa	rt I Organizations Maintaining Donor Advi	sed Funds or (Other Similar Fund		
	Complete if the organization answered "Ye	es" on Form 990	, Part IV, line 6.		
	Total control of the	(a) Don	or advised funds	(b) Funds and other accounts
1	Total number at end of year				
	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 adviso organization's property, subject to the organization's ex	clusive legal contr	ol?		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	r or donor advisor,	or for any other purpo	ose conferrin	
Pai	conservation Easements.		Doub IV line 7		
1	Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organization conservation easements held by the organization answered "Ye				
		`		. 6	ally increases the set area
	Preservation of land for public use (e.g., recreation	n or education)			ally important land area
	☐ Protection of natural habitat		☐ Preservation o	of a certified	historic structure
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conserva	ation contribution in th	e form of a c	conservation Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			. 2b	
С	Number of conservation easements on a certified histori			2c	
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06	, and not on a historic	2d	
3	Number of conservation easements modified, transferred tax year	ed, released, extin	guished, or terminated	d by the orga	nization during the
4	Number of states where property subject to conservation	on easement is loc	ated >		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			ling of violat	ions,
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of	violations, and enforci	ng conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violat	ions, and enforcing co	nservation e	asements during the year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?	,	•	. , , ,	(B)(i)
9	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or			
Par	t III Organizations Maintaining Collections			Other Sim	ilar Assets.
1 -	Complete if the organization answered "Ye If the organization elected, as permitted under FASB AS		•	ment and h	alance sheet works of art
1a	historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	olic exhibition, edu	cation, or research in f		
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub following amounts relating to these items:				
(i) Revenue included on Form 990, Part VIII, line $1 \ . \ . \ .$				▶ \$
(i	i)Assets included in Form 990, Part X				> \$
2	If the organization received or held works of art, histori following amounts required to be reported under FASB	cal treasures, or o ASC 958 relating t	other similar assets for these items:	financial gai	n, provide the
а	Revenue included on Form 990, Part VIII, line 1				> \$

				Page 2					
Schedule D (Forn	n 990) 2021								Pag
	<u> </u>	aintaining Col	lections of	Art, Histor	ical Tre	asures, o	r Other	Similar Assets	
3 Using the		uisition, accession						significant use of i	
a Publ	ic exhibition			d		oan or exch	ange prog	grams	
b Scho	olarly research			е		Other			
	ervation for future								
Provide a o Part XIII.	description of the o	organization's col	llections and ϵ	explain how th	ey furthe	r the organiz	zation's e:	xempt purpose in	
	year, did the orga se sold to raise fur								res 🗆 No
Co	crow and Cust mplete if the org e 21.			on Form 990), Part I\	/, line 9, or	reporte	ed an amount on	Form 990, Part
Is the orga included or	anization an agent n Form 990, Part)	, trustee, custodi X?	an or other in	termediary fo	r contribu	tions or oth	er assets 		′es 🗆 No
b If "Yes," ex	xplain the arrange	ment in Part XIII	and complete	e the following	ı tahle:			Amoun	
•	balance		•	_			1c	7	
	during the year .						1d		
	ns during the year.						1e		
	ance						1f		
							<u> </u>		
a Did the org	ganization include	an amount on Fo	orm 990, Part	X, line 21, for	escrow o	r custodial a	account li	ability? 🗌 Y	'es □ No
b If "Yes," ex	xplain the arrange	ment in Part XIII	. Check here i	if the explanat	ion has b	een provide	d in Part 2	хии 🗆	
	dowment Fund mplete if the ord		warad "Vas"	on Form 000) Dart IV	/ line 10			
	implete il the org	gariizatiori arisv	(a) Current		Prior year		ears back	(d) Three years back	(e) Four years bac
a Beginning o	f year balance .								
b Contribution	ns								
c Net investm	ent earnings, gair	ns, and losses							
d Grants or so	cholarships								
	nditures for facilitiens	es							
f Administrati	ive expenses .								
g End of year	balance								
Provide the	e estimated perce	ntage of the curre	ent vear end b	palance (line 1	a, columi	n (a)) held a	ıs:		L
	gnated or quasi-e	-	,	(9,	(4),			
b Permanent	t endowment 🕨			•					
c Term endo	wment 🕨								
-	ntages on lines 2a, endowment funds		•		nt are held	d and admin	istered fo	or the	Voc. No.
(i) Unrelat	ted organizations							I —	Yes No
• •	d organizations							<u>[3</u>	Ba(ii)
	3a(ii), are the rel	=		-				· · · · L	3b
	n Part XIII the inte			's endowment	funds.				
Co	mplete if the or	ganization ansv	wered "Yes"					m 990, Part X, li	
Description	of property	(a) Cost or oth (investme		(b) Cost or othe	r basis (oth	(c) Acc	umulated (depreciation	(d) Book value
a Land									
b Buildings .									
	mprovements								

2,024

d Equipment .

2,024

o Othor				
e Other	nn (B) line	10(c))	>	
Total. Add lines to through te. (column (a) must equal form 550, fait X, column	III (D), IIIIC	10(0).)		edule D (Form 990) 2021
			Sen	caule 5 (1 01111 350) 2021
Page 3				
Cabadula D (Farm 000) 2021				
Schedule D (Form 990) 2021 Part VII Investments - Other Securities.				Page 3
Complete if the organization answered "Yes" on Form 990,	Part IV, lin	ne 11b.See Forr	n 990, Part	X, line 12.
(a) Description of security or category	(b)	(c) Method o	f valuation:
(including name of security)	Book value	Cost	or ena-or-ye	ar market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3)Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				_
(G)				
(H)				
Tabel (Calumn (h) much agual Farra 000, Darrh V, and (D) line 12.)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	•			
Complete if the organization answered 'Yes' on Form 990,	Part IV, lin	e 11c. See For	m 990, Par	t X, line 13.
(a) Description of investment		b) Book value	(c) №	lethod of valuation:
(1)			Cost or er	nd-of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	*			
Part IX Other Assets.	<u> </u>	•		
Complete if the organization answered 'Yes' on Form 990, F	Part IV, line	e 11d. See Form	990, Part X,	(b) Book value
(a) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				

(7)					1
(8)					
(9)					
Tota	. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			.)	•
Pa	rt X Other Liabilities.				
	Complete if the organization answered 'Yes' on Form 990, Part (a) Description of liability	IV, lir	e 11e or 11f.See Fori	m 990 <u>,</u>	Part X, line 25. (b) Book value
1.					(b) Book value
(1)	ederal income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total	(Column (b) must equal Form 990, Part X, col.(B) line 25.)			-	
	ability for uncertain tax positions. In Part XIII, provide the text of the footnote to	the o	rganization's financial st	atement	s that reports the
	Page 4 ——				
Sche	dule D (Form 990) 2021				Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990, Part			Return.	•
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	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.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Par	XII Reconciliation of Expenses per Audited Financial Statem			Retur	n.
1	Complete if the organization answered 'Yes' on Form 990, Part Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			_	
ے a	Donated services and use of facilities	2a	Ī		
b	Prior year adjustments	2b		\dashv	
c	Other losses	2c		\dashv	
d	Other (Describe in Part XIII.)	2d		\dashv	
e	Add lines 2a through 2d	_ <u></u> _		2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		· ·	<u> </u>	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	İ		
b	Other (Describe in Part XIII.)	4b			

c Add lines 4a and 4b							
Part XIII Supplemental Information	3 () () () () () () () () () (
Provide the descriptions required for Part II, lines 3, 5, and lines 2d and 4b; and Part XII, lines 2d and 4b. Also comp	nd 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, elete this part to provide any additional information.						
Return Reference	Explanation						
Schedule D (Form 990) 2021							
Additional Data Return to Form Software ID:							

Software Version:

efile Public Visual Render ObjectId: 202301229349301455 - Submission: 2023-05-02 TIN: 65-0250478 OMB No. 1545-0047 **SCHEDULE F** Statement of Activities Outside the United States (Form 990) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection

Open to Public Internal Revenue Service Name of the organizatio Employer identification number ADOPT-A-VILLAGE IN GUATEMALA INC Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used Yes No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures program service, describe specific type of service(s) in the region employees, agents and independent offices in the gion (by type) (such as, for and investments fundraising, program services, investments, grants region in the region contractors in the region to recipients located in the region)

3a Sub-total . **b** Total from continuation sheets to Part I .

c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50082W

Schedule F (Form 990) 2022

- Page 2 Schedule F (Form 990) 2022 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(b) IRS code (a) Name of (d) Purpose of (e) Amount of (f) Manner of (g) Amount of noncash (h) Description of noncash (i) Method of valuation (c) Region

ObjectId: 202301229349301455 - Submission: 2023-05-02

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

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 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

Inspection

TIN: 65-0250478

Name of the organization **Employer identification number** ADOPT-A-VILLAGE IN GUATEMALA INC 65-0250478

		03-0230470
Return Reference	Explanation	
Officer directors etc family relationship Part VI line 2	President Frances Dixon is the mother of Director Frank Dixon.	
Committee meeting documentation Part VI line 8b	Adopt-a-Village in Guatemala does not have any committees.	
Form 990 governing body review Part VI line 11	The President presents the return to the Board of Directors for review.	
Governing documents etc available to public Part VI line 19	A copy of the return is available by request by mailing the organization at PO Bo	x 698, Grants Pass, OR 97528.
For Paperwork Reduc	tion Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K	Schedule O (Form 990) 2021

Additional Data Return to Form

> **Software ID: Software Version:**