# 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.

Department of the Tressury Internal Revenue Service

| _                       |       | evenue Service       | Go to www.irs.gov/Form990 for instructions and the in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | atest inform                            | ration.                |                          |                    | nspection 🧐     |
|-------------------------|-------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------|--------------------------|--------------------|-----------------|
| <u>A</u>                | For   | the 2022 cal         | endar year, or tax year beginning and ending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                        |                          |                    |                 |
| В                       | Check | if applicable        | C Name of organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | reservite and the                       | 1000                   | D Emple                  | oyer identifica    | tion number     |
| _                       | _     |                      | CHRISTEL HOUSE INTERNATIONAL, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                        |                          |                    |                 |
| _                       | Add   | iress change         | Doing business as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                        | 35-2                     | 051932             |                 |
|                         | Ner   | ne change            | Number and street (or P.O. box if mail is not delivered to street address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Room/su                                 | ite                    | E Telepi                 | hone number        |                 |
|                         | Inth  | ini return           | 10 WEST MARKET STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1990                                    |                        | (317                     | 1464-20            | 10              |
|                         | 4     | el roterniternamical | City or town, state or province, country, and ZIP or foreign postal code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                                       |                        | -                        | receipts \$        |                 |
| L                       | _     | ended return         | INDIANAPOLIS, IN 46204                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                        |                          | 28,52              | 8,111.          |
| L                       | App   | dication pending     | F Name and address of principal officer: JOSEPH P. SCHNEIDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         | H(a) to this           |                          |                    | Yes X No        |
| _                       |       |                      | 10 WEST MARKET ST, STE 1990, INDIANAPOLIS, IN 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6204                                    | H(b) Are a             | dinates?<br>A subordinat | es included?       | Yes No          |
| 1_                      | Tex   | -exempt status:      | X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 527                                     |                        |                          | e list. See instru |                 |
| J                       | Wel   | belto: WV            | W.CHRISTELHOUSE.ORG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | H(c) Group             | p exemption              | n number           |                 |
| K                       | Fon   | m of organization    | on: X Corporation Trust Association Other L. Y.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ear of format                           | ion: 199               | 8 M Sta                  | te of legal dom    | nícile: IN      |
|                         | art   | Summ                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                        | -                        |                    |                 |
|                         | 1     | Briefly des          | scribe the organization's mission or most significant activities: CHRISTEL H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OUSE TI                                 | RANSFO                 | RMS T                    | HE LIVES           | 3               |
| 9                       |       | OF CH                | ILDREN BY BREAKING THE CYCLE OF POVERTY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                        |                          |                    |                 |
| 5                       |       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                        |                          |                    |                 |
| Activities & Governance | 2     | Check this           | box if the organization discontinued its operations or disposed of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of more th                              | nan 25%                | of its                   | net assets.        |                 |
| 8                       | 3     | Number of            | voting members of the governing body (Part VI, line 1a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                        | 3                        |                    | 18              |
| ed                      | 4     | Number of            | f independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2 MAR 8 1                               |                        | 4                        |                    | 16              |
| 1                       | 5     | Total numi           | ber of individuals employed in calendar year 2022 (Part V, line 2a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                        | . 5                      |                    | 25              |
| 훓                       | 6     | Total numi           | ber of volunteers (estimate if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                        | 6                        |                    | 12              |
| ₹                       | 7.    | a Total unrel        | lated business revenue from Part VIII, column (C), line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                        | 78                       | -                  | 13,813.         |
|                         |       | b Net unrela         | ted business taxable income from Form 990-T, Part I, line 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                        | 7b                       |                    | 1,396.          |
|                         |       | 0,20,30              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                       | Prior Ye               |                          |                    | nt Year         |
| •                       | 8     | Contributio          | ons and grants (Part VIII, line 1h)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | 14,179                 |                          |                    | 371,988.        |
| Ē                       | 9     | Program s            | ervice revenue (Part VIII, line 2g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 222                                     | 1,353                  |                          |                    | 750,000.        |
| Revenue                 | 10    | Investment           | t income (Part VIII, column (A), lines 3, 4, and 7d).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | 2,974                  |                          |                    | 92,506.         |
|                         | 11    | Other reve           | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 387                                     |                        | ,002.                    | -11,363.           |                 |
| -                       | 12    |                      | nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         | 18,546                 | _                        |                    | 03,131.         |
|                         | 13    | Grants and           | similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | 8,652                  |                          |                    | 41,047.         |
|                         | 14    | Benefits pa          | aid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | NONE                   |                          | NONE               |                 |
| 55                      | 15    | Salaries, o          | ther compensation, employee benefits (Part IX, column (A), lines 5-10).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | 3,325                  | ,603.                    | 4,1                | 65,271.         |
| 200                     | 16    | a Profession         | al fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                        | NONE                     |                    | NONE            |
| ×                       |       | <b>b</b> Total fundr | aising expenses (Part IX, column (D), line 25)1, 259, 830.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                        |                          |                    |                 |
|                         | 17    | Other expe           | nses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | 2,107                  | ,082.                    | 2,5                | 92,343.         |
|                         | 18    |                      | nses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 14,085                 | ,311.                    | 17,2               | 98,661.         |
| -                       | 19    | Revenue le           | ss expenses. Subtract line 18 from line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         | 4,461                  | ,070.                    | 2,1                | 04,470.         |
| 10 00                   |       | _                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | ing of Curr            |                          | End of             |                 |
|                         | 20    | Total assets         | в (Part X, line 16)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | 93,680                 | ,993.                    | 81,9               | 00,021.         |
| 72                      | 21    | Total liabilit       | tles (Part X, line 26)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | L5,604                 | ,192.                    | 7,9                | 27,699.         |
|                         | 22    |                      | or fund balances. Subtract line 21 from line 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         | 78,076                 | ,801.                    | 73,9               | 72,322.         |
|                         | rt II |                      | ure Block                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                        |                          |                    |                 |
| true                    | , con | rect, and coggi      | ury, I declare that I have examined this return, including accompanying schedules and st<br>late, Declaration of preparar (other than officer) is based on all information of which preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | atements, an<br>rhas <b>any</b> kno     | d to the be<br>wisdoe. | st of my                 | knowledge an       | d belief, it is |
|                         |       |                      | 19-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | *************************************** |                        |                          |                    |                 |
| Sig                     | n     | Sumature of          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Date 1                 | 1/15/                    | 2023               |                 |
| Her                     |       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Design                 |                          |                    |                 |
|                         |       |                      | P SCHNEIDER SVP, TREASURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ER, CFO                                 |                        |                          |                    |                 |
| _                       | •     |                      | reparer's name Preparer's signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                        |                          | OTIN               |                 |
| Pald                    |       |                      | ner deutsche deutsche Brande sechtlichen deutsche State deutsche S | 3 = /6 2 2 =                            | Check                  |                          | PTIN               | 122             |
| Prep                    |       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15/2023                                 |                        |                          | P012794            |                 |
| Use                     | Only  | Firm's name          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | im's EIN               |                          | 4-016026           |                 |
| Mari                    | the   | Firm's addres        | this return with the preparer shown shows? Son instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | hone no.               | 3                        | 17-383-4           |                 |
| _                       |       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                        | • • • •                  | . X Yes            | No              |
| ror F                   | ape   | IMOLK KOON           | ction Act Notice, see the separate instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                        |                          | Form 9             | 90 (2022)       |

CHRISTEL HOUSE INTERNATIONAL, INC. 35-2051932 Form 990 (2022) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: CHRISTEL HOUSE PREPARES GRADUATES TO ACHIEVE UPWARD ECONOMIC MOBILITY, DEMONSTRATE GOOD CITIZENSHIP, AND BECOME EMPOWERED TO IDENTIFY AND REALIZE THEIR GOALS, DREAMS, AND HUMAN POTENTIAL. 2 Did the organization undertake any significant program services during the year which were not listed on the Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program Yes If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: ) (Expenses \$ 13,375,875. including grants of \$ 9,634,150. ) (Revenue \$ 750,000. ) ACADEMIC PROGRAMS: THE CORNERSTONE OF CHRISTEL HOUSE IS ITS COMMITMENT TO PROVIDING HIGH QUALITY K-12 ACADEMIC PROGRAMMING AND SUPPORTING ITS GRADUATES AS THEY PURSUE OPPORTUNITIES FOR HIGHER EDUCATION AND/OR VOCATIONAL TRAINING. IN 2022, CHRISTEL HOUSE SERVED 6,652 STUDENTS AND ALUMNI. IT OFFERS EXTENDED ACADEMIC TIME-ON-TASK FOR STUDENTS. 94% OF 2021 STUDENTS RETURNED TO SCHOOL IN 2022 (EXCLUDING GRADUATES). IN 2022, 99% OF STUDENTS PASSED GRADUATION EXAMS AND 95% OF GRADUATES WERE CONTINUING STUDIES OR GAINFULLY EMPLOYED. 4b (Code: ) (Expenses \$ 644,769. including grants of \$ 424,342. ) (Revenue \$ HEALTH AND NUTRITION: A CHILD'S PHYSICAL, MENTAL, AND EMOTIONAL HEALTH DETERMINES ACADEMIC SUCCESS AND IMPACTS OVERALL QUALITY OF LIFE. TWO HEALTHY MEALS AND A SNACK ARE SERVED DURING REGULAR SCHOOL DAYS. MEDICAL, DENTAL, AND VISION CHECK-UPS, AS WELL AS OTHER MEDICAL SERVICES WERE DELIVERED, AND IMMUNIZATIONS ACCORDING TO WORLD HEALTH ORGANIZATION STANDARDS WERE ADMINISTERED WHEN NEEDED. CHILDREN SUFFERING FROM TRAUMA AND LOSS WERE COUNSELLED BY MENTAL HEALTH PRACTITIONERS, AND OTHER HEALTH ISSUES WERE ADDRESSED AS NEEDED THROUGHOUT THE YEAR. ) (Expenses \$ 569,773. including grants of \$ 482,555. ) (Revenue \$ COMMUNITY OUTREACH: CHRISTEL HOUSE LEARNING CENTERS ARE NONRESIDENTIAL AND ITS CHILDREN RETURN HOME EACH EVENING. STUDENTS LEARN THAT THEY HAVE AN OBLIGATION TO GIVE BACK AND MAKE THE WORLD A BETTER PLACE. CHRISTEL HOUSE BELIEVES THAT BY REMAINING CONNECTED TO THEIR ROOTS, STUDENTS WILL BE IN A BETTER POSITION TO MAKE A POSITIVE IMPACT ON THEIR COMMUNITIES. CHRISTEL HOUSE PARTNERS WITH FAMILIES TO CO-CREATE STUDENT SUCCESS AND PROVIDES THEM WITH THE SUPPORT TO ACHIEVE PERSONAL AND ECONOMIC GOALS. PARENT ENGAGEMENT PROGRAMMING BUILDS COMMUNITY, PARENT OWNERSHIP, PLATFORMS TO CAPTURE PARENTS' INPUT, AND FOSTERS PARENT-TO-PARENT

**4d** Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$

**4e** Total program service expenses 14,590,417.

Form 990 (2022)

RELATIONSHIPS.

) (Revenue \$

Form 990 (2022)

Part IV Checklist of Required Schedules

| Part | 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)? If "Yes,"              |     |     |      |
|      | complete Schedule A                                                                                                        | 1   | Χ   |      |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                            | 2   | Χ   |      |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to           |     |     |      |
|      | candidates for public office? If "Yes," complete Schedule C, Part I                                                        | 3   |     | X    |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)              |     |     |      |
|      | election in effect during the tax year? If "Yes," complete Schedule C, Part II                                             | 4   | Χ   |      |
| 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   |     | X    |
| 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   |     | X    |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,                  |     |     |      |
|      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                       | 7   |     | X    |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"        |     |     |      |
|      | complete Schedule D, Part III                                                                                              | 8   |     | X    |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a            |     |     |      |
|      | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or               |     |     |      |
|      | debt negotiation services? If "Yes," complete Schedule D, Part IV                                                          | 9   |     | X    |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments               |     |     |      |
|      | or in quasi endowments? If "Yes," complete Schedule D, Part V                                                              | 10  | X   |      |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,               |     |     |      |
|      | VII, 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,"                     |     | 7.7 |      |
|      | complete Schedule D, Part VI                                                                                               | 11a | Х   |      |
| b    | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more              |     | 3.7 |      |
| _    | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                   | 11b | X   |      |
| С    | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more               | 44. |     | 37   |
| الم  | of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>                           | 11c |     | X    |
| u    | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                        | 11d |     | v    |
| _    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X      | 11e |     | X    |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses    | 116 |     | - /1 |
| •    | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X     | 11f |     | X    |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i> |     |     | - /1 |
| 124  | Schedule D, Parts XI and XII                                                                                               | 12a |     | Х    |
| h    | 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 | Х   |      |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                          | 13  | X   |      |
|      | Did the organization maintain an office, employees, or agents outside of the United States?                                | 14a | Х   |      |
|      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,                           |     |     |      |
|      | fundraising, business, investment, and program service activities outside the United States, or aggregate                  |     |     |      |
|      | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                             | 14b | Χ   |      |
| 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  | Х   |      |
| 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  |     | X    |
| 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? If "Yes," complete Schedule G, Part I. See instructions                              | 17  |     | X    |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on                |     |     |      |
|      | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                         | 18  | Χ   |      |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?               |     |     |      |
|      | If "Yes," complete Schedule G, Part III                                                                                    | 19  |     | X    |
|      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                | 20a |     | X    |
|      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?               | 20b |     |      |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                |     |     |      |
|      | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                          | 21  | Χ   | 1    |

Form 990 (2022)

Part IV Chacklist of Paguired Schodules (continued)

| Par  | Checklist of Required Schedules (continued)                                                                        |       | Vaa | N.    |
|------|--------------------------------------------------------------------------------------------------------------------|-------|-----|-------|
|      |                                                                                                                    |       | Yes | No    |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on      |       |     |       |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                        | 22    | Х   |       |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the               |       |     |       |
|      | organization's current and former officers, directors, trustees, key employees, and highest compensated            |       |     |       |
|      | employees? If "Yes," complete Schedule J                                                                           | 23    | Χ   |       |
| 24 a | 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   | Χ   |       |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                  | 24b   |     | Χ     |
|      | 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   |     | Х     |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?            | 24d   |     | X     |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit       |       |     |       |
| 25 a | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                      | 25a   |     | X     |
| h    |                                                                                                                    | 25a   |     | Λ_    |
| D    | 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?       |       |     | 5.7   |
|      | If "Yes," complete Schedule L, Part I                                                                              | 25b   |     | X     |
| 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? If "Yes," complete Schedule L, Part II                 | 26    |     | X     |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key  |       |     |       |
|      | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee             |       |     |       |
|      | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these             |       |     |       |
|      | persons? If "Yes," complete Schedule L, Part III                                                                   | 27    |     | Χ     |
| 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   |     | Х     |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                    | 28b   |     | X     |
|      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If           |       |     |       |
| ·    | "Yes," complete Schedule L, Part IV                                                                                | 28c   | Х   |       |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>    | 29    | X   |       |
|      | -                                                                                                                  | 29    | Λ   |       |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified     |       |     | 3.7   |
|      | conservation contributions? If "Yes," complete Schedule M                                                          | 30    |     | X     |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31    |     | X     |
| 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    |     | X     |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations         |       |     |       |
|      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                          | 33    |     | X     |
| 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    | Х   |       |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                            | 35a   |     | X     |
| 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? If "Yes," complete Schedule R, Part V, line 2                                                | 36    |     | X     |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |       |     |       |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       | 37    |     | Х     |
| 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and         |       |     |       |
| - •  | 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O                                           | 38    | Х   |       |
| Part |                                                                                                                    |       | 2.1 |       |
| ı aı | Check if Schedule O contains a response or note to any line in this Part V                                         |       |     | . X   |
|      | Shook in Contouring Contouring a responde of flote to dirty line in this fact v                                    | • • • | Yes | No No |
| 1.   | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a                                  |       |     |       |
|      | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE                            |       |     |       |
|      | Did the organization comply with backup withholding rules for reportable payments to vendors and                   |       |     |       |
| С    |                                                                                                                    | 4.    |     |       |
|      | reportable gaming (gambling) winnings to prize winners?                                                            | 1c    |     |       |

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|     | ()                                                                                                                                                                                                           |          |     |     |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|-----|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)                                                                                                                                    |          | Yes | No  |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax                                                                                                                              |          |     |     |
|     | Statements, filed for the calendar year ending with or within the year covered by this return 2a 25                                                                                                          |          |     |     |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                               | 2b       | Χ   |     |
|     | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                | 3a       | Χ   |     |
|     | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                                                                                  | 3b       | Χ   |     |
|     | 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       |     | X   |
| h   | 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).                                                                                          |          |     |     |
| 52  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                        | 5a       |     | Х   |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                             | 5b       |     | Х   |
|     | 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                                                                                                       |          |     |     |
| va  | organization solicit any contributions that were not tax deductible as charitable contributions?                                                                                                             | 6a       |     | Х   |
| h   | If "Yes," did the organization include with every solicitation an express statement that such contributions or                                                                                               | - Ju     |     |     |
| D   | gifts were not tax deductible?                                                                                                                                                                               | 6b       |     |     |
| 7   | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                | 0.5      |     |     |
|     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                                                                                                  |          |     |     |
| а   |                                                                                                                                                                                                              | 7a       | Х   |     |
| h   | and services provided to the payor?                                                                                                                                                                          | 7b       | X   |     |
|     |                                                                                                                                                                                                              | 7.5      | 21  |     |
| C   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                                                                                                     | 7с       |     | Х   |
| اہ  | required to file Form 8282?                                                                                                                                                                                  | 70       |     |     |
|     | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                            | 7e       |     | Х   |
| _   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                              | 7f       |     | Х   |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                 |          |     | - 1 |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                             | 7g<br>7h |     |     |
| _   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •                                                                        | , ,,     |     |     |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                                                                                                         | 8        |     |     |
| ^   | sponsoring organization have excess business holdings at any time during the year?                                                                                                                           | -        |     |     |
| 9   | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                    | 9a       |     |     |
| a   | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                           | 9b       |     |     |
|     | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                            | 30       |     |     |
| 10  | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12                                                                                             |          |     |     |
|     |                                                                                                                                                                                                              |          |     |     |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b                                                                                                              |          |     |     |
| 11  | Section 501(c)(12) organizations. Enter:                                                                                                                                                                     |          |     |     |
|     | Gross income from members or shareholders                                                                                                                                                                    |          |     |     |
| a   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                |          |     |     |
| 10- | against amounts due or received from them.)                                                                                                                                                                  | 12a      |     |     |
|     | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                      | ıza      |     |     |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                        |          |     |     |
|     | Is the organization licensed to issue qualified health plans in more than one state?                                                                                                                         | 13a      |     |     |
| a   | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                                                                                     | 104      |     |     |
| h   | Enter the amount of reserves the organization is required to maintain by the states in which                                                                                                                 |          |     |     |
| D   | the organization is licensed to issue qualified health plans                                                                                                                                                 |          |     |     |
| _   | Enter the amount of reserves on hand                                                                                                                                                                         |          |     |     |
|     | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                   | 14a      |     | Х   |
|     | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·                                                                                 | 14b      |     |     |
|     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                                                                                | 1-710    |     |     |
| 15  | excess parachute payment(s) during the year?                                                                                                                                                                 | 15       |     | Х   |
|     | If "Yes," see the instructions and file Form 4720, Schedule N.                                                                                                                                               | , ,      |     |     |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                                                                                              | 16       |     | Х   |
| 16  | If "Yes," complete Form 4720, Schedule O.                                                                                                                                                                    |          |     | 21  |
| 17  |                                                                                                                                                                                                              |          |     |     |
| 1 / | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17       |     |     |
|     | If "Yes." complete Form 6069.                                                                                                                                                                                |          |     |     |

35-2051932

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

| Sect     | ion A. Governing Body and Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |            |             |        | 21     |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------|-------------|--------|--------|
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |            |             | Yes    | No     |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1a      | 18         |             |        |        |
|          | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |            |             |        |        |
| b        | Enter the number of voting members included on line 1a, above, who are independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1b      | 16         |             |        |        |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lations | ship with  |             |        |        |
| _        | any other officer, director, trustee, or key employee?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |            | 2           |        | Х      |
| 3        | Did the organization delegate control over management duties customarily performed by or ur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |            |             |        |        |
|          | supervision of officers, directors, trustees, or key employees to a management company or other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |            | 3           |        | X      |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |            | 4           |        | X      |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |            | 5           |        | X      |
| 6        | Did the organization have members or stockholders?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |            | 6           |        | X      |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to el                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ect o   | r appoint  |             |        |        |
|          | one or more members of the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |            | 7a          |        | X      |
| b        | Are any governance decisions of the organization reserved to (or subject to approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | by) r   | nembers,   |             |        |        |
|          | stockholders, or persons other than the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |            | 7b          |        | X      |
| 8        | Did the organization contemporaneously document the meetings held or written actions under                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ertake  | en during  |             |        |        |
|          | the year by the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |            | _           |        |        |
| а        | The governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |            | 8a          | X      |        |
| b        | Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |            | 8b          | X      |        |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |            | 9           |        | Х      |
| Secti    | ion B. Policies (This Section B requests information about policies not required by the Inte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ernal   | Revenue    | <u>Code</u> |        |        |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |            |             | Yes    | No     |
|          | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |            | 10a         | X      |        |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |            |             | 7.7    |        |
|          | affiliates, and branches to ensure their operations are consistent with the organization's exempt po                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •       |            | 10b         | X      |        |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ling th | e form? .  | 11a         | X      |        |
| b        | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |            | 12a         | Χ      |        |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |            | IZa         | Λ      |        |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         | •          | 12b         | Χ      |        |
|          | rise to conflicts?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |            | 120         | Λ      |        |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the p describe on Schedule O how this was done                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -       |            | 12c         | Χ      |        |
| 42       | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            | 13          | X      |        |
| 13<br>14 | Did the organization have a written whisteblower policy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |            | 14          | X      |        |
| 15       | Did the process for determining compensation of the following persons include a review ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |             |        |        |
| 13       | independent persons, comparability data, and contemporaneous substantiation of the deliberation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | •          |             |        |        |
| а        | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |            | 15a         | Х      |        |
| b        | Other officers or key employees of the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |            | 15b         | Х      |        |
| _        | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |            |             |        |        |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or simila                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | r arra  | ngement    |             |        |        |
|          | with a taxable entity during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         | -          | 16a         |        | X      |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |            |             |        |        |
|          | participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |            | 16b         |        |        |
| Secti    | ion C. Disclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |            |             |        |        |
| 17       | List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |             |        |        |
| 18       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | and 990-1  | (sec        | tion 5 | 01(c)  |
|          | X Own website Another's website X Upon request Other (explain on Sc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | hedul   | ,          |             |        |        |
| 19       | Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of | nents,  | conflict o | f inter     | est p  | olicy, |
|          | and financial statements available to the public during the tax year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |            |             |        |        |
| 20       | State the name, address, and telephone number of the person who possesses the organization's to compare the person who possesses the organization to compare the person who possesses the organization to compare the person who possesses the organization to compare the person who person the person who person the person that  |         |            | S           |        |        |

Form **990** (2022)

317-464-2010

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| <b>(A)</b><br>Name and title | (B) Average hours per week (list any hours for related organizations | box, office Individual | unles<br>er and | Posk pe d Officer t chess d Institutional trustee |              | is both   | an<br>tee) | (D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)  Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------|----------------------------------------------------------------------|------------------------|-----------------|---------------------------------------------------|--------------|-----------|------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
|                              | below<br>dotted line)                                                | ustee                  | trustee         |                                                   | Key employee | npensated |            |                                                                               |                                                                                    |                                                                                            |
| (1) BARTON PETERSON          | 48.00                                                                |                        |                 |                                                   |              |           |            |                                                                               |                                                                                    |                                                                                            |
| PRESIDENT & CEO              | NONE                                                                 | X                      |                 | Х                                                 |              |           |            | 508,124.                                                                      | NONE                                                                               | 45,715.                                                                                    |
| (2) JOSEPH SCHNEIDER         | 48.00                                                                |                        |                 | 21                                                |              |           |            | 300,121.                                                                      | 110112                                                                             | 10,710.                                                                                    |
| SENIOR VP & CFO/TREASURER    | NONE                                                                 |                        |                 | Χ                                                 |              |           |            | 442,305.                                                                      | NONE                                                                               | 47,215.                                                                                    |
| (3) DAVID HARRIS             | 48.00                                                                |                        |                 |                                                   |              |           |            | 112,000                                                                       | 3,03,                                                                              | 11,1221                                                                                    |
| EXECUTIVE VP                 | NONE                                                                 |                        |                 |                                                   | X            |           |            | 407,838.                                                                      | NONE                                                                               | 26,296.                                                                                    |
| (4) MORTON BALLEN            | 48.00                                                                |                        |                 |                                                   |              |           |            | ,                                                                             |                                                                                    | ,                                                                                          |
| SENIOR VP GLOBAL ACADEMICS   | NONE                                                                 |                        |                 |                                                   | X            |           |            | 272,763.                                                                      | NONE                                                                               | 16,963.                                                                                    |
| (5) CHERYL WENDLING          | 27.00                                                                |                        |                 |                                                   |              |           |            | ,                                                                             |                                                                                    | ,                                                                                          |
| SENIOR VP/SECRETARY          | 3.00                                                                 | Х                      |                 | Χ                                                 |              |           |            | 221,604.                                                                      | 24,623.                                                                            | 23,060.                                                                                    |
| (6) BARBARA BOSCH            | 48.00                                                                |                        |                 |                                                   |              |           |            |                                                                               |                                                                                    |                                                                                            |
| VP MARKETING & DEVELOPMENT   | NONE                                                                 |                        |                 |                                                   | Х            |           |            | 200,127.                                                                      | NONE                                                                               | 44,503.                                                                                    |
| (7) BECKY ARNETT             | 48.00                                                                |                        |                 |                                                   |              |           |            |                                                                               |                                                                                    |                                                                                            |
| VP & SR DIRECTOR TIMESHARE   | NONE                                                                 |                        |                 |                                                   |              | X         |            | 147,935.                                                                      | NONE                                                                               | 24,202.                                                                                    |
| (8) CAITLIN TEAGUE           | 48.00                                                                |                        |                 |                                                   |              |           |            |                                                                               |                                                                                    |                                                                                            |
| VP & DIR OF PROGRAMS & SVS   | NONE                                                                 |                        |                 |                                                   |              | X         |            | 123,380.                                                                      | NONE                                                                               | 41,463.                                                                                    |
| (9) PAUL MONTGOMERY          | 48.00                                                                |                        |                 |                                                   |              |           |            |                                                                               |                                                                                    |                                                                                            |
| DIRECTOR MARKETING, PR & CO  | NONE                                                                 |                        |                 |                                                   |              | X         |            | 129,955.                                                                      | NONE                                                                               | 12,053.                                                                                    |
| (10) KATHARINE COHEN         | 48.00                                                                |                        |                 |                                                   |              |           |            |                                                                               |                                                                                    |                                                                                            |
| MAJOR GIFTS OFFICER          | NONE                                                                 |                        |                 |                                                   |              | Х         |            | 104,575.                                                                      | NONE                                                                               | 15,096.                                                                                    |
| (11) BECKY HAWKINS           | 30.00                                                                |                        |                 |                                                   |              |           |            |                                                                               |                                                                                    |                                                                                            |
| VP & CONTROLLER              | NONE                                                                 |                        |                 |                                                   |              | X         |            | 105,000.                                                                      | NONE                                                                               | 10,296.                                                                                    |
| (12) AWAIS SUFI              | 1.00                                                                 |                        |                 |                                                   |              |           |            |                                                                               |                                                                                    |                                                                                            |
| DIRECTOR                     | NONE                                                                 | X                      |                 |                                                   |              |           |            | NONE                                                                          | NONE                                                                               | NONE                                                                                       |
| (13) DENNERT WARE            | 1.00                                                                 |                        |                 |                                                   |              |           |            |                                                                               |                                                                                    |                                                                                            |
| DIRECTOR                     | NONE                                                                 | Х                      |                 |                                                   |              |           |            | NONE                                                                          | NONE                                                                               | NONE                                                                                       |
| (14) DONALD HARRILL          | 1.00                                                                 |                        |                 |                                                   |              |           |            |                                                                               |                                                                                    |                                                                                            |
| DIRECTOR                     | NONE                                                                 | X                      |                 |                                                   |              |           |            | NONE                                                                          | NONE                                                                               | NONE                                                                                       |

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| Part VI Section A. Officers, Directors, 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ustees, Ke                                        | y ⊨n                           | pic                   | ye                   | es,          | and I                            | ⊣ıg         | nest Compensat                                    | ontinued)                                              |                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------|-----------------------|----------------------|--------------|----------------------------------|-------------|---------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|--|
| (A)<br>Name and title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (B) Average hours per week (list any hours for    | box,                           | unle                  | Pos<br>heck<br>ss pe | erson        | e than o<br>is both<br>tor/trust | an<br>tee)  | ( <b>D</b> )  Reportable  compensation  from  the | (E) Reportable compensation from related organizations | <b>(F)</b> Estimated amount of other compensation        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional trustee | Officer              | Key employee | Highest compensated employee     | Former      | organization<br>(W-2/1099-MISC)                   | (W-2/1099-MISC)                                        | from the<br>organization<br>and related<br>organizations |  |
| ( 15) DONALD KNEBEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1.00                                              |                                |                       |                      |              |                                  |             |                                                   |                                                        |                                                          |  |
| DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NONE                                              | Х                              |                       |                      |              |                                  |             | NONE                                              | NONE                                                   | NONE                                                     |  |
| ( 16) DR. MATTHEW WILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1.00                                              |                                |                       |                      |              |                                  |             |                                                   |                                                        |                                                          |  |
| DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NONE                                              | X                              |                       |                      |              |                                  |             | NONE                                              | NONE                                                   | NONE                                                     |  |
| ( 17) GAIL SHIEL MAHONEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.00                                              |                                |                       |                      |              |                                  |             |                                                   |                                                        |                                                          |  |
| DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NONE                                              | X                              |                       |                      |              |                                  |             | NONE                                              | NONE                                                   | NONE                                                     |  |
| ( 18) GORDON GURNIK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1.00                                              |                                |                       |                      |              |                                  |             | NONE                                              | NONE                                                   | NON                                                      |  |
| DIRECTOR VEHICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NONE                                              | X                              |                       |                      |              |                                  |             | NONE                                              | NONE                                                   | NONE                                                     |  |
| ( 19) GUIDO NEELS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1.00<br>NONE                                      |                                |                       |                      |              |                                  |             | NONE                                              | NONE                                                   | NONI                                                     |  |
| DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NONE                                              | X                              |                       |                      |              |                                  |             | NONE                                              | NONE                                                   | NONE                                                     |  |
| ( 20) JUDITH KLEINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1.00<br>NONE                                      | V                              |                       |                      |              |                                  |             | NONE                                              | NONE                                                   | NONI                                                     |  |
| DIRECTOR ( 21) LUCAS MONTARCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1.00                                              | X                              |                       |                      |              |                                  |             | NONE                                              | NONE                                                   | NONE                                                     |  |
| DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NONE                                              | X                              |                       |                      |              |                                  |             | NONE                                              | NONE                                                   | NONE                                                     |  |
| ( 22) MARTHA LAMKIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1.00                                              | - 21                           |                       |                      |              |                                  |             | NONE                                              | 110111                                                 | 110111                                                   |  |
| DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NONE                                              | X                              |                       |                      |              |                                  |             | NONE                                              | NONE                                                   | NONE                                                     |  |
| (23) MATTHEW MURPHY (START 6/1/22)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1.00                                              |                                |                       |                      |              |                                  |             | 110112                                            | 1,01,5                                                 | 110111                                                   |  |
| DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NONE                                              | X                              |                       |                      |              |                                  |             | NONE                                              | NONE                                                   | NONE                                                     |  |
| ( 24) NANCY GILLESPIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1.00                                              |                                |                       |                      |              |                                  |             | 110112                                            | 1,01,2                                                 | 110111                                                   |  |
| DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NONE                                              | X                              |                       |                      |              |                                  |             | NONE                                              | NONE                                                   | NONE                                                     |  |
| (25) OLIVIER CHAVY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1.00                                              |                                |                       |                      |              |                                  |             |                                                   | -                                                      | -                                                        |  |
| DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NONE                                              | Х                              |                       |                      |              |                                  |             | NONE                                              | NONE                                                   | NONE                                                     |  |
| 1b Sub-total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                                 |                                |                       |                      |              |                                  | <b></b>     | 2,663,606.                                        | 24,623.                                                | 306 <b>,</b> 862.                                        |  |
| c Total from continuation sheets to Part VII, S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ection A                                          |                                |                       | : :                  | : :          |                                  | <b>&gt;</b> | NONE                                              | NONE                                                   | NON                                                      |  |
| d Total (add lines 1b and 1c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                |                       |                      |              |                                  |             | 2,663,606.                                        | 24,623.                                                | 306 <b>,</b> 862.                                        |  |
| 2 Total number of individuals (including but not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   | hose                           | liste                 | d a                  |              |                                  | o re        | eceived more than                                 | \$100,000 of                                           |                                                          |  |
| reportable compensation from the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u> </u>                                          |                                |                       |                      |              | 12                               |             |                                                   |                                                        | Yes No                                                   |  |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler and the scheduler of the sche | er, directo<br>ule J for suc                      | or, or<br>ch ind               | tru<br>Iividi         | uste<br>ual          | e,<br>• •    | key e                            | emp         | oloyee, or highes                                 | t compensated                                          | 3                                                        |  |
| <b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | eater than                                        | \$15                           | 50,0                  | 00?                  | 11           | f "Yes                           | 5, "        | complete Schedu                                   | le J for such                                          | 4                                                        |  |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "You                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | accrue co                                         | mpen                           | sati                  | on                   | fron         | n any                            | un          | related organization                              | on or individual                                       | 5                                                        |  |

#### Section B. Independent Contractors

1 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's tax year.

| (A) Name and business address | (B) Description of services | (C)<br>Compensation |
|-------------------------------|-----------------------------|---------------------|
|                               |                             |                     |
|                               |                             |                     |
|                               |                             |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form 000 (2022)

|  |  | _ | _ |
|--|--|---|---|
|  |  |   |   |

| Part V       |                                                                                        | ustees, Ke                             | y En                              | nplo                  | ye                   | es,                                     | and F                           | ligi            | hest Compensat                                    | ed Employees (d                                                        | Page <b>&amp;</b><br>continued)                     |
|--------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------|-----------------------|----------------------|-----------------------------------------|---------------------------------|-----------------|---------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|
|              | <b>(A)</b><br>Name and tit <b>l</b> e                                                  |                                        | (do i<br>box,<br>office           | not ch<br>unles       | Pos<br>neck<br>ss pe | c)<br>sition<br>more<br>erson<br>lirect | e than o<br>is both<br>or/trust | ne<br>an<br>ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|              |                                                                                        | organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer              | Key employee                            | Highest compensated employee    | Former          | (W-2/1099-MISC)                                   | ,                                                                      | organization<br>and related<br>organizations        |
|              | TEVE ROSS                                                                              | 1.00                                   |                                   |                       |                      |                                         |                                 |                 | 11011                                             | 11011                                                                  |                                                     |
|              | MAN OF THE BOARD<br>REBECCA RICH (START 6/3/22)                                        | 1.00                                   | X                                 |                       | Χ                    |                                         |                                 |                 | NONE                                              | NONE                                                                   | NON1                                                |
| DIREC        |                                                                                        | NONE                                   | X                                 |                       |                      |                                         |                                 |                 | NONE                                              | NONE                                                                   | NONI                                                |
|              |                                                                                        |                                        |                                   |                       |                      |                                         |                                 |                 | 1,01,7                                            | 1,01,7                                                                 |                                                     |
|              |                                                                                        |                                        |                                   |                       |                      |                                         |                                 |                 |                                                   |                                                                        |                                                     |
|              |                                                                                        |                                        |                                   |                       |                      |                                         |                                 |                 |                                                   |                                                                        |                                                     |
|              |                                                                                        |                                        |                                   |                       |                      |                                         |                                 |                 |                                                   |                                                                        |                                                     |
|              |                                                                                        |                                        |                                   |                       |                      |                                         |                                 |                 |                                                   |                                                                        |                                                     |
|              |                                                                                        |                                        | -                                 |                       |                      |                                         |                                 |                 |                                                   |                                                                        |                                                     |
|              |                                                                                        |                                        |                                   |                       |                      |                                         |                                 |                 |                                                   |                                                                        |                                                     |
|              |                                                                                        |                                        |                                   |                       |                      |                                         |                                 |                 |                                                   |                                                                        |                                                     |
|              |                                                                                        |                                        |                                   |                       |                      |                                         |                                 |                 |                                                   |                                                                        |                                                     |
| 1b Sub       | o-total                                                                                |                                        |                                   |                       |                      |                                         |                                 | <b>•</b>        |                                                   |                                                                        |                                                     |
|              | al from continuation sheets to Part VII, S<br>al (add lines 1b and 1c)..........       |                                        |                                   |                       |                      |                                         |                                 | <b>&gt;</b>     |                                                   |                                                                        |                                                     |
| 2 Tot        | al number of individuals (including but not ortable compensation from the organization | limited to t                           |                                   |                       |                      |                                         |                                 | o re            | ceived more than                                  | \$100,000 of                                                           |                                                     |
|              | ortable compensation from the organization                                             |                                        |                                   |                       |                      |                                         |                                 |                 |                                                   |                                                                        | Yes No                                              |
|              | the organization list any former officoloyee on line 1a? If "Yes," complete Sched      |                                        |                                   |                       |                      |                                         |                                 |                 |                                                   |                                                                        | <b>3</b> X                                          |
| 4 For        | any individual listed on line 1a, is the anization and related organizations gro       | sum of repeater than                   | oortab<br>\$15                    | ole c<br>50,00        | om<br>00?            | per                                     | satior<br><i>"Yes</i>           | n aı<br>s," (   | nd other compens                                  | sation from the                                                        |                                                     |
| <b>5</b> Did | vidual                                                                                 | accrue co                              | mpen                              | satio                 | on f                 | fron                                    | n any                           | un              |                                                   |                                                                        | 4 X                                                 |
|              | services rendered to the organization? <i>If "Your B. Independent Contractors</i>      | es, comple                             | ie SCI                            | ieau                  | ie J                 | ior                                     | Sucn                            | per.            | SUII                                              |                                                                        | <b>5</b> X                                          |
| 1 Cor        | mplete this table for your five highest compensation from the organization. Report c   |                                        |                                   |                       |                      |                                         |                                 |                 |                                                   |                                                                        |                                                     |
|              |                                                                                        |                                        |                                   |                       |                      |                                         |                                 |                 |                                                   |                                                                        |                                                     |

| (A) Name and business address | (B) Description of services | (C)<br>Compensation |
|-------------------------------|-----------------------------|---------------------|
|                               |                             |                     |
|                               |                             |                     |
|                               |                             |                     |
|                               |                             |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

## Part VIII Statement of Revenue

| ı aı                                                    | t VIII | Check if Schedule O contains a r                         | espor    | nse or note to an | v line in this Part V | 7II                                    |                                      |                                                      |
|---------------------------------------------------------|--------|----------------------------------------------------------|----------|-------------------|-----------------------|----------------------------------------|--------------------------------------|------------------------------------------------------|
|                                                         |        |                                                          |          |                   | (A)<br>Total revenue  | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts,                                                     | 1a     | Federated campaigns                                      | 1a       |                   |                       |                                        |                                      |                                                      |
| an                                                      | b      | Membership dues                                          | 1b       |                   |                       |                                        |                                      |                                                      |
| Contributions, Gifts, Grants, and Other Similar Amounts | С      | Fundraising events                                       | 1c       | 391,618.          |                       |                                        |                                      |                                                      |
|                                                         | d      | Related organizations                                    | 1d       | 14,323,000.       |                       |                                        |                                      |                                                      |
|                                                         | e      | Government grants (contributions)                        | 1e       |                   |                       |                                        |                                      |                                                      |
| ns,                                                     | f      | All other contributions, gifts, grants,                  |          |                   |                       |                                        |                                      |                                                      |
| e ë                                                     | -      | and similar amounts not included above                   | 1f       | 2,157,370.        |                       |                                        |                                      |                                                      |
| 혈美                                                      | q      | Noncash contributions included in                        |          |                   |                       |                                        |                                      |                                                      |
| 달                                                       | "      | lines 1a-1f                                              | 1g :     | <b>8</b> 4,562.   |                       |                                        |                                      |                                                      |
| မှ င                                                    | h      | Total. Add lines 1a-1f                                   |          |                   | 16,871,988.           |                                        |                                      |                                                      |
|                                                         |        |                                                          |          | Business Code     |                       |                                        |                                      |                                                      |
| g                                                       | 2a     | RENTAL INCOME-CHRISTEL HOUSE ACADEM                      | Y INC    | 531120            | 750,000.              | 750,000.                               |                                      |                                                      |
| ۵ٍ ₹                                                    | b      |                                                          |          |                   | ·                     |                                        |                                      |                                                      |
| Se                                                      |        |                                                          |          |                   |                       |                                        |                                      |                                                      |
| am                                                      | C      |                                                          |          |                   |                       |                                        |                                      |                                                      |
| 200                                                     | d      |                                                          |          |                   |                       |                                        |                                      |                                                      |
| Program Service<br>Revenue                              | e      | All other program conice revenue                         |          |                   |                       |                                        |                                      |                                                      |
|                                                         | f<br>g | All other program service revenue Total. Add lines 2a-2f |          |                   | 750,000.              |                                        |                                      |                                                      |
|                                                         | 3      | Investment income (including divid                       |          |                   | ·                     |                                        |                                      |                                                      |
|                                                         | •      | other similar amounts)                                   |          |                   | 529,771.              |                                        | 5,657.                               | 524,114.                                             |
|                                                         | 4      | Income from investment of tax-exemp                      |          |                   | NONE                  |                                        | •                                    |                                                      |
|                                                         | 5      | Royalties                                                |          |                   | 55,376.               |                                        |                                      | 55,376.                                              |
|                                                         |        | (i) Re                                                   |          | (ii) Personal     | ,                     |                                        |                                      | ,                                                    |
|                                                         | 6a     | Gross rents 6a                                           |          |                   |                       |                                        |                                      |                                                      |
|                                                         | b      | Less: rental expenses 6b                                 |          |                   |                       |                                        |                                      |                                                      |
|                                                         |        | Rental income or (loss) 6c                               | NONE     | NONE              |                       |                                        |                                      |                                                      |
|                                                         | c<br>d | Net rental income or (loss)                              |          |                   | NONE                  |                                        |                                      |                                                      |
|                                                         | 7a     | Gross amount from (i) Secur                              |          | (ii) Other        |                       |                                        |                                      |                                                      |
|                                                         | '"     | sales of assets                                          |          | (*)               |                       |                                        |                                      |                                                      |
|                                                         |        |                                                          | 0,000.   | 20,000.           |                       |                                        |                                      |                                                      |
| Ф                                                       | b      | Less: cost or other basis                                | <u> </u> | ,                 |                       |                                        |                                      |                                                      |
| evenue                                                  | _      |                                                          | 7,265.   | NONE              |                       |                                        |                                      |                                                      |
| eve                                                     | c      |                                                          | 2,735.   | 20,000.           |                       |                                        |                                      |                                                      |
|                                                         | d      | Net gain or (loss)                                       |          |                   | 1,262,735.            |                                        | 8,156.                               | 1,254,579.                                           |
| Other F                                                 | 8a     | Gross income from fundraising                            |          |                   |                       |                                        |                                      |                                                      |
| ō                                                       | ou     | events (not including \$ <sup>391,618</sup> .            |          |                   |                       |                                        |                                      |                                                      |
|                                                         |        | of contributions reported on line                        |          |                   |                       |                                        |                                      |                                                      |
|                                                         |        | 1c). See Part IV, line 18                                | 8a       | 10,976.           |                       |                                        |                                      |                                                      |
|                                                         | b      | Less: direct expenses                                    |          | 77,715.           |                       |                                        |                                      |                                                      |
|                                                         | c      | Net income or (loss) from fundraising e                  |          | <u></u>           | -66,739.              |                                        |                                      | -66,739.                                             |
|                                                         | 9a     | Gross income from gaming                                 |          |                   |                       |                                        |                                      |                                                      |
|                                                         |        | activities. See Part IV, line 19                         | 9a       | NONE              |                       |                                        |                                      |                                                      |
|                                                         | b      | Less: direct expenses                                    | 9b       | NONE              |                       |                                        |                                      |                                                      |
|                                                         | c      | Net income or (loss) from gaming act                     |          |                   | NONE                  |                                        |                                      |                                                      |
|                                                         | 10a    | Gross sales of inventory, less                           |          |                   |                       |                                        |                                      |                                                      |
|                                                         |        | returns and allowances                                   | 10a      | NONE              |                       |                                        |                                      |                                                      |
|                                                         | b      | Less: cost of goods sold                                 | 10b      | NONE              |                       |                                        |                                      |                                                      |
|                                                         | С      | Net income or (loss) from sales of inven                 |          |                   | NONE                  |                                        |                                      |                                                      |
| Sī                                                      |        |                                                          |          | Business Code     |                       |                                        |                                      |                                                      |
| Miscellaneous<br>Revenue                                | 11a    |                                                          |          |                   |                       |                                        |                                      |                                                      |
| lan<br>ent                                              | b      |                                                          |          |                   |                       |                                        |                                      |                                                      |
| cel<br>ev                                               | С      |                                                          |          |                   |                       |                                        |                                      |                                                      |
| E                                                       | d      | All other revenue                                        |          |                   |                       |                                        |                                      |                                                      |
| _                                                       | е      | Total. Add lines 11a-11d                                 |          |                   | NONE                  |                                        |                                      |                                                      |
|                                                         | 12     | Total revenue. See instructions                          |          |                   | 19,403,131.           | 750,000.                               | 13,813.                              | 1,767,330.                                           |

35-2051932

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

|    | Check if Schedule O contains a respo                                                                                                 | onse or note to any line | in this Part IX                    |                                     |                                       |
|----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------|-------------------------------------|---------------------------------------|
|    | not include amounts reported on lines 6b, 7b,<br>9b, and 10b of Part VIII.                                                           | (A)<br>Total expenses    | (B)<br>Program service<br>expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1  | Grants and other assistance to domestic organizations                                                                                |                          |                                    |                                     |                                       |
|    | and domestic governments. See Part IV, line 21                                                                                       | 1,523,747.               | 1,523,747.                         |                                     |                                       |
| 2  | Grants and other assistance to domestic                                                                                              |                          |                                    |                                     |                                       |
|    | individuals. See Part IV, line 22                                                                                                    | 100,501.                 | 100,501.                           |                                     |                                       |
| 3  | Grants and other assistance to foreign                                                                                               |                          |                                    |                                     |                                       |
|    | organizations, foreign governments, and                                                                                              |                          |                                    |                                     |                                       |
|    | foreign individuals. See Part IV, lines 15 and 16                                                                                    | 8,916,799.               | 8,916,799.                         |                                     |                                       |
| 4  | Benefits paid to or for members                                                                                                      | NONE                     |                                    |                                     |                                       |
| 5  | Compensation of current officers, directors,                                                                                         |                          |                                    |                                     |                                       |
|    | trustees, and key employees                                                                                                          | 2,254,208.               | 1,374,261.                         | 462,446.                            | 417,501.                              |
| 6  | Compensation not included above to disqualified                                                                                      |                          |                                    |                                     |                                       |
|    | persons (as defined under section 4958(f)(1)) and                                                                                    |                          |                                    |                                     |                                       |
|    | persons described in section 4958(c)(3)(B)                                                                                           | NONE                     |                                    |                                     |                                       |
| 7  | Other salaries and wages                                                                                                             | 1,350,059.               | 567,950.                           | 287,771.                            | 494,338.                              |
| 8  | Pension plan accruals and contributions (include                                                                                     | 86,648.                  | 34,799.                            | 19,776.                             | 32,073                                |
|    | section 401(k) and 403(b) employer contributions)                                                                                    |                          |                                    |                                     |                                       |
| 9  | Other employee benefits                                                                                                              | 293,201.                 | 115,094.                           | 122,966.                            | 55,141                                |
| 10 | Payroll taxes                                                                                                                        | 181,155.                 | 90,649.                            | 36,263.                             | 54,243                                |
|    | Fees for services (nonemployees):                                                                                                    |                          |                                    |                                     |                                       |
|    | Management                                                                                                                           | 854,077.                 | 815,742.                           | 37,282.                             | 1,053                                 |
|    | Legal                                                                                                                                | 47,138.                  |                                    | 46,058.                             | 1,080.                                |
| C  | Accounting                                                                                                                           | 73,240.                  |                                    | 73,240.                             |                                       |
| d  | I Lobbying                                                                                                                           | 4,100.                   | 4,100.                             |                                     |                                       |
| е  | Professional fundraising services. See Part IV, line 17.                                                                             | NONE                     |                                    |                                     |                                       |
| 1  | f Investment management fees                                                                                                         | 176,567.                 |                                    | 176,567.                            |                                       |
| g  | Other. (If line 11g amount exceeds 10% of line 25, column                                                                            | 110177                   |                                    |                                     |                                       |
|    | (A), amount, list line 11g expenses on Schedule O.)                                                                                  | NONE                     | 1 000                              |                                     | 26 270                                |
|    | Advertising and promotion                                                                                                            | 38,217.                  | 1,839.                             | 15.070                              | 36,378                                |
| 13 | Office expenses                                                                                                                      | 18,566.                  | 919.                               | 15,978.                             | 1,669                                 |
| 14 | Information technology                                                                                                               | 85,646.                  | 4,389.                             | 35,002.                             | 46,255                                |
| 15 | Royalties                                                                                                                            | NONE                     | F0 20F                             | F0 601                              | 00 536                                |
| 16 | Occupancy                                                                                                                            | 183,542.                 | 52,385.                            | 50,621.                             | 80,536                                |
| 17 |                                                                                                                                      | 234,163.                 | 163,807.                           | 30,793.                             | 39 <b>,</b> 563                       |
| 18 | Payments of travel or entertainment expenses                                                                                         | MONE                     |                                    |                                     |                                       |
|    | for any federal, state, or local public officials                                                                                    | NONE                     |                                    |                                     |                                       |
|    | Conferences, conventions, and meetings                                                                                               | NONE<br>481,858.         | 101 050                            |                                     |                                       |
|    | Interest Payments to affiliates                                                                                                      | 481,838.<br>NONE         | 481,858.                           |                                     |                                       |
| 21 |                                                                                                                                      | 349,645.                 | 341,242.                           | 8,403.                              |                                       |
| 22 | Depreciation, depletion, and amortization                                                                                            | 20,187.                  | J41, Z4Z.                          | 20,187.                             |                                       |
|    | Insurance                                                                                                                            | 20,107.                  |                                    | 20,107.                             |                                       |
| 24 | · · · · · · · · · · · · · · · · · · ·                                                                                                |                          |                                    |                                     |                                       |
|    | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column                                   |                          |                                    |                                     |                                       |
|    | (A), amount, list line 24e expenses on Schedule O.)                                                                                  |                          |                                    |                                     |                                       |
| _  | DELIVERY/COURIER/POSTAGE                                                                                                             | 4,704.                   |                                    | 4,704.                              |                                       |
| -  | OTHER EXPENSES                                                                                                                       | 20,693.                  | 336.                               | 20,357.                             |                                       |
|    |                                                                                                                                      | 20,093.                  | 330.                               | 20,001.                             |                                       |
| 9  |                                                                                                                                      |                          |                                    |                                     |                                       |
| d  |                                                                                                                                      |                          |                                    |                                     |                                       |
|    | All other expenses                                                                                                                   | 17,298,661.              | 14,590,417.                        | 1,448,414.                          | 1,259,830.                            |
|    | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | 11,230,001.              | 14,000,411.                        | 1,440,414.                          | 1,209,630.                            |
|    | fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)                                                             |                          |                                    |                                     |                                       |

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## Part X Balance Sheet

|                             |      | Check if Schedule O contains a response or note to any line in this Pa                      | art X                           |     |                           |
|-----------------------------|------|---------------------------------------------------------------------------------------------|---------------------------------|-----|---------------------------|
|                             |      |                                                                                             | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing                                                                 | NONE                            | 1   | NONE                      |
|                             | 2    | Savings and temporary cash investments                                                      | 15,427,780.                     | 2   | 16,176,970.               |
|                             | 3    | Pledges and grants receivable, net                                                          | 946,644.                        | 3   | 620 <b>,</b> 531.         |
|                             | 4    | Accounts receivable, net                                                                    | 303.                            | 4   | 257 <b>,</b> 941.         |
|                             | 5    | Loans and other receivables from any current or former officer, director,                   |                                 |     |                           |
|                             |      | trustee, key employee, creator or founder, substantial contributor, or 35%                  |                                 |     |                           |
|                             |      | controlled entity or family member of any of these persons                                  | NONE                            | 5   | NONE                      |
|                             | 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).                  | NONE                            | 6   | NONE                      |
| ts                          | 7    | Notes and loans receivable, net                                                             | NONE                            | 7   | NONE                      |
| Assets                      | 8    | Inventories for sale or use                                                                 | 6,415.                          | 8   | NONE                      |
| As                          | 9    | Prepaid expenses and deferred charges                                                       | 59,129.                         | 9   | 71,355.                   |
|                             | _    | Land, buildings, and equipment: cost or other                                               | 03/1230                         |     | 71,000                    |
|                             | 100  | basis. Complete Part VI of Schedule D 10a 12,163,527.                                       |                                 |     |                           |
|                             | h    | Less: accumulated depreciation                                                              | 15,779,107.                     | 100 | 8,894,401.                |
|                             | 11   | Investments - publicly traded securities                                                    | 24,688,894.                     | 11  | 21,470,600.               |
|                             | 12   | Investments - other securities. See Part IV, line 11                                        | 36,743,222.                     | 12  | 34,347,872.               |
|                             | 13   |                                                                                             | NONE                            |     | NONE                      |
|                             | 14   | Investments - program-related. See Part IV, line 11                                         | NONE                            |     |                           |
|                             |      | Intangible assets                                                                           |                                 |     | NONE                      |
|                             | 15   | Other assets. See Part IV, line 11                                                          | 29,499.                         | 15  | 60,351.                   |
|                             | 16   | Total assets. Add lines 1 through 15 (must equal line 33)                                   | 93,680,993.                     | 16  | 81,900,021.               |
|                             | 17   | Accounts payable and accrued expenses                                                       | 1,023,638.                      | 17  | 984,582.                  |
|                             | 18   | Grants payable                                                                              | NONE                            |     | NONE                      |
|                             | 19   | Deferred revenue                                                                            | NONE                            |     | NONE                      |
|                             | 20   | Tax-exempt bond liabilities                                                                 | 14,302,493.                     | 20  | 6,943,117.                |
|                             | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D                       | NONE                            | 21  | NONE                      |
| es                          | 22   | Loans and other payables to any current or former officer, director,                        |                                 |     |                           |
| Liabilities                 |      | trustee, key employee, creator or founder, substantial contributor, or 35%                  |                                 |     |                           |
| iab                         |      | controlled entity or family member of any of these persons                                  | NONE                            |     | NONE                      |
| _                           | 23   | Secured mortgages and notes payable to unrelated third parties                              | NONE                            | 23  | NONE                      |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties                                | NONE                            | 24  | NONE                      |
|                             | 25   | Other liabilities (including federal income tax, payables to related third                  |                                 |     |                           |
|                             |      | parties, and other liabilities not included on lines 17-24). Complete Part X                |                                 |     |                           |
|                             |      | of Schedule D                                                                               | 278 <b>,</b> 061.               | 25  | NONE                      |
|                             | 26   | Total liabilities. Add lines 17 through 25                                                  | 15,604,192.                     | 26  | 7,927,699.                |
| seou                        |      | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.   |                                 |     |                           |
| <u>la</u>                   | 27   | Net assets without donor restrictions                                                       | 8,822,082.                      | 27  | 13,518,977.               |
| ñ                           | 28   | Net assets with donor restrictions                                                          | 69,254,719.                     | 28  | 60,453,345.               |
| Net Assets or Fund Balances |      | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. | ,,                              |     |                           |
| 9                           | 29   | Capital stock or trust principal, or current funds                                          |                                 | 29  |                           |
| ets                         | 30   | Paid-in or capital surplus, or land, building, or equipment fund                            |                                 | 30  |                           |
| SS                          | 31   | Retained earnings, endowment, accumulated income, or other funds                            |                                 | 31  |                           |
| ίΑ                          | 32   | Total net assets or fund balances                                                           | 78,076,801.                     | 32  | 73,972,322.               |
| ž                           | 33   | Total liabilities and net assets/fund balances                                              | 93,680,993.                     | 33  | 81,900,021.               |
|                             | _ 55 | Total napinales and flet assets/fully balaffees, , , , , , , , , , , , , , , , , , ,        | 90,000,990 <b>.</b>             | 55  | Form <b>990</b> (2022)    |

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|      | · · ·                                                                                                                                                                                                        |                   |     |              |             | _            |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----|--------------|-------------|--------------|
| Part | XI Reconciliation of Net Assets                                                                                                                                                                              |                   |     |              |             |              |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                                                                                                                  | <u></u>           |     |              |             |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)                                                                                                                                                    | 1                 | 19  | , 4          | 03,         | <u>131</u> . |
| 2    | Total expenses (must equal Part IX, column (A), line 25)                                                                                                                                                     | 2                 | 17  | , 2          | 98,         | <u>661</u> . |
| 3    | Revenue less expenses. Subtract line 2 from line 1                                                                                                                                                           | 3                 | 2   | <u>, 1</u>   | 04,         | <u>470</u> . |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                                                                                                                    | 4                 |     |              |             | <u>801</u> . |
| 5    | Net unrealized gains (losses) on investments                                                                                                                                                                 | 5                 | -6  |              |             | <u>249</u> . |
| 6    | Donated services and use of facilities                                                                                                                                                                       | 6                 |     | _            | 33,         | <u>700</u> . |
| 7    | Investment expenses                                                                                                                                                                                          | 7                 |     |              |             |              |
| 8    | Prior period adjustments                                                                                                                                                                                     | 8                 |     |              |             |              |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)                                                                                                                                         | 9                 |     |              |             |              |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                                                                                                               |                   |     |              |             |              |
|      | 32, column (B))                                                                                                                                                                                              | 10                | 73  | 3 <b>,</b> 9 | 72 <b>,</b> | <u>322</u> . |
| Part | ·                                                                                                                                                                                                            |                   |     |              |             |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                                                                                                                 |                   |     |              |             |              |
|      |                                                                                                                                                                                                              |                   |     |              | Yes         | No           |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other                                                                                                                                         |                   | -   |              |             |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," ex                                                                                                                | plain or          | า   |              |             |              |
|      | Schedule O.                                                                                                                                                                                                  |                   |     |              |             |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                              |                   | · - | 2a           |             | <u>X</u>     |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were con                                                                                                               | npi <b>l</b> ed o | r   |              |             |              |
|      | reviewed on a separate basis, consolidated basis, or both:                                                                                                                                                   |                   |     |              |             |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis                                                                                                                                       |                   |     |              |             |              |
| b    | Were the organization's financial statements audited by an independent accountant?                                                                                                                           |                   |     | 2b           | Χ           |              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audi                                                                                                              | ted on a          | a   |              |             |              |
|      | separate basis, consolidated basis, or both:                                                                                                                                                                 |                   |     |              |             |              |
|      | Separate basis X Consolidated basis Both consolidated and separate basis                                                                                                                                     |                   |     |              |             |              |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over                                                                                                       | -                 |     | _            | 3.7         |              |
|      | the audit, review, or compilation of its financial statements and selection of an independent accounta                                                                                                       |                   |     | 2c           | X           |              |
|      | If the organization changed either its oversight process or selection process during the tax year, ex                                                                                                        | kplain or         | า   |              |             |              |
|      | Schedule O.                                                                                                                                                                                                  |                   |     |              |             |              |
| 3 a  | As a result of a federal award, was the organization required to undergo an audit or audits as set for                                                                                                       |                   |     | 2-           |             | 3.7          |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?                                                                                                                                                              |                   | • - | 3a           |             | <u>X</u>     |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such audit or audits explain why on Schedule O and describe any steps taken to undergo such audits. | -                 |     | 3b           |             |              |
|      | -required about of abouts, explain why on Schedule U and describe any steps taken to Underdo SUCD at                                                                                                         | ICHTS             | _   | งม           |             |              |

#### **SCHEDULE A** (Form 990)

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

| СНЕ       | RIS                                                                                                | TEL HOUSE INTERNATION                                                                                           | ONAL, INC.                                                       |                                                                                |                                      |                                  | 35-2                                                                     | 051932                    |
|-----------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------|----------------------------------|--------------------------------------------------------------------------|---------------------------|
| Pa        | rt I                                                                                               | Reason for Public Ch                                                                                            | arity Status. (All                                               | organizations must                                                             | comple                               | ete this p                       | oart.) See instruction                                                   | is.                       |
| The       | orga                                                                                               | anization is not a private fou                                                                                  | ndation because it                                               | : is: (For lines 1 through                                                     | gh 12, ch                            | eck only                         | one box.)                                                                |                           |
| 1         | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |                                                                                                                 |                                                                  |                                                                                |                                      |                                  |                                                                          |                           |
| 2         | X                                                                                                  | A school described in secti                                                                                     | on 170(b)(1)(A)(ii)                                              | . (Attach Schedule E                                                           | (Form 99                             | 90).)                            |                                                                          |                           |
| 3         |                                                                                                    | A hospital or a cooperative                                                                                     | hospital service o                                               | rganization described                                                          | in <b>sectio</b>                     | n 170(b)                         | (1)(A)(iii).                                                             |                           |
| 4         |                                                                                                    | A medical research organiz                                                                                      | zation operated in                                               | conjunction with a ho                                                          | spital de                            | scribed ir                       | n section 170(b)(1)(A)                                                   | (iii). Enter the          |
|           |                                                                                                    | hospital's name, city, and st                                                                                   | tate:                                                            |                                                                                |                                      |                                  |                                                                          |                           |
| 5         |                                                                                                    | An organization operated                                                                                        | for the benefit of                                               | a college or universit                                                         | y owne                               | d or ope                         | rated by a governme                                                      | ental unit described in   |
|           |                                                                                                    | section 170(b)(1)(A)(iv). (C                                                                                    | Complete Part II.)                                               |                                                                                |                                      |                                  |                                                                          |                           |
| 6         |                                                                                                    | A federal, state, or local go                                                                                   | vernment or gove                                                 | rnmenta <b>l</b> unit describe                                                 | d in <b>sect</b>                     | ion 170(                         | b)(1)(A)(v).                                                             |                           |
| 7         |                                                                                                    | An organization that norma                                                                                      | ally receives a sub                                              | ostantial part of its su                                                       | ipport fr                            | om a go                          | vernmental unit or fro                                                   | om the general public     |
|           |                                                                                                    | described in section 170(b)                                                                                     |                                                                  | •                                                                              |                                      |                                  |                                                                          |                           |
| 8         |                                                                                                    | A community trust describe                                                                                      | ed in <b>section 170(</b> k                                      | o)(1)(A)(vi). (Complete                                                        | Part II.)                            |                                  |                                                                          |                           |
| 9         |                                                                                                    | An agricultural research org                                                                                    | =                                                                |                                                                                |                                      | -                                | -                                                                        | -                         |
|           |                                                                                                    | or university or a non-land-                                                                                    | grant college of ag                                              | griculture (see instruct                                                       | ions). E                             | nter the i                       | name, city, and state o                                                  | f the college or          |
|           |                                                                                                    | university:                                                                                                     |                                                                  |                                                                                |                                      |                                  |                                                                          |                           |
| 10        |                                                                                                    | An organization that norma receipts from activities rela support from gross investmacquired by the organization | ited to its exempt f<br>nent income and u<br>in after June 30, 1 | unctions, subject to c<br>nrelated business tax<br>975. See <b>section 509</b> | ertain ex<br>able inco<br>(a)(2). (0 | ceptions<br>me (less<br>Complete | s; and (2) no more than<br>s section 511 tax) from<br>Part <b>III</b> .) | n 331/3 % of its          |
| 11        | Щ                                                                                                  | An organization organized                                                                                       | •                                                                | •                                                                              | •                                    |                                  | , , , ,                                                                  |                           |
| 12        |                                                                                                    | An organization organized a                                                                                     | •                                                                | •                                                                              |                                      |                                  |                                                                          |                           |
|           |                                                                                                    | one or more publicly suppo                                                                                      | -                                                                |                                                                                |                                      | -                                |                                                                          |                           |
|           |                                                                                                    | the box on lines 12a throug                                                                                     | ıh 12d that describ                                              | es the type of suppor                                                          | ting orga                            | anization                        | and complete lines 1                                                     | 2e, 12f, and 12g <b>.</b> |
| а         |                                                                                                    | $oxedsymbol{oxed}$ <b>Type I.</b> A supporting orga                                                             | anization operated                                               | , supervised, or contr                                                         | olled by                             | its supp                         | orted organization(s),                                                   | typically by giving       |
|           |                                                                                                    | the supported organization                                                                                      | on(s) the power to                                               | regularly appoint or e                                                         | lect a m                             | ajority of                       | the directors or truste                                                  | es of the                 |
|           |                                                                                                    | $_{oxed{\neg}}$ supporting organization. ${f `}$                                                                | You must complet                                                 | te Part IV, Sections A                                                         | and B.                               |                                  |                                                                          |                           |
| b         |                                                                                                    | <b>Type II.</b> A supporting org                                                                                |                                                                  |                                                                                |                                      |                                  |                                                                          |                           |
|           |                                                                                                    | control or management of                                                                                        | • • • •                                                          | =                                                                              | the sam                              | e persor                         | ns that contro <b>l</b> or man                                           | age the supported         |
|           |                                                                                                    | organization(s). <b>You must</b>                                                                                | =                                                                |                                                                                |                                      |                                  |                                                                          |                           |
| С         |                                                                                                    | Type III functionally integrated                                                                                |                                                                  |                                                                                |                                      |                                  |                                                                          | lly integrated with,      |
| _         |                                                                                                    | its supported organization                                                                                      |                                                                  | · ·                                                                            |                                      |                                  |                                                                          |                           |
| d         |                                                                                                    | ☐ Type III non-functionally                                                                                     | •                                                                |                                                                                | •                                    |                                  | • • •                                                                    | • , ,                     |
|           |                                                                                                    | that is not functionally into                                                                                   | -                                                                | •                                                                              | -                                    |                                  | •                                                                        | d an attentiveness        |
|           |                                                                                                    | requirement (see instruct                                                                                       | ·                                                                |                                                                                |                                      |                                  |                                                                          |                           |
| е         |                                                                                                    | _ Check this box if the orga                                                                                    |                                                                  |                                                                                |                                      |                                  |                                                                          | ı, туре III               |
| ε         | En                                                                                                 | functionally integrated, or                                                                                     |                                                                  |                                                                                |                                      | organizat                        | ion.                                                                     |                           |
| '         |                                                                                                    | ter the number of supported<br>ovide the following information                                                  |                                                                  |                                                                                |                                      |                                  |                                                                          |                           |
| 9         |                                                                                                    | ame of supported organization                                                                                   | (ii) EIN                                                         | (iii) Type of organization                                                     | (iv) Is the                          | organization                     | (v) Amount of monetary                                                   | (vi) Amount of            |
|           | (1) 11                                                                                             | ame or supported organization                                                                                   | (11) = 111                                                       | (described on lines 1-10                                                       |                                      | ur governing                     | support (see                                                             | other support (see        |
|           |                                                                                                    |                                                                                                                 |                                                                  | above (see instructions))                                                      |                                      | ment?                            | instructions)                                                            | instructions)             |
|           |                                                                                                    |                                                                                                                 |                                                                  |                                                                                | Yes                                  | No                               |                                                                          |                           |
| (A)       |                                                                                                    |                                                                                                                 |                                                                  |                                                                                |                                      |                                  |                                                                          |                           |
| (D)       |                                                                                                    |                                                                                                                 |                                                                  |                                                                                |                                      |                                  |                                                                          |                           |
| (B)<br>—— |                                                                                                    |                                                                                                                 |                                                                  |                                                                                |                                      |                                  |                                                                          |                           |
| (C)       |                                                                                                    |                                                                                                                 |                                                                  |                                                                                |                                      |                                  |                                                                          |                           |
|           |                                                                                                    |                                                                                                                 |                                                                  |                                                                                |                                      |                                  |                                                                          |                           |
| (D)       |                                                                                                    |                                                                                                                 |                                                                  |                                                                                |                                      |                                  |                                                                          |                           |
| (E)       |                                                                                                    |                                                                                                                 |                                                                  |                                                                                |                                      |                                  |                                                                          |                           |
|           |                                                                                                    |                                                                                                                 |                                                                  |                                                                                |                                      |                                  |                                                                          |                           |
| Tota      | l <b>i</b>                                                                                         |                                                                                                                 |                                                                  |                                                                                |                                      |                                  |                                                                          |                           |

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

Schedule A (Form 990) 2022

| Par    | Support Schedule for Orga<br>(Complete only if you checke<br>Part III. If the organization fai                                                                                                      | d the box on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | line 5, 7, or 8                   | of Part I or if t                                              | he organizatio                                                   | n failed to qua                  |                      |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------|------------------------------------------------------------------|----------------------------------|----------------------|
| Sec    | tion A. Public Support                                                                                                                                                                              | a to quality a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | , р                                                            |                                                                  |                                  |                      |
|        | ndar year (or fiscal year beginning in)                                                                                                                                                             | (a) 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>(b)</b> 2019                   | (c) 2020                                                       | (d) 2021                                                         | (e) 2022                         | (f) Total            |
| 1      | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C)                                |                                                                |                                                                  |                                  |                      |
| 2      | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                  |                                  |                      |
| 3      | The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                  |                                  |                      |
| 4      | Total. Add lines 1 through 3                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                  |                                  |                      |
| 5      | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                  |                                  |                      |
|        | Public support. Subtract line 5 from line 4                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                  |                                  |                      |
|        | tion B. Total Support                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                 |                                                                | T                                                                | T                                | Т                    |
| Cale   | ndar year (or fiscal year beginning in)                                                                                                                                                             | (a) 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>(b)</b> 2019                   | (c) 2020                                                       | (d) 2021                                                         | (e) 2022                         | (f) Total            |
| 7<br>8 | Amounts from line 4                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                  |                                  |                      |
| 9      | Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                  |                                  |                      |
| 10     | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                  |                                  |                      |
| 11     | Total support. Add lines 7 through 10                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                  |                                  |                      |
| 12     | Gross receipts from related activities, etc. (s                                                                                                                                                     | see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                |                                                                  | 12                               |                      |
| 13     | <b>First 5 years.</b> If the Form 990 is for organization, check this box and <b>stop here</b>                                                                                                      | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                |                                                                  |                                  |                      |
| Sec    | tion C. Computation of Public Sup                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                  |                                  |                      |
| 14     | Public support percentage for 2022 (li                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                  |                                  | %                    |
| 15     | Public support percentage from 2021                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                  |                                  | %                    |
| 16a    | 331/3% support test - 2022. If the or                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                  |                                  |                      |
| _      | box and <b>stop here.</b> The organization q                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                  |                                  |                      |
| b      | 331/3% support test - 2021. If the org                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                  |                                  |                      |
|        | this box and <b>stop here.</b> The organization                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | -                                                              |                                                                  |                                  |                      |
|        | 10%-facts-and-circumstances test - 2<br>10% or more, and if the organization<br>Part VI how the organization meets<br>organization                                                                  | n meets the fathe facts-and-control facts-and-control facts and the control facts and th | acts-and-circums circumstances to | stances test, chest. The organiant check a box cumstances test | eck this box ar zation qualifies con line 13, 16, check this box | nd stop here. It as a publicly s | Explain in supported |
| 18     | organization                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                |                                                                  |                                  |                      |

Schedule A (Form 990) 2022

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

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

| Sec       | tion A. Public Support                                                   |               |                 | · ,             |                 | ,                 |             |
|-----------|--------------------------------------------------------------------------|---------------|-----------------|-----------------|-----------------|-------------------|-------------|
|           | endar year (or fiscal year beginning in)                                 | (a) 2018      | <b>(b)</b> 2019 | (c) 2020        | (d) 2021        | (e) 2022          | (f) Total   |
| 1         | Gifts, grants, contributions, and membership fees                        |               |                 |                 |                 |                   |             |
|           | received. (Do not include any "unusual grants.")                         |               |                 |                 |                 |                   |             |
| 2         | Gross receipts from admissions, merchandise                              |               |                 |                 |                 |                   |             |
|           | sold or services performed, or facilities                                |               |                 |                 |                 |                   |             |
|           | furnished in any activity that is related to the                         |               |                 |                 |                 |                   |             |
|           | organization's tax-exempt purpose                                        |               |                 |                 |                 |                   |             |
| 3         | Gross receipts from activities that are not an                           |               |                 |                 |                 |                   |             |
| ·         | unrelated trade or business under section 513                            |               |                 |                 |                 |                   |             |
| 4         | Tax revenues levied for the                                              |               |                 |                 |                 |                   |             |
| •         | organization's benefit and either paid to                                |               |                 |                 |                 |                   |             |
|           | or expended on its behalf                                                |               |                 |                 |                 |                   |             |
| 5         | The value of services or facilities                                      |               |                 |                 |                 |                   |             |
| 3         | furnished by a governmental unit to the                                  |               |                 |                 |                 |                   |             |
|           | organization without charge                                              |               |                 |                 |                 |                   |             |
| 6         | Г                                                                        |               |                 |                 |                 |                   |             |
| 6         | Total. Add lines 1 through 5                                             |               |                 |                 |                 |                   |             |
| ı a       | Amounts included on lines 1, 2, and 3 received from disqualified persons |               |                 |                 |                 |                   |             |
| h         | Amounts included on lines 2 and 3                                        |               |                 |                 |                 |                   |             |
| J         | received from other than disqualified                                    |               |                 |                 |                 |                   |             |
|           | persons that exceed the greater of \$5,000                               |               |                 |                 |                 |                   |             |
|           | or 1% of the amount on line 13 for the year                              |               |                 |                 |                 |                   |             |
| C         | Add lines 7a and 7b                                                      |               |                 |                 |                 |                   |             |
| 8         | Public support. (Subtract line 7c from                                   |               |                 |                 |                 |                   |             |
| 500       | tion B. Total Support                                                    |               |                 |                 |                 |                   |             |
|           | tion B. Total Support<br>endar year (or fiscal year beginning in)        | (a) 2018      | <b>(b)</b> 2019 | (c) 2020        | (d) 2021        | (e) 2022          | (f) Total   |
|           |                                                                          | (a) 2010      | (6) 2013        | (6) 2020        | (4) 2021        | (6) 2022          | (i) rotal   |
| 9<br>10 a | Amounts from line 6                                                      |               |                 |                 |                 |                   |             |
| ···u      | payments received on securities loans,                                   |               |                 |                 |                 |                   |             |
|           | rents, royalties, and income from similar                                |               |                 |                 |                 |                   |             |
| <b>.</b>  | Sources                                                                  |               |                 |                 |                 |                   |             |
| D         | Unrelated business taxable income (less                                  |               |                 |                 |                 |                   |             |
|           | section 511 taxes) from businesses                                       |               |                 |                 |                 |                   |             |
|           | acquired after June 30, 1975                                             |               |                 |                 |                 |                   |             |
|           | Add lines 10a and 10b                                                    |               |                 |                 |                 |                   |             |
| 11        | Net income from unrelated business                                       |               |                 |                 |                 |                   |             |
|           | activities not included on line 10b, whether                             |               |                 |                 |                 |                   |             |
|           | or not the business is regularly carried on.                             |               |                 |                 |                 |                   |             |
| 12        | Other income. Do not include gain or                                     |               |                 |                 |                 |                   |             |
|           | loss from the sale of capital assets                                     |               |                 |                 |                 |                   |             |
|           | (Explain in Part VI.)                                                    |               |                 |                 |                 |                   |             |
| 13        | Total support. (Add lines 9, 10c, 11,                                    |               |                 |                 |                 |                   |             |
|           | and 12.)                                                                 |               |                 | <u> </u>        |                 |                   |             |
| 14        | First 5 years. If the Form 990 is for                                    | J             | ,               |                 | ,               |                   | ` ′ ′ ′ ┌── |
| <u></u>   | organization, check this box and stop here.                              |               |                 | <u></u>         |                 |                   |             |
|           | tion C. Computation of Public Supp                                       |               |                 | (5)             |                 | T T               | 0/          |
| 15        | Public support percentage for 2022 (line 8,                              |               |                 |                 |                 | 15                | <u>%</u>    |
| 16        | Public support percentage from 2021 Sche                                 |               |                 | <u> </u>        |                 | 16                | <u>%</u>    |
|           | tion D. Computation of Investment                                        |               |                 |                 |                 | T T               |             |
| 17        | Investment income percentage for 2022 (lin                               |               |                 |                 |                 | 17                | <u>%</u>    |
| 18        | Investment income percentage from 2021 S                                 |               |                 |                 |                 | 18                | <u>%</u>    |
| 19 a      | 33 1/3 % support tests - 2022. If the org                                | -             |                 |                 |                 |                   |             |
|           | 17 is not more than 331/3 %, check this                                  |               |                 |                 |                 |                   |             |
| b         | 331/3% support tests - 2021. If the orga                                 |               |                 |                 |                 |                   |             |
|           | line 18 is not more than 331/3 %, check                                  |               | •               | •               |                 |                   |             |
| 20        | Private foundation. If the organization of                               | ald not check | a box on line 1 | 14, 19a, or 19b | , cneck this bo | ox and see instru | ictions     |

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#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

| Section A. All S | Supporting | <b>Organizations</b> |
|------------------|------------|----------------------|
|------------------|------------|----------------------|

- Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported 2 organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 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. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) 3с purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion 4b despite being controlled or supervised by or in connection with its supported organizations. c 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 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990). 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 9b the supporting organization had an interest? If "Yes," provide detail in Part VI.
  - c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - 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.)

9с

10a

| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization of perate for the benefit of any supported organization other than the supported organization operate for the benefit of any supported organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organizations).  Section D. All Type III Supporting Organizations  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 organization in Part VI how the organization's or (ii) serving on the governing bod | Part  | Supporting Organizations (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |         |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|-----|
| a 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?  b A family member of a person described on line 11a above?  c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or trustees at all times during the tax year? If "No" describe in Part VI how the supported organizations officers, directors, or trustees the low the power to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization on the than the supported organization operated. Supervised, or controlled the supporting organization on the than the supported organization operated.  2 Did the organization operate for the benefit of any supported organization of the than the supported organization operated. Supervised, or controlled the supporting organization of the supported organization of the organization of the orga |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         | Yes     | No  |
| 11c below, the governing body of a supported organization?  b A family member of a person described on line 11a above?  c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide data in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or efect at least a majority of the organization's officers, directors, or trustees and elimental controlled the organization's activities of effectively operated, supervised, or controlled the organization's activities or governmental entity (new providing such benefit carried out the purposes of the supporting Organizations and what conditions or restrictions. If any, applied to such powers during the tax year.  1 Were a majority of the organization's directors or trustees during the tax year disposed organization or management of the supporting Organization.  2 Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year disposed organization or management of the supporting Organization was vasted in the same persons that controlled or managed the supporting Organization or trustees of each of the organization's polymarizations.  1 Were a majority of the organization's supported organizations, by the last day of the lifth month of the organization's polymarization or trustees and controlled organization or management of the supporting Organization was vasted in the same persons that controlled or managed the supported organization or the organization's polymarization and the supported organization or the organization's polymarization and the supported organization or the organization's officers, directors, or trustees enter the province of the province of the organization of the supported organization's polymarization and organization's supported organization's su | 11    | Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                                                                                                                                                                                                                                                                              |         |         |     |
| b A family member of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide didtal in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or trustees at all times during the tax year? If "No" describe in Part VI how the supported organizations of controlled the against asset activities and and more than ore supported organization operate for the benefit of any supported organization and more than ore supported organization operate for the benefit of any supported organization of the first the supported organization? If "Yes" religion in Part VI how providing such benefit carried out the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organization of the supported organization of the first or trustees of each of the organizations supported organization of the supported organization or or management of the supporting organization.  1 Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations supported organization in supported organizations are supported organizations and the supported organization was vested in the same persons that controlled or managed the supported organizations are provided during the prior tax year, (i) a evritten notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the form 990 that two most recently filed as of the date of notification, and (iii) copies of the organizations are supported organizations was vested organization? If "No" replain in Part VI how the organization is investment policies and in directing the use of the organizations have a significant viole in the organization supported organization su | а     | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and                                                                                                                                                                                                                                                                                                                                                                                                       |         |         |     |
| c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide details in Part V.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or fursieses at all times during the tax year? "I "No." describe. In Part VI have expended organization softicers, directors, or fursieses and interest during that was proported organization on describe how the powers to appoint and/organization had more than one supported organization of supported organization of any supported organization had more than one supported organizations and what conditions or restrictions. If any, applied to such powers during the tax year.  2 Did the organization of personal controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated. Supervised, or controlled the supporting Organizations  Section C. Type II Supporting Organizations  1 Were a majority of the organization is directors or furstees during the tax year also a majority of the directors or management of this supported organization was visited in the same poecons that controlled or managed the supported organizations provided the organizations of the regularizations of the result of the 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 fleet as of the date of notification, and (ii) copies of the organization's provided organization's provided organization's provided organization's provided organization's supported organization's provided organization's supported organization's provided organizat |       | 11c below, the governing body of a supported organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 11a     |         |     |
| Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or trustees at all times during the tax year? If No.* describe in Part VI how the supported organizations of infectively operated, supervised, or controlled the organizations devikes. If the organization had non an exapported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allicated among the supported organization of organization of organization operated, supervised, or controlled the supporting organization () that operated, supervised, or controlled the supporting organization (state year).  2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization.  3 Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization provide to each of its supported organizations to the view of the organization of the supported organization organization and the same persons that controlled or managed the supported organization organization and the same persons that controlled or managed the supported organization is officers, directors, or trustees either (i) appointed or elected that organization and the supported organization or the organization or the organization in the supported organization in the organization in the organization in t | b     | A family member of a person described on line 11a above?                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 11b     |         |     |
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regulatly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If No 'describe in Part V Into the supported organization's officers, directors, or trustees are limited unique that supported organizations and what contribled the organization's activities during the tax year organization and what contribled the organization's activities of the supported organization and what contribled the supported organization of the then the supported organization's) that operated, supported organization's that operated. Supported organization's that operated organization's providing such benefit carried out the purposes of the supported organization's that operated.  1 Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's? If 'No,' 'describe in Part V how control or management of the supporting organization's was vested in the same persons that controlled or managed the supported organization's activities of the organization's activities of the organization's officers, directors, or trustees either (i) appointed or officiation, and (ii) copies of the organization's officers, directors, or trustees either (ii) appointed or elected by the supported organization's officers, directors, or trustees either (ii) appointed or elected by the supported organization's officers, directors, or trustees either (ii) appointed or elected by the supported organization's officers, directors, or trustees either (iii) appointed organization's new as again cannot be replaced and organization's provided organization's provided organization's provided organization's provi | С     | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,                                                                                                                                                                                                                                                                                                                                                                                                           |         |         |     |
| Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If No." describe in Part VI how the supported organizations of organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allicated among the supported organization of powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the than the supported organization's theory organization, the trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supported organization's and the organization's and the supported organization's and the organization's and the organization's diffects, and the organization's diffects and the organization's diffects, and the organization's diffects and the organization's and the organization's and the org |       | provide detail in <b>Part VI.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 11c     |         |     |
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors, or trustees at the immediating the tax year? If 'No, 'escales in Part Vin the supported organizations and what contilled the organizations activities of the organizations and what contilled the organizations activities of the property of appoint and/or remove officers, directors, or trustees were interested among the supported organization (s) that operated, supervised, or controlled the supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization(s) that operated.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization's supported organization's and the supported organization's activities and the supported organization's activities and the supported organization's activities of the organization's activities and the supported organization's activities and in class and the supported organization's activities and in class and supported organization's  | Secti | on B. Type I Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |         |     |
| more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or trustees at all times during the tax year? If No. *Geochem in Part V how the supported organizations of the reflectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2. Did the organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supporting organization of the supporting organization.  Section C. Type II Supporting Organizations  1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization; If No. *describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed to result the supported organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a cony of the Form 990 that was most recently field as of the date of notification, and (iii) copies of the organization's toy officers, directors, or trustees either (i) appointed or elected by the supported 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 governing documents in effect on the date of notification, to the extent not previously provided?  2. Were any of the organization's endought of the organization was responsive to the date of noti |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         | Yes     | No  |
| organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part W how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations  Yes No  Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting Organizations supported organization(s)? If "No," describe in Part VI how control or management of the supporting Organizations supported organizations," If "No," describe in Part VI how control or management of the supporting Organizations 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?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization maintained a close and continuous working relationship with the supported organizations have the organization whose in the organization's investment policies and in directing the use of the organizations are a supported organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organizations are supported organizations and provided organization's investment policies and in directing the use of the organizations are supported organization's supported organization's used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Sets. Complete line 2 below.  The organization is satisfied th | 1     | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | 1       |         |     |
| Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organizations.  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 at (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(s) or (ii) serving on the governing body of a supported organization's supported organization(s) or a sustent at all times during the tax year? "Yes," describe in Part VI the role the organization(s) or a supported organization's involvement at littines during the tax year? "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  2 Activities Test, Answer lines 2 and 2b below.  3 The organization satisfied the Activities Test. Complete line 2 below.  4 Did substantially all of the organization's supported organizations. Complete line 3 below.  5 Did the activities described on line 2a, above, constitute activities directly further the exempt purposes of the supported organization's purported organizations, and how the orga |       | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                 | 2       |         |     |
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 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).  3 By reason of the relationship described on line 2, above, did the organization's with the organization's supported organization's invostment policies and in directing the use of the organization's supported organizations played in this regard.  3 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  4 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  5 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  6 Did the organization is the parent of each of its supported organizations. Complete line 3 below.  7 Check the box next to the method that the organization was responsive? If "Yes," then in Part VI how you supported organization was re | Secti | on C. Type II Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |         |     |
| or trustees of each of the 'organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 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 worthin 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 maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organizations income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  3 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  a The organization satisfied the Activities Test. Complete line 2 below.  b The organization satisfied the Activities Test. Complete line 2 below.  c The organization satisfied the Activities Test Supported organizations. Complete line 3 below.  c The organization satisfied the Activities during the tax year directly further the exempt purposes of the supported organization's supported organization was responsive to those supported organizations. Part VI theory organization of the enganization's position that its supported organization of the enganization's position that its supported organization's |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         | Yes     | No  |
| or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  Section D. All Type III Supporting Organizations  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, (i) a veritten notice describing the type and amount of support provided during the prior tax year, (i) 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 and the organization's investment policies and in directing the use of the organization's new a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard.  3 Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions).  3 The organization is the parent of each of its supported organizations. Complete line 3 below.  4 Cativities Test, Answer lines 2a and 2b below.  5 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further the exempt purposes of the supported organization's substantially all of its activities that, but for the organization determined that these activities described on line 2a, above, constitute activities tha | 1     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |         |     |
| Section D. All Type III Supporting Organizations  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, (ii) a worther 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 maintained a close and continuous working relationship with the supported organizations have a significant voice in 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 organizations played in this regard.  3 Section E. Type III Functionally Integrated Supporting Organizations supported organizations played in this regard.  4 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  5 Conclusion of the organization is the parent of each of its supported organizations. Complete line 3 below.  5 The organization is the parent of each of its supported organizations. Complete line 3 below.  6 The organization is the parent of each of its supported organizations. Complete line 3 below.  7 Conclusion of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further the exempt purposes of the supported organization's activities directly furthered their exempt purposes, how the organization was responsive to those supported organization's involvement, one or more of the organization's supported organization, and how the organization's involvement, one or more of the organization's supported organization, and how the organization wo |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |         |     |
| 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 organizations have a significant voice in the organization's investment policies and in directing the use of the organizations have a significant voice in the organization investment policies and in directing the use of the organization's supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  2 Activities Test. Answer lines 2a and 2b below.  3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities during the tax year directly furthered their exempt purposes, how the organizations was responsive to those supported organizations that its supported organization determined that these activities does not not organization's position that its supported organization determined that these activities does not not organization's position that its supported organization (s) would have been engaged in these activities organizations. Answe |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4       |         |     |
| 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 organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organization's supported organization's supported organization's played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  3 The organization satisfied the Activities Test. Complete line 2 below.  1 The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).  2 Activities Test. Answer lines 2a and 2b below.  3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive to those supported organizations of the supported organization was responsive to those supported organizations, and how the organization's involvement, one or more of the organization's position that its supported organization's involvement, one or more of the organization's position that its supported organization's involvement.  3  | Socti |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1       |         |     |
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tay year. (i) a written notice describing the type and amount of support provided uning 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).  3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organization's income or assets at all times during the tay ear? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  3 Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  2 Activities Test. Answer lines 2a and 2b below.  3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further define and the properties of the supported organization's activities directly furthered their exempt purposes, how the organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive? If "Yes," then in Part VI identify these engaged in these activit | secu  | on D. All Type III Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | Vac     | No  |
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| <ul> <li>Parent of Supported Organizations. Answer lines 3a and 3b below.</li> <li>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.</li> <li>Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | b     | involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would                                                                                                                                                                                                                                                                                        | 2h      |         |     |
| <ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ∠IJ     |         |     |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                                                                                                                                                                                                                                                                                                                                                                                                          | 3a      |         |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | b     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2h      |         |     |

| Pa | art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga                                                                                                                                     | nization       | S                              |                                |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|--------------------------------|
| 1  | Check here if the organization satisfied the Integral Part Test as a qualifying                                                                                                                          | ng trust on    | Nov. 20, 1970 (explain         | in in <b>Part VI</b> ). See    |
|    | instructions. All other Type III non-functionally integrated supporting organ                                                                                                                            | izations r     | nust complete Sectio           | ns A through E.                |
| Se | ction A - Adjusted Net Income                                                                                                                                                                            | (A) Prior Year | (B) Current Year<br>(optional) |                                |
| 1  | Net short-term capital gain                                                                                                                                                                              | 1              |                                |                                |
| 2  | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                                |                                |
| 3  | Other gross income (see instructions)                                                                                                                                                                    | 3              |                                |                                |
| 4  | Add lines 1 through 3.                                                                                                                                                                                   | 4              |                                |                                |
| 5  | Depreciation and depletion                                                                                                                                                                               | 5              |                                |                                |
| 6  | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                                |                                |
| _7 | Other expenses (see instructions)                                                                                                                                                                        | 7              |                                |                                |
| 8  | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                                                                                                                                             | 8              |                                |                                |
| Se | ction B - Minimum Asset Amount                                                                                                                                                                           |                | (A) Prior Year                 | (B) Current Year<br>(optional) |
| 1  | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):                                                                          |                |                                |                                |
| a  | Average monthly value of securities                                                                                                                                                                      | 1a             |                                |                                |
| b  | Average monthly cash balances                                                                                                                                                                            | 1b             |                                |                                |
| c  | Fair market value of other non-exempt-use assets                                                                                                                                                         | 1c             |                                |                                |
| d  | Total (add lines 1a, 1b, and 1c)                                                                                                                                                                         | 1d             |                                |                                |
| е  | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                                                                                            |                |                                |                                |
| 2  | Acquisition indebtedness applicable to non-exempt-use assets                                                                                                                                             | 2              |                                |                                |
| 3  | Subtract line 2 from line 1d.                                                                                                                                                                            | 3              |                                |                                |
| 4  | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                                                                                           | 4              |                                |                                |
| 5  | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | 5              |                                |                                |
| 6  | Multiply line 5 by 0.035.                                                                                                                                                                                | 6              |                                |                                |
| 7  | Recoveries of prior-year distributions                                                                                                                                                                   | 7              |                                |                                |
| 8  | Minimum Asset Amount (add line 7 to line 6)                                                                                                                                                              | 8              |                                |                                |
| Se | ction C - Distributable Amount                                                                                                                                                                           |                |                                | Current Year                   |
| 1  | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                                                    | 1              |                                |                                |
| 2  | Enter 0.85 of line 1.                                                                                                                                                                                    | 2              |                                |                                |
| 3  | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                                                   | 3              |                                |                                |
| 4  | Enter greater of line 2 or line 3.                                                                                                                                                                       | 4              |                                |                                |
| 5  | Income tax imposed in prior year                                                                                                                                                                         | 5              |                                |                                |
| 6  | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                                                            | 6              |                                |                                |
| 7  | Check here if the current year is the organization's first as a non-functional (see instructions).                                                                                                       |                | ted Type III supporting        | g organization                 |

Schedule A (Form 990) 2022

| Part | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)         |                          |        |    |              |  |  |  |
|------|----------------------------------------------------------------------------------------------------|--------------------------|--------|----|--------------|--|--|--|
| Sect | ion D - Distributions                                                                              |                          |        |    | Current Year |  |  |  |
| 1    | Amounts paid to supported organizations to accomplish e                                            | xempt purposes           |        | 1  |              |  |  |  |
| 2    | Amounts paid to perform activity that directly furthers exer                                       | mpt purposes of support  | ed     |    |              |  |  |  |
|      | organizations, in excess of income from activity                                                   |                          |        |    |              |  |  |  |
| 3    | 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3          |                          |        |    |              |  |  |  |
| 4    | 4 Amounts paid to acquire exempt-use assets 4                                                      |                          |        |    |              |  |  |  |
| 5    | 5 Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> ) 5 |                          |        |    |              |  |  |  |
| 6    | Other distributions (describe in Part VI). See instructions.                                       |                          |        | 6  |              |  |  |  |
| 7    | Total annual distributions. Add lines 1 through 6.                                                 |                          |        | 7  |              |  |  |  |
| 8    | Distributions to attentive supported organizations to which                                        | the organization is resp | onsive |    |              |  |  |  |
|      | (provide details in <b>Part VI</b> ). See instructions.                                            |                          |        |    |              |  |  |  |
| 9    | 9 Distributable amount for 2022 from Section C, line 6 9                                           |                          |        |    |              |  |  |  |
| 10   | Line 8 amount divided by line 9 amount                                                             |                          | •      | 10 |              |  |  |  |
|      |                                                                                                    |                          | (ii)   |    | (iii)        |  |  |  |

| Secti | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|-------|-----------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1     | Distributable amount for 2022 from Section C, line 6            |                             |                                        |                                           |
| 2     | Underdistributions, if any, for years prior to 2022             |                             |                                        |                                           |
|       | (reasonable cause required - explain in <b>Part VI</b> ). See   |                             |                                        |                                           |
|       | instructions.                                                   |                             |                                        |                                           |
| 3     | Excess distributions carryover, if any, to 2022                 |                             |                                        |                                           |
| a     | From 2017                                                       |                             |                                        |                                           |
| b     | From 2018                                                       |                             |                                        |                                           |
| с     | From 2019                                                       |                             |                                        |                                           |
| d     | From 2020                                                       |                             |                                        |                                           |
| е     | From 2021                                                       |                             |                                        |                                           |
| f     | Total of lines 3a through 3e                                    |                             |                                        |                                           |
| g     | Applied to underdistributions of prior years                    |                             |                                        |                                           |
| h     | Applied to 2022 distributable amount                            |                             |                                        |                                           |
| i     | Carryover from 2017 not applied (see instructions)              |                             |                                        |                                           |
| j_    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                             |                                        |                                           |
| 4     | Distributions for 2022 from                                     |                             |                                        |                                           |
|       | Section D, line 7: \$                                           |                             |                                        |                                           |
| a     | Applied to underdistributions of prior years                    |                             |                                        |                                           |
| b     | Applied to 2022 distributable amount                            |                             |                                        |                                           |
| с     | Remainder. Subtract lines 4a and 4b from line 4.                |                             |                                        |                                           |
| 5     | Remaining underdistributions for years prior to 2022, if        |                             |                                        |                                           |
|       | any. Subtract lines 3g and 4a from line 2. For result           |                             |                                        |                                           |
|       | greater than zero, explain in <b>Part VI.</b> See instructions. |                             |                                        |                                           |
| 6     | Remaining underdistributions for 2022. Subtract lines 3h        |                             |                                        |                                           |
|       | and 4b from line 1. For result greater than zero, explain in    |                             |                                        |                                           |
|       | Part VI. See instructions.                                      |                             |                                        |                                           |
| 7     | Excess distributions carryover to 2023. Add lines 3j            |                             |                                        |                                           |
|       | and 4c.                                                         |                             |                                        |                                           |
| 8     | Breakdown of line 7:                                            |                             |                                        |                                           |
| а     | Excess from 2018                                                |                             |                                        |                                           |
| b     | Excess from 2019                                                |                             |                                        |                                           |
| c     | Excess from 2020                                                |                             |                                        |                                           |
| d     | Excess from 2021                                                |                             |                                        |                                           |
| е     | Excess from 2022                                                |                             |                                        |                                           |

Schedule A (Form 990) 2022

# Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number Name of the organization CHRISTEL HOUSE INTERNATIONAL, INC. 35-2051932 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(** 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number 35–2051932

| art l | Contributors (see instructions). | Use duplicate copies of Part | I if additional space is needed. |
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|-------|----------------------------------|------------------------------|----------------------------------|

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                             |
|------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 1_         | 50 SOUTH CAPITAL ADVISORS  181 W. MADISON ST. , STE 12  CHICAGO, IL 60602-4645                                                  | \$5,000.                   | Person Payroll Noncash (Complete Part II for noncash contributions.)                                                                    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                             |
| 2          | ARDA  1201 15TH STREET N.W., SUITE 400  WASHINGTON, DC 20005-2899                                                               | \$10,000.                  | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)                                                                 |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                             |
| 3          | BLUEGREEN VACATIONS  1201 15TH STREET NW, SUITE 400  WASHINGTON, DC 20005-2899                                                  | \$5,000.                   | Person X Payroll Noncash  (Complete Part II for noncash contributions.)                                                                 |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                             |
|            |                                                                                                                                 |                            | Person                                                                                                                                  |
| 4          | BRALY FAMILY FOUNDATION  832 ALVERNA DR.  INDIANAPOLIS, IN 46260-4955                                                           | \$50,719.                  | Person X Payroll Noncash  (Complete Part II for noncash contributions.)                                                                 |
| (a)<br>No. | 832 ALVERNA DR.                                                                                                                 | \$ 50,719.                 | Payroll Noncash  (Complete Part II for                                                                                                  |
| (a)        | 832 ALVERNA DR.  INDIANAPOLIS, IN 46260-4955  (b)                                                                               | (c)                        | Payroll Noncash  (Complete Part II for noncash contributions.)                                                                          |
| (a)<br>No. | 832 ALVERNA DR.  INDIANAPOLIS, IN 46260-4955  (b)  Name, address, and ZIP + 4  BRANDT CONSTRUCTION, INC.  330 E SAINT JOSEPH ST | (c)<br>Total contributions | Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II for |

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Name of organization

CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number 35–2051932

| Part I | Contributors (see instructions). | Use duplicate copies of Part | I if additional space is needed. |
|--------|----------------------------------|------------------------------|----------------------------------|
|--------|----------------------------------|------------------------------|----------------------------------|

| (a) | (b)                                                                                            | (c)                 | (d)                                                                             |
|-----|------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------|
| No. | Name, address, and ZIP + 4                                                                     | Total contributions | Type of contribution                                                            |
| 7   | CHRISTEL DEHAAN FAMILY FOUNDATION  10 W. MARKET STREET SUITE 1990  INDIANAPOLIS, IN 46204-2973 | \$30,000.           | Person   X     Payroll   Noncash  (Complete Part II for noncash contributions.) |
| (a) | (b)                                                                                            | (c)                 | (d)                                                                             |
| No. | Name, address, and ZIP + 4                                                                     | Total contributions | Type of contribution                                                            |
| 8   | CONRAD N. HILTON FOUNDATION  1 DOLE DR.  WESTLAKE VILLAGE, CA 91362-7300                       | \$500,000.          | Person Payroll Noncash  (Complete Part II for noncash contributions.)           |
| (a) | (b)                                                                                            | (c)                 | (d)                                                                             |
| No. | Name, address, and ZIP + 4                                                                     | Total contributions | Type of contribution                                                            |
| 9_  | COPPER MOON COFFEE LLC  1503 VETERANS MEMORIAL PKWY. E.  LAFAYETTE, IN 47905-8917              | \$17,008.           | Person Payroll Noncash  (Complete Part II for noncash contributions.)           |
| (a) | (b)                                                                                            | (c)                 | (d)                                                                             |
| No. | Name, address, and ZIP + 4                                                                     | Total contributions | Type of contribution                                                            |
| 10  | DR. STEVEN PAUL  1145 LAURELWOOD  CARMEL, IN 46032-8751                                        | \$10,000.           | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)         |
| (a) | (b)                                                                                            | (c)                 | (d)                                                                             |
| No. | Name, address, and ZIP + 4                                                                     | Total contributions | Type of contribution                                                            |
| 11  | EFROYMSON FAMILY FUND, A CICF FUND  615 N. ALABAMA ST. STE. 119  INDIANAPOLIS, IN 46204-1431   | \$10,000.           | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)         |
| (a) | (b)                                                                                            | (c)                 | (d)                                                                             |
| No. | Name, address, and ZIP + 4                                                                     | Total contributions | Type of contribution                                                            |
| 12  | ELI LILLY AND COMPANY FOUNDATION  LILLY CORPORATE CENTER                                       | \$11,000.           | Person X Payroll Noncash                                                        |

Name of organization

CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number 35–2051932

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) | (b)                                                                                      | (c)                 | (d)                                                                         |
|-----|------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------|
| No. | Name, address, and ZIP + 4                                                               | Total contributions | Type of contribution                                                        |
| 13  | ELI LILLY AND COMPANY  LILLY CORPORATE CENTER  INDIANAPOLIS, IN 46285-0001               | \$10,000.           | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)     |
| (a) | (b)                                                                                      | (c)                 | (d)                                                                         |
| No. | Name, address, and ZIP + 4                                                               | Total contributions | Type of contribution                                                        |
| 14  | ENDLESS SUCCESS FOUNDATION INC.  10 W. MARKET ST. STE. 1990  INDIANAPOLIS, IN 46204-2973 | \$14,293,000.       | Person Payroll Noncash  (Complete Part II for noncash contributions.)       |
| (a) | (b)                                                                                      | (c)                 | (d)                                                                         |
| No. | Name, address, and ZIP + 4                                                               | Total contributions | Type of contribution                                                        |
| 15  | ESTATE OF ALLAN GREENBLO  5766 CENTRAL AVENUE  INDIANAPOLIS, IN 46220-2508               | <b>\$</b> 12,604.   | Person Payroll Noncash  (Complete Part II for noncash contributions.)       |
| (a) | (b)                                                                                      | (c)                 | (d)                                                                         |
| No. | Name, address, and ZIP + 4                                                               | Total contributions | Type of contribution                                                        |
| 16  | ESTATE OF CHRISTEL DEHAAN  10 W. MARKET ST. STE. 1990  INDIANAPOLIS, IN 46204-2973       | \$19,960.           | Person X Payroll X Noncash X  (Complete Part II for noncash contributions.) |
| (a) | (b)                                                                                      | (c)                 | (d)                                                                         |
| No. | Name, address, and ZIP + 4                                                               | Total contributions | Type of contribution                                                        |
| 17  | ESEATTLE, WA 98104                                                                       | \$10,000.           | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)     |
| (a) | (b)                                                                                      | (c)                 | (d)                                                                         |
| No. | Name, address, and ZIP + 4                                                               | Total contributions | Type of contribution                                                        |
| 18  | FIDELITY NATIONAL TIMESHARE                                                              |                     | Person X<br>Payroll                                                         |

Name of organization

CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number 35–2051932

| art C | ontributors | (see instructions). | Use duplicate copies | of Part I if additiona | space is needed. |
|-------|-------------|---------------------|----------------------|------------------------|------------------|
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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                               | (c) (d) Total contributions Type of contribution                                  |
|------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 19         | FIS  323 RIVERSIDE AVE.  JACKSONVILLE, FL 32202-4909                                            | \$ Person X Payroll Noncash (Complete Part II for noncash contributions.)         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                               | (c) (d) Total contributions Type of contribution                                  |
| 20         | GRAND PACIFIC RESORT SERVICES CO., LLC  5900 PASTEUR COURT SUITE 200  CARLSBAD, CA 92008-7336   | \$ 10,000.  Person Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                               | (c) (d) Total contributions Type of contribution                                  |
| 21         | HILTON GRAND VACATIONS COMPANY  5323 MILLENIA LAKES BOULEVARD SUITE 400  ORLANDO, FL 32839-3395 | \$ 10,000.  Person Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                               | (c) (d) Total contributions Type of contribution                                  |
| 22         | INDIANAPOLIS COLTS, INC.  7001 W. 56TH STREET  INDIANAPOLIS, IN 46254-9725                      | \$ Person                                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                               | (c) (d) Total contributions Type of contribution                                  |
| 23         | KITE REALTY GROUP  30 S. MERIDIAN ST, SUITE 110  INDIANAPOLIS, IN 46204-3565                    | \$ S,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                               | (c) (d) Total contributions Type of contribution                                  |
| 24         | LILLY ENDOWMENT, INC.  P.O. BOX 88068  INDIANAPOLIS, IN 46208-0068                              | \$ 22,500.  Person Payroll Noncash  (Complete Part II for noncash contributions.) |

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Name of organization

CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number 35–2051932

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) | (b)                                                                                                  | (c)                 | (d)                                                                     |
|-----|------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------|
| No. | Name, address, and ZIP + 4                                                                           | Total contributions | Type of contribution                                                    |
| 25  | LUCAS E. MONTARCE  10555 NOMA CT.  CARMEL, IN 46032-5512                                             | \$6,000.            | Person  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a) | (b)                                                                                                  | (c)                 | (d)                                                                     |
| No. | Name, address, and ZIP + 4                                                                           | Total contributions | Type of contribution                                                    |
| 26  | LUMINA FOUNDATION FOR EDUCATION, INC.  30 S. MERIDIAN STREET, SUITE 700  INDIANAPOLIS, IN 46204-3568 | <b>\$</b>           | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a) | (b)                                                                                                  | (c)                 | (d)                                                                     |
| No. | Name, address, and ZIP + 4                                                                           | Total contributions | Type of contribution                                                    |
| 27  | MR.AGUSTIN PICADO  8325 S.W. 164TH TER.  PALMETTO BAY, FL 33157-3668                                 | \$8,164.            | Person Payroll Noncash  (Complete Part II for noncash contributions.)   |
| (a) | (b)                                                                                                  | (c)                 | (d)                                                                     |
| No. | Name, address, and ZIP + 4                                                                           | Total contributions | Type of contribution                                                    |
| 28  | MR. AL VAN KAMPEN  1943 NW MILFORD WAY  SEATTLE, WA 98177-5433                                       | \$5,000.            | Person Payroll Noncash  (Complete Part II for noncash contributions.)   |
| (a) | (b)                                                                                                  | (c)                 | (d)                                                                     |
| No. | Name, address, and ZIP + 4                                                                           | Total contributions | Type of contribution                                                    |
| 29_ | MR. ALESSANDRO FRANCHI  7957 BEAUMONT GREEN WEST DR.  INDIANAPOLIS, IN 46250-1652                    | \$5,000.            | Person  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a) | (b)                                                                                                  | (c)                 | (d)                                                                     |
| No. | Name, address, and ZIP + 4                                                                           | Total contributions | Type of contribution                                                    |
| 30  | MR. BERNARD M. SUSSMAN  PO BOX 39  FAR HILL, NJ 07931-0039                                           | \$15,000.           | Person Payroll Noncash  (Complete Part II for noncash contributions.)   |

Name of organization

CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number 35–2051932

| art C | ontributors | (see instructions). | Use duplicate copies | of Part I if additiona | space is needed. |
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| (a)       | (b)                                                                               | (c)                 | (d)                                                                              |
|-----------|-----------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------|
| No.       | Name, address, and ZIP + 4                                                        | Total contributions | Type of contribution                                                             |
| 31        | MR. CRAIG DUCHOSSOIS  444 W. LAKE ST. STE. 2000  CHICAGO, IL 60606-0040           | \$50,000.           | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)          |
| (a)       | (b)                                                                               | (c)                 | (d)                                                                              |
| No.       | Name, address, and ZIP + 4                                                        | Total contributions | Type of contribution                                                             |
| 32        | MR. DENNERT O. WARE  317 LIMESTONE CREEK ROAD  SAN ANTONIO, TX 78232-3503         | \$50,000.           | Person Payroll Noncash  (Complete Part II for noncash contributions.)            |
| (a)       | (b)                                                                               | (c)                 | (d)                                                                              |
| No.       | Name, address, and ZIP + 4                                                        | Total contributions | Type of contribution                                                             |
| 33        | MR. DONALD E. KNEBEL  11901 WEST RD.  ZIONSVILLE, IN 46077-4607                   | \$15,000.           | Person Payroll Noncash  (Complete Part II for noncash contributions.)            |
| (a)       | (b)                                                                               | (c)                 | (d)                                                                              |
| No.       | Name, address, and ZIP + 4                                                        | Total contributions | Type of contribution                                                             |
| 34        | MR. DONALD L. HARRILL  145 BELLEVIEW BLVD UNIT 502  BELLEAIR, FL 33756-1881       | \$25,000.           | Person   X     Payroll   Noncash   (Complete Part II for noncash contributions.) |
| (a)       | (b)                                                                               | (c)                 | (d)                                                                              |
| No.       | Name, address, and ZIP + 4                                                        | Total contributions | Type of contribution                                                             |
| 35        | MR. FERNANDO FALCON  18501 COLLINS AVE APT 3802  SUNNY ISLES BEACH, FL 33160-5657 | \$22,860.           | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)          |
| (a)       | (b)                                                                               | (c)                 | (d)                                                                              |
| No.       | Name, address, and ZIP + 4                                                        | Total contributions | Type of contribution                                                             |
| <u>36</u> | MR. GUIDO J. NEELS  7916 DEAN ROAD  INDIANAPOLIS, IN 46240-2914                   | \$ 25,000.          | Person Payroll Noncash  (Complete Part II for noncash contributions.)            |

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CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number 35–2051932

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
|------------|---------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------|
| 37         | MR. HAMISH COHEN  5766 CENTRAL AVENUE  INDIANAPOLIS, IN 46220-2508        | <b>\$</b> 5,000.           | Person Payroll Noncash (Complete Part II for noncash contributions.)    |
| (a)        | (b) Name, address, and ZIP + 4                                            | (c) Total contributions    | (d) Type of contribution                                                |
| 38         | MR. HOWARD NUSBAUM  4410 DEXTER STREET N.W.  WASHINGTON, DC 20007-1113    | \$5,000.                   | Person  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 39_        | MR. IAN B. MACCALLUM, JR.  20 LINDSLEY ROAD  BASKING RIDGE, NJ 07920-4026 | \$5,000.                   | Person Payroll Noncash  (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 40         | MR. JASON C. GAMEL, ESQ.  601 PARK ST SE  VIENNA, VA 22180-5810           | <b>\$</b> 5,000.           | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 41_        | MR. JASON PULLIAM  10570 GEIST VIEW DR  MCCORDSVILLE, IN 46055-9813       | \$5,000.                   | Person  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 42         | MR. JERRY T. HILL 231 E. 15TH ST.                                         | <b>\$</b> 6,000.           | Person X<br>Payroll<br>Noncash                                          |

Name of organization

CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number 35–2051932

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                             |
|------------|-----------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 43         | MR. JOHN NASSOS  787 JEFFREY CT  WHEATON, IL 60189-8177                                                         | \$12,000.                  | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)                                                                 |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                             |
| 44         | MR. JOHN PETROVSKI  212 N. DOUGLAS AVE.  ARLINGTON HEIGHTS, IL 60004-6119                                       | \$30,000.                  | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)                                                                 |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                               | (c) Total contributions    | (d)<br>Type of contribution                                                                                                             |
| 45         | MR. JOSEPH P. SCHNEIDER  116 STONY CREEK OVERLOOK  NOBLESVILLE, IN 46060-3871                                   | \$5,000.                   | Person X Payroll Noncash (Complete Part II for noncash contributions.)                                                                  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                               | (c) Total contributions    | (d)<br>Type of contribution                                                                                                             |
|            |                                                                                                                 |                            |                                                                                                                                         |
| 46         | MR. KELLY FLYNN  5859 SUNSET LANE  INDIANAPOLIS, IN 46228-1449                                                  | \$                         | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)                                                                 |
| (a)<br>No. | 5859 SUNSET LANE                                                                                                | \$                         | Payroll Noncash (Complete Part II for                                                                                                   |
| (a)        | 5859 SUNSET LANE INDIANAPOLIS, IN 46228-1449 (b)                                                                | (c)                        | Payroll Noncash (Complete Part II for noncash contributions.)                                                                           |
| (a)<br>No. | 5859 SUNSET LANE  INDIANAPOLIS, IN 46228-1449  (b)  Name, address, and ZIP + 4  MR. MANOHAR L. ARORA  PO 531845 | (c)<br>Total contributions | Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II for |

Name of organization

CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number 35–2051932

| art I | Contributors | (see instructions). | Use duplicate cop | oies of Part I if addition | nal space is needed. |
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| (a) | (b)                                                                  | (c)                 | (d)                                                                     |
|-----|----------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------|
| No. | Name, address, and ZIP + 4                                           | Total contributions | Type of contribution                                                    |
| 49_ | MR. MARK R. WILLIS  14505 GEIST RIDGE DR.  FISHERS, IN 46040-9021    | \$                  | Person Payroll Noncash  (Complete Part II for noncash contributions.)   |
| (a) | (b)                                                                  | (c)                 | (d)                                                                     |
| No. | Name, address, and ZIP + 4                                           | Total contributions | Type of contribution                                                    |
| 50  | MR. PAUL SMITH  35 ALHAMBRA ST  PONE VEDRA BEACH, FL 32082-2801      | \$35,000.           | Person  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a) | (b)                                                                  | (c)                 | (d)                                                                     |
| No. | Name, address, and ZIP + 4                                           | Total contributions | Type of contribution                                                    |
| 51_ | MR. RICHARD C. MILLER  14494 WATERWAY BLVD  FISHERS, IN 46040-9458   | \$10,000.           | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a) | (b)                                                                  | (c)                 | (d)                                                                     |
| No. | Name, address, and ZIP + 4                                           | Total contributions | Type of contribution                                                    |
| 52  | MR. STEPHEN ROSS  166 CHESTNUT ST.  CAMDEN, ME 04843-2224            | \$66,000.           | Person Payroll Noncash  (Complete Part II for noncash contributions.)   |
| (a) | (b)                                                                  | (c)                 | (d)                                                                     |
| No. | Name, address, and ZIP + 4                                           | Total contributions | Type of contribution                                                    |
| 53  | MR. WILLIAM VOSS  15731 BRIDGEWATER CLUB BLVD  CARMEL, IN 46033-8113 | \$5,000.            | Person  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a) | (b)                                                                  | (c)                 | (d)                                                                     |
| No. | Name, address, and ZIP + 4                                           | Total contributions | Type of contribution                                                    |
| 54  | MRS. BARBARA S. BOSCH                                                |                     | Person X Payroll                                                        |

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Name of organization

CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number 35–2051932

| Part I | Contributors (see instructions). | Use duplicate copies of Part I if additional s | pace is needed. |
|--------|----------------------------------|------------------------------------------------|-----------------|
|--------|----------------------------------|------------------------------------------------|-----------------|

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
|------------|---------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------|
| 55         | MRS. CYNTHIA D. FLESHER  6724 BEEKMAN PLACE  ZIONSVILLE, IN 46077-1372    | \$12,250.                  | Person X Payroll Noncash (Complete Part II for                          |
| (a)<br>No. | (b) Name, address, and ZIP + 4                                            | (c) Total contributions    | (d) Type of contributions                                               |
| 56         | MRS. EVELIN KLEMM  2010 RIDGEMERE PLACE  GREENWOOD, IN 46143-9256         | \$10,000.                  | Person  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 57         | MRS. JULIE MOOREHEAD  427 SPRINGWOOD DR.  CARMEL, IN 46032-7935           | <b>\$</b>                  | Person Payroll Noncash  (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 58         | MRS. KATHARINE A. COHEN  5766 CENTRAL AVENUE  INDIANAPOLIS, IN 46220-2508 | \$5,000.                   | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 59         | MRS. PAMELA DE PREZ  472 WEST CR 500 SOUTH  NEW CASTLE, IN 47362-9613     | \$5,000.                   | Person  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 60         | MRS. RAJ GIDDA  12971 TARKINGTON COMMON  CARMEL, IN 46033-9352            | \$10,000.                  | Person Payroll Noncash (Complete Part II for noncash contributions.)    |

Name of organization

CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number 35–2051932

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) | (b)                                                                        | (c)                 | (d)                                                                     |
|-----|----------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------|
| No. | Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                    |
| 61  | MS. ANNE N. DE PREZ  6464 HOLLIDAY DRIVE WEST  INDIANAPOLIS, IN 46260-4257 | \$5,000.            | Person Payroll Noncash  (Complete Part II for noncash contributions.)   |
| (a) | (b)                                                                        | (c)                 | (d)                                                                     |
| No. | Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                    |
| 62  | MS. CHRISTINA DENNIS  360 S OCEAN BLVD APT 5A  PALM BEACH, FL 33480-6734   | \$5,000.            | Person Payroll Noncash  (Complete Part II for noncash contributions.)   |
| (a) | (b)                                                                        | (c)                 | (d)                                                                     |
| No. | Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                    |
| 63  | MS. DETRA MILLS  10537 MADISON BROOKS DR  FISHERS, IN 46040-9420           | \$                  | Person Payroll Noncash  (Complete Part II for noncash contributions.)   |
| (a) | (b)                                                                        | (c)                 | (d)                                                                     |
| No. | Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                    |
| 64  | MS. GAIL SHIEL-MAHONEY  1155 N. DEARBORN #406  CHICAGO, IL 60610-3493      | \$                  | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a) | (b)                                                                        | (c)                 | (d)                                                                     |
| No. | Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                    |
| 65_ | MS. JUDITH A. KLEINER  P.O. BOX 636  OLDWICK, NJ 08858-0636                | \$85,000.           | Person  Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a) | (b)                                                                        | (c)                 | (d)                                                                     |
| No. | Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                    |
| 66  | MS. MARIA CROWE                                                            |                     | Person X Payroll                                                        |

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Name of organization

CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number 35–2051932

| Part I | Contributors | (see instructions).    | Use duplicate co | nies of Part Li | f additional s | pace is needed  |
|--------|--------------|------------------------|------------------|-----------------|----------------|-----------------|
| Lale   | Continuators | (300 111311 40110113). | OSC duplicate co | pico di i ditti | i additional 3 | pace is necessa |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                             |
|------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 67         | NICHOLAS H. NOYES, JR. MEMORIAL FDN.  1950 E. GREYHOUND PASS # 18-356  CARMEL, IN 46033-7787                                         | <b>\$</b> 5,000.           | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)                                                                 |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                             |
| 68         | NORTHERN TRUST COMPANY  50 S. LASALLE STREET  CHICAGO, IL 60603-1008                                                                 | <b>\$</b>                  | Person Payroll Noncash  (Complete Part II for noncash contributions.)                                                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                             |
| <u>69</u>  | ONEAMERICA FINANCIAL PARTNERS  P.O. BOX 368  INDIANAPOLIS, IN 46206-0368                                                             | \$                         | Person Payroll Noncash  (Complete Part II for noncash contributions.)                                                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                             |
|            |                                                                                                                                      |                            |                                                                                                                                         |
| 70         | ORANGE LAKE RESORT/HOLIDAY CLUB VACATION  9395 S. JOHN YOUNG PKWY.  ORLANDO, FL 32819-8612                                           | \$50,000.                  | Person  Payroll  Noncash  (Complete Part II for noncash contributions.)                                                                 |
|            | 9395 S. JOHN YOUNG PKWY.                                                                                                             | \$                         | Payroll Noncash (Complete Part II for                                                                                                   |
| (a)        | 9395 S. JOHN YOUNG PKWY.  ORLANDO, FL 32819-8612  (b)                                                                                | (c)                        | Payroll Noncash (Complete Part II for noncash contributions.)                                                                           |
| (a)<br>No. | 9395 S. JOHN YOUNG PKWY.  ORLANDO, FL 32819-8612  (b)  Name, address, and ZIP + 4  PROMOTUS ADVERTISING COMPANY  2110 N. MERIDIAN ST | (c)<br>Total contributions | Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II for |

Name of organization

CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number 35–2051932

| Part I | Contributors (see instructions). | Use duplicate copies of Part | I if additional space is needed. |
|--------|----------------------------------|------------------------------|----------------------------------|
|--------|----------------------------------|------------------------------|----------------------------------|

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c) (d) Total contributions Type of contribution                       |
|------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 73         | SILVER LAKE RESORT, LTD.  7751 BLACK LAKE ROAD  KISSIMMEE, FL 34747-1760                     | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b) Name, address, and ZIP + 4                                                               | (c) (d) Total contributions Type of contribution                       |
| 74_        | TCC  10300 KINCAID DR.  FISHERS, IN 46037-8508                                               | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c) (d) Total contributions Type of contribution                       |
| <u>75</u>  | THE AMY AND BART PETERSON FOUNDATION 615 N. ALABAMA ST. STE. 300 INDIANAPOLIS, IN 46204-1431 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c) (d) Total contributions Type of contribution                       |
| _76_       | THE BERT JOHNSON CHARITABLE FOUNDATION  1081 26TH AVENUE E  SEATTLE, WA 98112-3613           | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c) (d) Total contributions Type of contribution                       |
| 77         | THE CHARLES AND LUCILLE KING FAMILY FDN                                                      | _ Person X                                                             |
|            | P.O. BOX 3450  NEW YORK, NY 10163-3450                                                       | Payroll Noncash (Complete Part II for noncash contributions.)          |
| (a)<br>No. | -                                                                                            | Noncash (Complete Part II for                                          |

Name of organization

CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number 35–2051932

| Part I | Contributors ( | (see instructions). | Use duplicate co | pies of Part I if a | dditional space is needed. |
|--------|----------------|---------------------|------------------|---------------------|----------------------------|

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                  |
|------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 79         | THE GURNIK FAMILY FUND  1818 GIPSON GREEN LN  WINTER PARK, FL 32789-1480                                                              | \$13,000.                  | Person Payroll Noncash (Complete Part II for noncash contributions.)                                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                  |
| 80_        | THE SCHUMACHER FAMILY FUND  10521 HUSSEY LN  CARMEL, IN 46032-7921                                                                    | \$\$                       | Person Payroll Noncash (Complete Part II for noncash contributions.)                                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                     | (c) Total contributions    | (d)<br>Type of contribution                                                                                                                  |
| 81         | TRAVEL + LEISURE  6277 SEA HARBOR DRIVE  ORLANDO, FL 32821-8027                                                                       | \$100,000.                 | Person   X     Payroll   Noncash   (Complete Part II for noncash contributions.)                                                             |
| (a)        | (b)                                                                                                                                   | (c)                        | (d)                                                                                                                                          |
| No.        | Name, address, and ZIP + 4                                                                                                            | Total contributions        | Type of contribution                                                                                                                         |
| 82<br>82   | UNIVERSITY OF INDIANAPOLIS  1400 E HANNA AVENUE  INDIANAPOLIS, IN 46227-3630                                                          | * Total contributions -    | Person Payroll Noncash (Complete Part II for noncash contributions.)                                                                         |
|            | UNIVERSITY OF INDIANAPOLIS  1400 E HANNA AVENUE                                                                                       | -                          | Person X Payroll Noncash (Complete Part II for                                                                                               |
| 82<br>(a)  | UNIVERSITY OF INDIANAPOLIS  1400 E HANNA AVENUE  INDIANAPOLIS, IN 46227-3630  (b)                                                     | - \$ 29,470.<br>- (c)      | Person Payroll Noncash (Complete Part II for noncash contributions.)                                                                         |
| 82         | UNIVERSITY OF INDIANAPOLIS  1400 E HANNA AVENUE  INDIANAPOLIS, IN 46227-3630  (b)  Name, address, and ZIP + 4  UPS  10 WEST MARKET ST | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for |

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Name of organization

CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number 35–2051932

| Part  Contributors (see instructions). Use duplicate copies of Part I if additional space is nee | art I | Contributors (s | see instructions). | Use duplicate of | copies of Part | I if additional | space is no | eeded. |
|--------------------------------------------------------------------------------------------------|-------|-----------------|--------------------|------------------|----------------|-----------------|-------------|--------|
|--------------------------------------------------------------------------------------------------|-------|-----------------|--------------------|------------------|----------------|-----------------|-------------|--------|

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                          |
|------------|-------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------|
| 85         | WYNDHAM HOTELS AND RESORTS  22 SYLVAN WAY                                     | \$5,000.                   | Person X Payroll Noncash (Complete Part II for                                       |
|            | PARSIPPANY, NJ 07054-3801                                                     |                            | noncash contributions.)                                                              |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                          |
| 86         | WYNDHAM VACATION OWNERSHIP, INC. 6277 SEA HARBOR DRIVE ORLANDO, FL 32821-8027 | \$5,000.                   | Person   X     Payroll     Noncash     (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                          |
| 87         | WYNDHAM WORLDWIDE CORPORATION  7 SYLVAN WAY, STE 1  PARSIPPANY, NJ 07054-3801 | \$\$                       | Person X Payroll Noncash  (Complete Part II for noncash contributions.)              |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                          |
| 88         | MR. DONALD E. KNEBEL  11901 WEST RD.  ZIONSVILLE, IN 10036                    | \$ <u>186.</u>             | Person Payroll Noncash  (Complete Part II for noncash contributions.)                |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                          |
|            |                                                                               | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)                 |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                          |
|            |                                                                               | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)                 |

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Schedule B (Form 990) (2022) Page **3** 

Name of organization Employer identification number

CHRISTEL HOUSE INTERNATIONAL, INC. 35-2051932

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|---------------------------|----------------------------------------------|-------------------------------------------|----------------------|
| 4_                        | PUBLICLY TRADED SECURITIES                   |                                           |                      |
|                           |                                              | \$50,719.                                 | 12/20/2022           |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
| 16                        | PICTURES AND WALL HANGINGS                   | _                                         |                      |
|                           |                                              | \$\$                                      | 11/16/2022           |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
| 88                        | PUBLICLY TRADED SECURITIES                   | _                                         |                      |
|                           |                                              |                                           | 12/06/2022           |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |                                              | _                                         |                      |
|                           |                                              | \$                                        |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |                                              | _                                         |                      |
|                           |                                              | \ \$                                      |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |                                              | _                                         |                      |
|                           |                                              |                                           |                      |

Schedule B (Form 990) (2022) Page **4** 

| Name of or                | rganization                                                                                                                                                                                             |                                                                                                |                                                 | Employer identification number                                           |  |  |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|--|--|
|                           | CHRISTEL HOUSE INTERN                                                                                                                                                                                   |                                                                                                |                                                 | 35-2051932                                                               |  |  |
| Part III                  | Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if addit | the year from any one cor<br>ions completing Part III, ente<br>e year. (Enter this information | <b>tributor.</b> Com<br>r the total of <i>e</i> | plete columns (a) through (e) and xclusively religious, charitable, etc. |  |  |
| (a) No<br>from            | (b) Purpose of gift                                                                                                                                                                                     | (c) Use of gift                                                                                |                                                 | (d) Description of how gift is held                                      |  |  |
| Part I                    |                                                                                                                                                                                                         |                                                                                                |                                                 |                                                                          |  |  |
|                           | Transferee's name, address,                                                                                                                                                                             | (e) Transfer of gift<br>and ZIP + 4                                                            | Relationship                                    | of transferor to transferee                                              |  |  |
|                           |                                                                                                                                                                                                         |                                                                                                |                                                 |                                                                          |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                                                                                                                     | (c) Use of gift                                                                                |                                                 | (d) Description of how gift is held                                      |  |  |
|                           |                                                                                                                                                                                                         |                                                                                                |                                                 |                                                                          |  |  |
|                           |                                                                                                                                                                                                         |                                                                                                |                                                 |                                                                          |  |  |
|                           | (e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee                                                                                                  |                                                                                                |                                                 |                                                                          |  |  |
|                           |                                                                                                                                                                                                         | , and Zii · · · · · · · · · · · · · · · · · ·                                                  |                                                 |                                                                          |  |  |
|                           |                                                                                                                                                                                                         |                                                                                                |                                                 |                                                                          |  |  |
|                           |                                                                                                                                                                                                         |                                                                                                |                                                 |                                                                          |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                                                                                                                     | (c) Use of gift                                                                                |                                                 | (d) Description of how gift is held                                      |  |  |
|                           |                                                                                                                                                                                                         |                                                                                                |                                                 |                                                                          |  |  |
|                           |                                                                                                                                                                                                         |                                                                                                |                                                 |                                                                          |  |  |
|                           | Transferee's name, address,                                                                                                                                                                             | (e) Transfer of gift                                                                           | Relationship                                    | of transferor to transferee                                              |  |  |
|                           |                                                                                                                                                                                                         |                                                                                                |                                                 |                                                                          |  |  |
|                           |                                                                                                                                                                                                         |                                                                                                |                                                 |                                                                          |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                                                                                                                     | (c) Use of gift                                                                                |                                                 | (d) Description of how gift is held                                      |  |  |
|                           |                                                                                                                                                                                                         |                                                                                                |                                                 |                                                                          |  |  |
|                           |                                                                                                                                                                                                         |                                                                                                |                                                 |                                                                          |  |  |
|                           |                                                                                                                                                                                                         |                                                                                                |                                                 |                                                                          |  |  |
|                           | Transferee's name, address,                                                                                                                                                                             | (e) Transfer of gift<br>and ZIP + 4                                                            | Relationship                                    | of transferor to transferee                                              |  |  |
|                           |                                                                                                                                                                                                         |                                                                                                |                                                 |                                                                          |  |  |
|                           |                                                                                                                                                                                                         |                                                                                                |                                                 |                                                                          |  |  |
|                           |                                                                                                                                                                                                         |                                                                                                |                                                 |                                                                          |  |  |

## SCHEDULE C (Form 990)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

| Tax)        | (See separate instructions), the      |                                       | rax) (See separate in | istructions) or Form 990-i                     | =Z, Part V, line 35c (Prox                       |  |  |
|-------------|---------------------------------------|---------------------------------------|-----------------------|------------------------------------------------|--------------------------------------------------|--|--|
|             | Section 501(c)(4), (5), or (6) org    | anizations: Complete Part III.        |                       | 1                                              |                                                  |  |  |
| Nam         | e of organization                     |                                       |                       | Employer ide                                   | ntification number                               |  |  |
|             | <u>RISTEL HOUSE INTERNA</u>           |                                       |                       |                                                | )51932                                           |  |  |
| Pai         | rt I-A Complete if the c              | organization is exempt under          | section 501(c) or i   | is a section 527 orgaı                         | nization.                                        |  |  |
| 1           | Provide a description of the          | he organization's direct and indi     | rect political camp   | aign activities in Part                        | IV. See instructions for                         |  |  |
|             | definition of "political campa        |                                       |                       |                                                |                                                  |  |  |
| 2           | Political campaign activity e         | xpenditures. See instructions         |                       | \$                                             |                                                  |  |  |
| 3           | Volunteer hours for political         | campaign activities. See instructio   | ns                    |                                                |                                                  |  |  |
| Par         |                                       | organization is exempt under s        |                       |                                                |                                                  |  |  |
| 1           | Enter the amount of any exc           | cise tax incurred by the organizatio  | n under section 495   | 5 \$                                           |                                                  |  |  |
| 2           | Enter the amount of any exc           | cise tax incurred by organization m   | anagers under secti   | on 4955 \$                                     |                                                  |  |  |
| 3           | If the organization incurred a        | a section 4955 tax, did it file Form  | 4720 for this year?.  |                                                | Yes No                                           |  |  |
| 4a          | Was a correction made?                |                                       |                       |                                                | Yes No                                           |  |  |
| b           | If "Yes," describe in Part IV.        |                                       |                       |                                                |                                                  |  |  |
| Pai         | rt I-C Complete if the c              | organization is exempt under          | section 501(c), ex    | cept section 501(c)(3                          | ).                                               |  |  |
| 1           | Enter the amount directly e           | xpended by the filing organization    | for section 527 ex    | empt function                                  |                                                  |  |  |
|             |                                       |                                       |                       |                                                |                                                  |  |  |
| 2           |                                       | ng organization's funds contributed   |                       |                                                |                                                  |  |  |
|             |                                       |                                       |                       |                                                |                                                  |  |  |
| 3           | 527 exempt function activities        |                                       |                       |                                                |                                                  |  |  |
|             |                                       |                                       |                       |                                                |                                                  |  |  |
| 4           |                                       | e <b>Form 1120-POL</b> for this year? |                       |                                                |                                                  |  |  |
| 5           |                                       | and employer identification numb      |                       |                                                |                                                  |  |  |
|             |                                       | s. For each organization listed, en   |                       |                                                |                                                  |  |  |
|             |                                       | tributions received that were prom    |                       |                                                |                                                  |  |  |
|             | · · · · · · · · · · · · · · · · · · · | nd or a political action committee (l | T .                   | 1                                              | nformation in Part IV.                           |  |  |
|             | (a) Name                              | (b) Address                           | (c) EIN               | (d) Amount paid from                           | (e) Amount of political                          |  |  |
|             |                                       |                                       |                       | filing organization's funds. If none, enter -0 | contributions received and promptly and directly |  |  |
|             |                                       |                                       |                       | Turius. Il fiorie, eriter -0                   | delivered to a separate                          |  |  |
|             |                                       |                                       |                       |                                                | political organization.                          |  |  |
|             |                                       |                                       |                       |                                                | If none, enter -0                                |  |  |
| (1)         |                                       |                                       |                       |                                                |                                                  |  |  |
| ( - ,       |                                       |                                       |                       |                                                |                                                  |  |  |
| (2)         |                                       |                                       |                       |                                                |                                                  |  |  |
| (-,         |                                       |                                       |                       |                                                |                                                  |  |  |
| (3)         |                                       |                                       |                       |                                                |                                                  |  |  |
| (0)         |                                       |                                       |                       |                                                |                                                  |  |  |
| (4)         |                                       |                                       |                       |                                                |                                                  |  |  |
| ( <i>T)</i> |                                       |                                       |                       |                                                |                                                  |  |  |
| (5)         |                                       |                                       |                       |                                                |                                                  |  |  |
| (3)         |                                       |                                       |                       |                                                |                                                  |  |  |
| (6)         |                                       |                                       |                       |                                                |                                                  |  |  |
| (0)         |                                       |                                       |                       |                                                |                                                  |  |  |
|             |                                       | I .                                   | I                     | 1                                              | 1                                                |  |  |

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

Schedule C (Form 990) 2022

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|          | ALL OUT AND |                                                                                       | 25                                  | 0051000 5 3                                     |
|----------|-------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|
|          |                                                 | EL HOUSE INTERNATIONAL, INC. on is exempt under section 501(c)(3) and                 |                                     | -2051932 Page <b>2</b><br>etion under           |
|          | EIN, expenses, and share                        | longs to an affiliated group (and list in Part IV e of excess lobbying expenditures). |                                     | per's name, address,                            |
| <u>B</u> |                                                 | ecked box A and "limited control" provisions app                                      | oly.                                |                                                 |
|          |                                                 | ying Expenditures<br>eans amounts paid or incurred.)                                  | (a) Filing<br>organization's totals | ( <b>b)</b> Affiliated<br>group tota <b>l</b> s |
|          |                                                 | public opinion (grassroots lobbying)                                                  |                                     |                                                 |
|          |                                                 | a legislative body (direct lobbying)                                                  |                                     |                                                 |
|          |                                                 | a and 1b)                                                                             |                                     |                                                 |
|          |                                                 |                                                                                       |                                     |                                                 |
|          |                                                 | d lines 1c and 1d)                                                                    |                                     |                                                 |
| f        |                                                 | e amount from the following table in both                                             |                                     |                                                 |
|          | columns.                                        |                                                                                       |                                     |                                                 |
|          | If the amount on line 1e, column (a) or (b) is: |                                                                                       |                                     |                                                 |
|          | Not over \$500,000                              | 20% of the amount on line 1e.                                                         |                                     |                                                 |
|          | Over \$500,000 but not over \$1,000,000         | \$100,000 plus 15% of the excess over \$500,000.                                      |                                     |                                                 |
|          | Over \$1,000,000 but not over \$1,500,000       | \$175,000 plus 10% of the excess over \$1,000,000.                                    |                                     |                                                 |
|          | Over \$1,500,000 but not over \$17,000,000      | \$225,000 plus 5% of the excess over \$1,500,000.                                     |                                     |                                                 |
| _        | Over \$17,000,000                               | \$1,000,000.                                                                          |                                     |                                                 |
|          | · · · · · · · · · · · · · · · · · · ·           | 5% of line 1f)                                                                        |                                     |                                                 |
|          | <u> </u>                                        | ess, enter -0                                                                         |                                     |                                                 |
|          |                                                 | ss, enter -0                                                                          |                                     |                                                 |
| j        |                                                 | on either line 1h or line 1i, did the organiza                                        |                                     |                                                 |
|          |                                                 |                                                                                       |                                     | Yes No                                          |
|          |                                                 | 1-Year Averaging Period Under Section 501(h)                                          |                                     |                                                 |
|          | _                                               | section 501(h) election do not have to compl                                          |                                     | ns below.                                       |
|          | See                                             | the separate instructions for lines 2a through                                        | 2f.)                                |                                                 |
|          | Lohk                                            | oving Expenditures During 4-Year Averaging Pe                                         | riod                                |                                                 |

|    | Lobbying Expenditures During 4-Year Averaging Period     |                 |                 |          |          |           |  |
|----|----------------------------------------------------------|-----------------|-----------------|----------|----------|-----------|--|
|    | Calendar year (or fiscal year beginning in)              | <b>(a)</b> 2019 | <b>(b)</b> 2020 | (c) 2021 | (d) 2022 | (e) Total |  |
| 2a | Lobbying nontaxable amount                               |                 |                 |          |          |           |  |
| b  | Lobbying ceiling amount<br>(150% of line 2a, column (e)) |                 |                 |          |          |           |  |
| С  | Total lobbying expenditures                              |                 |                 |          |          |           |  |
| d  | Grassroots nontaxable amount                             |                 |                 |          |          |           |  |
| е  | Grassroots ceiling amount (150% of line 2d, column (e))  |                 |                 |          |          |           |  |
| f  | Grassroots lobbying expenditures                         |                 |                 |          |          |           |  |

Schedule C (Form 990) 2022

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed                                                                                                                                          | (a      | 1)      |         | (b)       |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|-----------|-------------|
| description of the lobbying activity.                                                                                                                                                                                         | Yes     | No      | Ar      | nount     |             |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local                                                                                                                        |         |         |         |           |             |
| legislation, including any attempt to influence public opinion on a legislative matter or                                                                                                                                     |         |         |         |           |             |
| referendum, through the use of:                                                                                                                                                                                               |         |         |         |           |             |
| a Volunteers?                                                                                                                                                                                                                 |         | X       |         |           |             |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.                                                                                                                        | X       |         |         |           |             |
| c Media advertisements?                                                                                                                                                                                                       |         | Х       |         |           |             |
| d Mailings to members, legislators, or the public?                                                                                                                                                                            |         | Х       |         |           |             |
| e Publications, or published or broadcast statements?                                                                                                                                                                         |         | Х       |         |           |             |
| f Grants to other organizations for lobbying purposes?                                                                                                                                                                        |         | Х       |         |           |             |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                          | X       |         |         | 4,        | <u>,100</u> |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                   |         | Х       |         |           |             |
| i Other activities?                                                                                                                                                                                                           |         | Х       |         |           |             |
| j Total. Add lines 1c through 1i                                                                                                                                                                                              |         |         |         | 4,        | ,100        |
| 2a Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?                                                                                                                           |         | X       |         |           |             |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                    |         | -       |         |           |             |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                  |         | -       |         |           |             |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                | 4 ) (=) |         |         |           |             |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).                                                                                                                             | (c)(5)  | , or s  | ection  |           |             |
|                                                                                                                                                                                                                               |         |         |         | Yes       | No          |
| 1 Were substantially all (90% or more) dues received nondeductible by members?                                                                                                                                                |         |         | 1       |           |             |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                                                                                                                           |         |         | 2       | :         |             |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from                                                                                                                         | m the   | prior ' | year? 3 | ,         |             |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501                                                                                                                                        |         |         |         |           |             |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"                                                                                                                                                 |         |         |         | e 3, is   |             |
| answered "Yes."                                                                                                                                                                                                               |         |         |         |           |             |
| 1 Dues, assessments and similar amounts from members                                                                                                                                                                          |         |         | 1       |           |             |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amou                                                                                                                                       | unts d  | of      |         |           |             |
| political expenses for which the section 527(f) tax was paid).                                                                                                                                                                |         |         |         |           |             |
| a Current year                                                                                                                                                                                                                |         | -       | 2a      |           |             |
| <b>b</b> Carryover from last year                                                                                                                                                                                             |         | -       | 2b      |           |             |
| c Total                                                                                                                                                                                                                       |         |         | 2c      |           |             |
| 2 Aggregate amount reported in agetion 6022/o\/4\/A\ notions of nandaductible agetics 402/o\/d\/                                                                                                                              | es      |         | 3       |           |             |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du                                                                                                                               | n of th | ie      |         |           |             |
| Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion                                      |         |         |         |           |             |
|                                                                                                                                                                                                                               |         | ıg      | _       |           |             |
| If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditures next year? | obbyir  | ·       | 4       |           |             |
| If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditures next year? | obbyir  | ·       | 5       |           |             |
| If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditures next year? | obbyir  |         | 5       |           |             |
| If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditures next year? | obbyir  |         | 5       | , lines 1 | and         |
| If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditures next year? | obbyir  |         | 5       | , lines 1 | and         |

Schedule C (Form 990) 2022

# Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1B & 1G

DESCRIPTION OF LOBBYING ACTIVITY:

DISCUSSIONS WITH LEGISLATORS AND OTHER PARTIES REGARDING EQUITABLE

CHARTER SCHOOL FUNDING.

# SCHEDULE D (Form 990)

# Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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.

**2022** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| Nam    | of the organization                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Employer identification number           |
|--------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| СНЕ    | ISTEL HOUSE INTERNATIONAL, INC.                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 35-2051932                               |
|        | rt   Organizations Maintaining Donor Adv                                                                  | rised Funds or Other Similar Funds o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |
|        | Complete if the organization answered                                                                     | I "Yes" on Form 990, Part IV, line 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |
|        |                                                                                                           | (a) Donor advised funds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (b) Funds and other accounts             |
| 1      | Total number at end of year                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| 2      | Aggregate value of contributions to (during year).                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| 3      | Aggregate value of grants from (during year)                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| 4      | Aggregate value at end of year                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| 5      | Did the organization inform all donors and donor                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d in donor advised                       |
| 5      |                                                                                                           | <del>-</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |
| _      | funds are the organization's property, subject to the                                                     | = = = = = = = = = = = = = = = = = = = =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |
| 6      | Did the organization inform all grantees, donors, a                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
|        | only for charitable purposes and not for the bene                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| Б      | conferring impermissible private benefit?                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| Pa     | rt II Conservation Easements.  Complete if the organization answered                                      | L"Vos" on Form 000 Part IV line 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |
| 1      |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| 1      | Purpose(s) of conservation easements held by the                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
|        | Preservation of land for public use (for example                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n of a historically important land area  |
|        | Protection of natural habitat                                                                             | Preservation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | n of a certified historic structure      |
| _      | Preservation of open space                                                                                | The Property of the Control of the C |                                          |
| 2      | Complete lines 2a through 2d if the organization h                                                        | ield a qualified conservation contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |
|        | easement on the last day of the tax year.                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Held at the End of the Tax Year          |
| а      | Total number of conservation easements                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2a                                       |
| b      | Total acreage restricted by conservation easement                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2b                                       |
| С      | Number of conservation easements on a certified                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2c                                       |
| d      | Number of conservation easements included in (c                                                           | · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |
|        | a historic structure listed in the National Register.                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2d                                       |
| 3      | Number of conservation easements modified, tra                                                            | ansferred, re <b>l</b> eased, extinguished, or terr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ninated by the organization during the   |
|        | tax year                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| 4      | Number of states where property subject to conse                                                          | ervation easement is located                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |
| 5      | Does the organization have a written policy re-                                                           | garding the periodic monitoring, inspec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ction, handling of                       |
|        | violations, and enforcement of the conservation ea                                                        | asements it holds?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes No                                   |
| 6      | Staff and volunteer hours devoted to monitoring, insp                                                     | pecting, handling of violations, and enforcing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | g conservation easements during the year |
|        |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| 7      | Amount of expenses incurred in monitoring, inspec                                                         | cting, handling of violations, and enforcing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | conservation easements during the year   |
|        |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| 8      | Does each conservation easement reported on line                                                          | 2(d) above satisfy the requirements of sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tion 170(h)(4)(B)(i)                     |
|        | and section 170(h)(4)(B)(ii)?                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes                                      |
| 9      | In Part XIII, describe how the organization re                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
|        | balance sheet, and include, if applicable, the tex                                                        | t of the footnote to the organization's f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | inancial statements that describes the   |
|        | organization's accounting for conservation easeme                                                         | ents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |
| Pa     | rt III Organizations Maintaining Collections                                                              | s of Art, Historical Treasures, or Oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | er Similar Assets.                       |
|        | Complete if the organization answered                                                                     | I "Yes" on Form 990, Part IV, line 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |
| 1a     | If the organization elected, as permitted under FA                                                        | ASB ASC 958, not to report in its reven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ue statement and balance sheet works     |
|        | of art, historical treasures, or other similar assessivice, provide in Part XIII the text of the footnote | ets held for public exhibition, education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | . or research in furtherance of public   |
| L      | •                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| b      | If the organization elected, as permitted under F art, historical treasures, or other similar assets he   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
|        | provide the following amounts relating to these ite                                                       | ms:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | scaron in furnierance of public service, |
|        | (i) Revenue included on Form 990, Part VIII, line                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                       |
|        | (ii) Assets included in Form 990, Part X                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| 2      | If the organization received or held works of a                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| -      | following amounts required to be reported under F                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | assets for imational gain, provide the   |
| а      |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                       |
| a<br>b | Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

|                            |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | _                                                                                   |
|----------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------|
|                            | dule D (Form 990) 2022 CHR                                                         | ISTEL HOUSE IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NTERNATIONAL,                                                                                              | INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       | 2051932 Page <b>2</b>                                                               |
| 12a<br>3                   | rt   Organizations Maintainii Using the organization's acquisitio                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                     |
| 3                          | collection items (check all that appli                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | other records, chec                                                                                        | k any or the rollow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ving that make sign                                   | illicant use of its                                                                 |
| а                          | Public exhibition                                                                  | у).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d Loan                                                                                                     | or exchange progra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | m                                                     |                                                                                     |
| a<br>b                     | Scholarly research                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e Other                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 111                                                   |                                                                                     |
| c                          | Preservation for future gener                                                      | rations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C Other                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                     |
| 4                          | Provide a description of the organ                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and explain how                                                                                            | they further the or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ganization's exemp                                    | t purpose in Part                                                                   |
|                            | XIII.                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and explain now                                                                                            | and further the or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | gameanorro exemp                                      | r parpose in rair                                                                   |
| 5                          | During the year, did the organizatio                                               | n solicit or receive d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | lonations of art, hist                                                                                     | torical treasures, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | other similar                                         |                                                                                     |
|                            | assets to be sold to raise funds rath                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | Yes No                                                                              |
|                            | rt IV Escrow and Custodial An<br>Complete if the organiza<br>990, Part X, line 21. | tion answered "Ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | nt on Form                                                                          |
| 1a                         | Is the organization an agent, trust                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                     |                                                                                     |
|                            | included on Form 990, Part X?                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | Yes No                                                                              |
| b                          | If "Yes," explain the arrangement in                                               | n Part XIII and comp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | olete the following ta                                                                                     | ble:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |                                                                                     |
|                            | Particle halous                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Amount                                                | :                                                                                   |
|                            | Beginning balance                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                     |
|                            | Additions during the year  Distributions during the year                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                     |
| e<br>f                     | Ending balance                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                     |
|                            | Did the organization include an am                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | account liability2                                    | Yes No                                                                              |
|                            |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | cociow of custodial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | account hability:                                     | 163 110                                                                             |
|                            | It "Yes " explain the arrangement in                                               | n Part XIII. Check he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ere if the explanation                                                                                     | n has been provided                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | on Part XIII                                          |                                                                                     |
|                            | If "Yes," explain the arrangement in rt V Endowment Funds.                         | n Part XIII. Check he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ere if the explanation                                                                                     | n has been provided                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | on Part XIII                                          |                                                                                     |
|                            | rt V Endowment Funds. Complete if the organiza                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on Part XIII                                          |                                                                                     |
|                            | rt V Endowment Funds.                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on Part XIII (d) Three years back                     | (e) Four years back                                                                 |
| Pa                         | rt V Endowment Funds. Complete if the organiza                                     | tion answered "Ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | es" on Form 990,                                                                                           | Part IV, line 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |                                                                                     |
| Pa                         | rt V Endowment Funds.                                                              | tion answered "Ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | es" on Form 990,  <br>(b) Prior year                                                                       | Part IV, line 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (d) Three years back                                  | (e) Four years back                                                                 |
| Pa<br>1a<br>b              | rt V Endowment Funds. Complete if the organiza Beginning of year balance           | tion answered "Ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | es" on Form 990,  <br>(b) Prior year                                                                       | Part IV, line 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (d) Three years back                                  | (e) Four years back                                                                 |
| Pa<br>1a<br>b              | Contributions                                                                      | tion answered "Ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | es" on Form 990,  <br>(b) Prior year                                                                       | Part IV, line 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (d) Three years back                                  | (e) Four years back                                                                 |
| Pa<br>1a<br>b<br>c         | Endowment Funds. Complete if the organiza  Beginning of year balance Contributions | tion answered "Ye<br>(a) Current year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (b) Prior year 475,471. 250,000.                                                                           | Part IV, line 10. (c) Two years back 459,865.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (d) Three years back 409,786.                         | (e) Four years back 442,447.                                                        |
| Pa<br>1a<br>b<br>c         | Beginning of year balance Contributions                                            | tion answered "Ye<br>(a) Current year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (b) Prior year 475,471. 250,000.                                                                           | Part IV, line 10. (c) Two years back 459,865.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (d) Three years back 409,786.                         | (e) Four years back 442,447.                                                        |
| Pa  1a b c d               | Beginning of year balance Contributions                                            | tion answered "Ye<br>(a) Current year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (b) Prior year 475,471. 250,000.                                                                           | Part IV, line 10. (c) Two years back 459,865.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (d) Three years back 409,786.                         | (e) Four years back 442,447.                                                        |
| Pa  1a b c d e             | Beginning of year balance Contributions                                            | tion answered "Ye<br>(a) Current year<br>761,948.<br>-85,285.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | es" on Form 990,   (b) Prior year 475,471. 250,000. 52,933.                                                | Part IV, line 10. (c) Two years back 459,865. 33,208.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (d) Three years back 409,786. 59,180.                 | (e) Four years back 442,447.  -22,874.                                              |
| Pa  1a b c d e             | Beginning of year balance Contributions                                            | tion answered "Ye (a) Current year 761,94885,285. 18,097.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | es" on Form 990,   (b) Prior year  475,471. 250,000.  52,933.  16,456.                                     | Part IV, line 10. (c) Two years back 459,865.  33,208.  17,602.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (d) Three years back 409,786. 59,180. 9,101. 459,865. | (e) Four years back 442,44722,874.                                                  |
| Pa  1a b c d e f g 2 a     | Beginning of year balance Contributions                                            | tion answered "Ye (a) Current year 761,94885,285.  18,097. 658,566. of the current year eent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | es" on Form 990,   (b) Prior year  475,471. 250,000.  52,933.  16,456.                                     | Part IV, line 10. (c) Two years back 459,865.  33,208.  17,602.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (d) Three years back 409,786. 59,180. 9,101. 459,865. | (e) Four years back 442,447.  -22,874.                                              |
| 1a b c d e f g 2 a b       | Beginning of year balance Contributions                                            | tion answered "Ye (a) Current year 761,94885,285.  18,097. 658,566. of the current year eent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | es" on Form 990, (b) Prior year  475,471. 250,000.  52,933.  16,456.  761,948.  end balance (line 1g       | Part IV, line 10. (c) Two years back 459,865.  33,208.  17,602.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (d) Three years back 409,786. 59,180. 9,101. 459,865. | (e) Four years back 442,447.  -22,874.                                              |
| 1a b c d e f g 2 a b       | Beginning of year balance Contributions                                            | tion answered "Ye (a) Current year 761,948.  -85,285.  18,097.  658,566.  of the current year ent ent 00 %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | es" on Form 990,   (b) Prior year 475,471. 250,000. 52,933.  16,456. 761,948. end balance (line 1g)%       | Part IV, line 10. (c) Two years back 459,865.  33,208.  17,602.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (d) Three years back 409,786. 59,180. 9,101. 459,865. | (e) Four years back 442,447.  -22,874.                                              |
| 1a b c d e f g 2 a b c     | Beginning of year balance Contributions                                            | tion answered "Ye  (a) Current year  761,948.  -85,285.  18,097.  658,566.  of the current year eent  900 %  nd 2c should equal 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | es" on Form 990,   (b) Prior year 475, 471. 250, 000. 52, 933.  16, 456.  761, 948. end balance (line 1g)% | Part IV, line 10.  (c) Two years back  459,865.  33,208.  17,602.  475,471.  , column (a)) held as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (d) Three years back 409,786. 59,180. 9,101. 459,865. | (e) Four years back 442,447.  -22,874.                                              |
| 1a b c d e f g 2 a b c     | Beginning of year balance                                                          | tion answered "Ye  (a) Current year  761,948.  -85,285.  18,097.  658,566.  of the current year eent  900 %  nd 2c should equal 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | es" on Form 990,   (b) Prior year 475, 471. 250, 000. 52, 933.  16, 456.  761, 948. end balance (line 1g)% | Part IV, line 10.  (c) Two years back  459,865.  33,208.  17,602.  475,471.  , column (a)) held as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (d) Three years back 409,786. 59,180. 9,101. 459,865. | (e) Four years back 442,447.  -22,874.  9,787.                                      |
| 1a b c d e f g 2 a b c     | Beginning of year balance                                                          | tion answered "Ye  (a) Current year  761,948.  -85,285.  18,097.  658,566.  of the current year ent  900 %  and 2c should equal 1 the possession of the current year o | es" on Form 990,   (b) Prior year 475, 471. 250,000. 52,933.  16,456.  761,948. end balance (line 1g)%     | Part IV, line 10.  (c) Two years back  459,865.  33,208.  17,602.  475,471.  , column (a)) held as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (d) Three years back 409,786. 59,180. 9,101. 459,865. | (e) Four years back 442,447.  -22,874.  9,787.  409,786.                            |
| 1a b c d e f g 2 a b c     | Beginning of year balance Contributions                                            | tion answered "Ye  (a) Current year  761,948.  -85,285.  18,097.  658,566.  of the current year elent  900 %  nd 2c should equal 1 the possession of the current year element year element.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | es" on Form 990,   (b) Prior year 475,471. 250,000. 52,933.  16,456.  761,948. end balance (line 1g)%      | Part IV, line 10.  (c) Two years back  459,865.  33,208.  17,602.  475,471.  , column (a)) held as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (d) Three years back 409,786. 59,180. 9,101. 459,865. | (e) Four years back 442,447.  -22,874.  9,787.  409,786.  Yes No  3a(i) X           |
| Pa  1a b c d e f g 2 a b c | Beginning of year balance Contributions                                            | tion answered "Ye  (a) Current year  761,948.  -85,285.  18,097.  658,566.  of the current year eent  00 %  nd 2c should equal 1 the possession of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | es" on Form 990,   (b) Prior year 475, 471. 250, 000. 52, 933.  16, 456.  761, 948. end balance (line 1g%  | Part IV, line 10.  (c) Two years back  459,865.  33,208.  17,602.  475,471.  , column (a)) held as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (d) Three years back 409,786. 59,180. 9,101. 459,865. | (e) Four years back 442,447.  -22,874.  9,787.  409,786.  Yes No  3a(i) X  3a(ii) X |
| Pa  1a b c d e f g 2 a b c | Beginning of year balance Contributions                                            | tion answered "Ye  (a) Current year  761,948.  -85,285.  18,097.  658,566.  of the current year ent  ent  00 %  and 2c should equal 1  the possession of the current year ent  and answered "Ye  the possession of the current year ent  and answered "Ye  answered "Ye  ent year ent  continuous year  answered "Ye   | es" on Form 990,   (b) Prior year 475,471. 250,000. 52,933.  16,456.  761,948. end balance (line 1g%       | Part IV, line 10.  (c) Two years back  459,865.  33,208.  17,602.  475,471.  , column (a)) held as are held and adminated and adminated and adminated are held are held and adminated are held and adminated are held and adminated are held and adminated a | (d) Three years back 409,786. 59,180. 9,101. 459,865. | (e) Four years back 442,447.  -22,874.  9,787.  409,786.  Yes No  3a(i) X           |

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

|      | Complete if the organization and              | SWCICG ICS OILLO                     | ini 550, i artiv, iii           | C TTA. OCC TOTAL             | 1 330, I alt X, line 10. |
|------|-----------------------------------------------|--------------------------------------|---------------------------------|------------------------------|--------------------------|
|      | Description of property                       | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value           |
| 1a   | Land                                          |                                      | 272,165.                        |                              | 272 <b>,</b> 165.        |
| b    | Buildings                                     |                                      | 9,279,742.                      | 1,951,873.                   | 7,327,869.               |
| С    | Leasehold improvements                        |                                      | 269,026.                        | 258,814.                     | 10,212.                  |
| d    | Equipment                                     |                                      | 157,630.                        | 138,933.                     | 18,697.                  |
| е    | Other                                         |                                      | 2,184,964.                      | 919,506.                     | 1,265,458.               |
| Tota | II. Add lines 1a through 1e. (Column (d) musi | t equal Form 990, Part               | X, column (B), line 1           | 0c.)                         | 8,894,401.               |

8,894,401. Schedule D (Form 990) 2022

| Part VII Investments - Other Securities.                                              | INTERNATIONAL,    |                                                           |                  |
|---------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------|------------------|
| Complete if the organization answered  (a) Description of security or category        | (b) Book value    | ), Part IV, line 11b. See Form 990, (c) Method of valuati |                  |
| (including name of security)                                                          | (b) Book value    | Cost or end-of-year mark                                  |                  |
| (1) Financial derivatives                                                             |                   |                                                           |                  |
| (2) Closely held equity interests                                                     |                   |                                                           |                  |
| (3) Other                                                                             |                   |                                                           |                  |
| (A) ALTERNATIVE INVESTMENTS                                                           | 34,347,872.       | FMV                                                       |                  |
| (B)                                                                                   |                   |                                                           |                  |
| (C)                                                                                   |                   |                                                           |                  |
| (D)                                                                                   |                   |                                                           |                  |
| (E)                                                                                   |                   |                                                           |                  |
| (F)                                                                                   |                   |                                                           |                  |
| (G)<br>(H)                                                                            |                   |                                                           |                  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)                    | 34,347,872.       |                                                           |                  |
| Part VIII Investments - Program Related. Complete if the organization answered        |                   | Dept IV. line 11c. See Form 990.                          | Part X. line 13. |
| (a) Description of investment                                                         | (b) Book value    | (c) Method of valuati                                     |                  |
| (4) = 555 (p. 15) (1. 11)                                                             | (11) - 11111      | Cost or end-of-year mark                                  |                  |
| (1)                                                                                   |                   |                                                           |                  |
| (2)                                                                                   |                   |                                                           |                  |
| (3)                                                                                   |                   |                                                           |                  |
| <u>(4)</u>                                                                            |                   |                                                           |                  |
| _(5)                                                                                  |                   |                                                           |                  |
| (6)                                                                                   |                   |                                                           |                  |
| (7)                                                                                   |                   |                                                           |                  |
| (8)                                                                                   |                   |                                                           |                  |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)                |                   |                                                           |                  |
| Part IX Other Assets.                                                                 |                   |                                                           |                  |
| Complete if the organization answered                                                 | "Yes" on Form 990 | ). Part IV. line 11d. See Form 990.                       | Part X. line 15. |
|                                                                                       | scription         |                                                           | (b) Book value   |
| (1)                                                                                   | •                 |                                                           | ,                |
| (2)                                                                                   |                   |                                                           |                  |
| (3)                                                                                   |                   |                                                           |                  |
| (4)                                                                                   |                   |                                                           |                  |
| (5)                                                                                   |                   |                                                           |                  |
| (6)                                                                                   |                   |                                                           |                  |
| <u>(7)</u>                                                                            |                   |                                                           |                  |
| (8)                                                                                   |                   |                                                           |                  |
| (9)                                                                                   | ino 45 \          |                                                           |                  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities. |                   |                                                           |                  |
| Complete if the organization answered line 25.                                        |                   | o, Part IV, line 11e or 11f. See Fori                     |                  |
|                                                                                       | tion of liability |                                                           | (b) Book value   |
| (1) Federal income taxes                                                              |                   |                                                           |                  |
| (2)                                                                                   |                   |                                                           |                  |
| <u>(3)</u><br>(4)                                                                     |                   |                                                           |                  |
| (5)                                                                                   |                   |                                                           |                  |
| (6)                                                                                   |                   |                                                           |                  |
| (7)                                                                                   |                   |                                                           |                  |
| (8)                                                                                   |                   |                                                           |                  |
| (9)                                                                                   |                   |                                                           |                  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)                    |                   |                                                           |                  |
|                                                                                       |                   |                                                           |                  |

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

| Part 2    | Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                |                   |                        |  |  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------|-------------------|------------------------|--|--|
| 1         | Total revenue, gains, and other support per audited financial statements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                | 1                 | 13,099,315.            |  |  |
| 2         | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                                |                   |                        |  |  |
| а         | Net unrealized gains (losses) on investments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2a                           | -6,175,249.                                    |                   |                        |  |  |
| b         | Donated services and use of facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2b                           | 48,000.                                        |                   |                        |  |  |
| С         | Recoveries of prior year grants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                |                   |                        |  |  |
| d         | Other (Describe in Part XIII.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2d                           |                                                |                   |                        |  |  |
| е         | Add lines 2a through 2d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                                | 2e                | <u>-6,127,249.</u>     |  |  |
| 3         | Subtract line 2e from line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ,                            |                                                | 3                 | 19,226,564.            |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | 176,567.                                       |                   |                        |  |  |
| b         | Other (Describe in Part XIII.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                |                   | 186 568                |  |  |
|           | Add lines 4a and 4b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                                | 4c                | 176,567.               |  |  |
| 5<br>Part | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  XII Reconciliation of Expenses per Audited Financial Statements V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                                | 5<br>.rn          | 19,403,131.            |  |  |
| Part      | Complete if the organization answered "Yes" on Form 990, Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | V, line                      | e 12a.                                         |                   |                        |  |  |
| 1         | Total expenses and losses per audited financial statements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                                                | 1                 | 17,203,794.            |  |  |
| 2         | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 _                          | 1 01 700                                       |                   |                        |  |  |
| а         | Donated services and use of facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              | 81,700.                                        |                   |                        |  |  |
| b         | Prior year adjustments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 -                          |                                                |                   |                        |  |  |
| С         | Other losses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                                |                   |                        |  |  |
| d         | Other (Describe in Part XIII.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                |                   | 01 700                 |  |  |
|           | Add lines 2a through 2d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                                | 2e<br>3           | 81,700.<br>17,122,094. |  |  |
| 3         | Subtract line 2e from line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | · · ·                        |                                                | 3                 | 17,122,094.            |  |  |
| 4         | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 40                           | 176,567.                                       |                   |                        |  |  |
|           | Investment expenses not included on Form 990, Part VIII, line 7b Other (Pagariba in Part VIII.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | 170,307.                                       |                   |                        |  |  |
| b<br>c    | Other (Describe in Part XIII.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                | 4c                | 176,567.               |  |  |
| 5         | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | )                            |                                                |                   | 17,298,661.            |  |  |
| Part      | XIII Supplemental Information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                |                   |                        |  |  |
| 2; Part   | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; Also complete this part to proceed the process of | Part I <sup>1</sup><br>ovide | V, lines 1b and 2b; F<br>any additional inforn | Part V,<br>nation | line 4; Part X, line   |  |  |
| SEE       | SUPPLEMENTAL PAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                |                   |                        |  |  |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                |                   |                        |  |  |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                |                   |                        |  |  |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                |                   |                        |  |  |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                |                   |                        |  |  |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                |                   |                        |  |  |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                |                   |                        |  |  |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                |                   |                        |  |  |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                |                   |                        |  |  |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                |                   |                        |  |  |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                |                   |                        |  |  |

# Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS:

ENDOWED FUNDS SUPPORT CHRISTEL HOUSE INTERNATIONAL, INC.'S MISSION BY PROVIDING FUNDS FOR STUDENT LEADERSHIP AND SCHOLARSHIPS.

SCHEDULE D, PART X

ASC 740 DISCLOSURE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

# **SCHEDULE E** (Form 990)

# **Schools**

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

CHRISTEL HOUSE INTERNATIONAL,

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. **Open to Public** Inspection

Employer identification number

35-2051932

| Pa | rt I                                                                                                                                                                                                                     |          |          |      |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|------|
|    |                                                                                                                                                                                                                          |          | YES      | NO   |
| 1  | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,                                                                                                              |          |          |      |
|    | bylaws, other governing instrument, or in a resolution of its governing body?                                                                                                                                            | 1        | Х        |      |
| 2  | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its                                                                                                            |          |          |      |
|    | brochures, catalogues, and other written communications with the public dealing with student admissions,                                                                                                                 |          |          |      |
|    | programs, and scholarships?                                                                                                                                                                                              | 2        | X        |      |
| 3  | Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet                                                                                                        |          |          |      |
|    | homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the                                                                                                               |          |          |      |
|    | homepage, or through newspaper or broadcast media during the period of solicitation for students, or during                                                                                                              |          |          |      |
|    | the registration period if it has no solicitation program, in a way that makes the policy known to all parts of                                                                                                          |          |          |      |
|    | the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II                                                                                                 | 3        | X        |      |
|    | use Palt II                                                                                                                                                                                                              |          | - 2\( \) |      |
|    | SEE SUPPLEMENTAL PAGE                                                                                                                                                                                                    |          |          |      |
|    | SEE SUPPLEMENTAL PAGE                                                                                                                                                                                                    |          |          |      |
|    |                                                                                                                                                                                                                          |          |          |      |
|    |                                                                                                                                                                                                                          |          |          |      |
|    | Describes and other metals the falls to 0                                                                                                                                                                                |          |          |      |
|    | Does the organization maintain the following?                                                                                                                                                                            |          |          |      |
| а  | Records indicating the racial composition of the student body, faculty, and administrative staff?                                                                                                                        | 4a       | X        |      |
| b  | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory                                                                                                         |          |          |      |
|    | basis?                                                                                                                                                                                                                   | 4b       | X        |      |
| С  | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing                                                                                                               |          |          |      |
|    | with student admissions, programs, and scholarships?                                                                                                                                                                     | 4c       | X        |      |
| d  | Copies of all material used by the organization or on its behalf to solicit contributions?                                                                                                                               | 4d       | Х        |      |
|    | If you answered "No" to any of the above, please explain. If you need more space, use Part II.                                                                                                                           |          |          |      |
|    |                                                                                                                                                                                                                          |          |          |      |
|    |                                                                                                                                                                                                                          |          |          |      |
|    |                                                                                                                                                                                                                          |          |          |      |
| 5  | Does the organization discriminate by race in any way with respect to:                                                                                                                                                   |          |          |      |
| а  | Students' rights or privileges?                                                                                                                                                                                          | 5a       |          | Х    |
|    |                                                                                                                                                                                                                          |          |          |      |
| b  | Admissions policies?                                                                                                                                                                                                     | 5b       |          | Χ    |
|    |                                                                                                                                                                                                                          |          |          |      |
| С  | Employment of faculty or administrative staff?                                                                                                                                                                           | 5с       |          | Χ    |
|    |                                                                                                                                                                                                                          |          |          |      |
| d  | Scholarships or other financial assistance?                                                                                                                                                                              | 5d       |          | Χ    |
|    | ·                                                                                                                                                                                                                        |          |          |      |
| е  | Educational policies?                                                                                                                                                                                                    | 5e       |          | Χ    |
|    |                                                                                                                                                                                                                          |          |          |      |
| f  | Use of facilities?                                                                                                                                                                                                       | 5f       |          | Χ    |
| •  |                                                                                                                                                                                                                          | <u> </u> |          |      |
| a  | Athletic programs?                                                                                                                                                                                                       | 5g       |          | Х    |
| 9  | Adillotto programa:                                                                                                                                                                                                      | Jg       |          | 21   |
| h  | Other extracurricular activities?                                                                                                                                                                                        | 5h       |          | Х    |
| "  | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.                                                                                                                          | 311      |          | - 2\ |
|    | if you answered "Yes" to any of the above, please explain. If you need more space, use Part II.                                                                                                                          |          |          |      |
|    |                                                                                                                                                                                                                          |          |          |      |
|    |                                                                                                                                                                                                                          |          |          |      |
|    |                                                                                                                                                                                                                          |          |          |      |
|    |                                                                                                                                                                                                                          |          |          |      |
| а  | Does the organization receive any financial aid or assistance from a governmental agency?                                                                                                                                | 6a       |          | Χ    |
| b  | Has the organization's right to such aid ever been revoked or suspended?                                                                                                                                                 | 6b       |          | Χ    |
|    | If you answered "Yes" on either line 6a or line 6b, explain on Part II.                                                                                                                                                  |          |          |      |
| ,  | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering |          |          |      |
|    | racial nondiscrimination? If "No," explain on Part II                                                                                                                                                                    | 7        | Х        |      |
|    |                                                                                                                                                                                                                          |          |          |      |

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Page 2

**Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCHEDULE E, PART I, LINE 3

PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY:

ADVERTISEMENT IN LOCAL NEWSPAPERS

# SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

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

Name of the organization

CHRISTEL HOUSE INTERNATIONAL, INC.

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

|      | Form 990, Part IV, line 14I                                                                                                                            | o.                                                                                                         |                                                                            |                                                                                                                                                    |                                                                                     |                                                                   |  |  |  |  |  |  |  |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|--|--|--|--|--|--|
| 1    | For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?                                                           | eligibility for t                                                                                          | the grants or                                                              | assistance, and the selec                                                                                                                          | tion criteria used to                                                               | Yes No                                                            |  |  |  |  |  |  |  |
| 2    | 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    | Activities per Region. (The follow                                                                                                                     | tivities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) |                                                                            |                                                                                                                                                    |                                                                                     |                                                                   |  |  |  |  |  |  |  |
|      | (a) Region                                                                                                                                             | (b) Number<br>of offices in<br>the region                                                                  | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is<br>a program service,<br>describe specific type of | (f) Total<br>expenditures for<br>and investments<br>in the region |  |  |  |  |  |  |  |
| (1)  | NORTH AMERICA                                                                                                                                          |                                                                                                            |                                                                            | GRANTMAKING                                                                                                                                        | EDU, HEALTH, OUTREACH                                                               | 2,054,543.                                                        |  |  |  |  |  |  |  |
| (2)  | SUB-SAHARAN AFRICA                                                                                                                                     |                                                                                                            |                                                                            | GRANTMAKING                                                                                                                                        | EDU, HEALTH, OUTREACH                                                               | 2,621,075.                                                        |  |  |  |  |  |  |  |
| _(3) | SOUTH ASIA                                                                                                                                             |                                                                                                            | 1                                                                          | GRANTMAKING                                                                                                                                        | EDU, HEALTH, OUTREACH                                                               | 1,829,900.                                                        |  |  |  |  |  |  |  |
| (4)  | EUROPE                                                                                                                                                 |                                                                                                            |                                                                            | GRANTMAKING                                                                                                                                        | EDU, HEALTH, OUTREACH                                                               | 36,552.                                                           |  |  |  |  |  |  |  |
| (5)  | CENTRAL AMERICA/CARIBBEAN                                                                                                                              |                                                                                                            |                                                                            | GRANTMAKING                                                                                                                                        | EDU, HEALTH, OUTREACH                                                               | 2,374,728.                                                        |  |  |  |  |  |  |  |
| (6)  | CENTRAL AMERICA/CARIBBEAN                                                                                                                              |                                                                                                            |                                                                            | INVESTMENTS                                                                                                                                        |                                                                                     | 21,509,098.                                                       |  |  |  |  |  |  |  |
| (7)  |                                                                                                                                                        |                                                                                                            |                                                                            |                                                                                                                                                    |                                                                                     |                                                                   |  |  |  |  |  |  |  |
| (8)  |                                                                                                                                                        |                                                                                                            |                                                                            |                                                                                                                                                    |                                                                                     |                                                                   |  |  |  |  |  |  |  |
| (9)  |                                                                                                                                                        |                                                                                                            |                                                                            |                                                                                                                                                    |                                                                                     |                                                                   |  |  |  |  |  |  |  |
| (10) |                                                                                                                                                        |                                                                                                            |                                                                            |                                                                                                                                                    |                                                                                     |                                                                   |  |  |  |  |  |  |  |
| (11) | )                                                                                                                                                      |                                                                                                            |                                                                            |                                                                                                                                                    |                                                                                     |                                                                   |  |  |  |  |  |  |  |
| (12) |                                                                                                                                                        |                                                                                                            |                                                                            |                                                                                                                                                    |                                                                                     |                                                                   |  |  |  |  |  |  |  |
| (13) |                                                                                                                                                        |                                                                                                            |                                                                            |                                                                                                                                                    |                                                                                     |                                                                   |  |  |  |  |  |  |  |
| (14) |                                                                                                                                                        |                                                                                                            |                                                                            |                                                                                                                                                    |                                                                                     |                                                                   |  |  |  |  |  |  |  |
| (15) |                                                                                                                                                        |                                                                                                            |                                                                            |                                                                                                                                                    |                                                                                     |                                                                   |  |  |  |  |  |  |  |
| (16) |                                                                                                                                                        |                                                                                                            |                                                                            |                                                                                                                                                    |                                                                                     |                                                                   |  |  |  |  |  |  |  |
| (17) |                                                                                                                                                        |                                                                                                            |                                                                            |                                                                                                                                                    |                                                                                     |                                                                   |  |  |  |  |  |  |  |
| 3 a  | Total from continuation                                                                                                                                |                                                                                                            | 1.                                                                         |                                                                                                                                                    |                                                                                     | 30,425,896.                                                       |  |  |  |  |  |  |  |
| c    | sheets to Part I                                                                                                                                       |                                                                                                            | 1.                                                                         |                                                                                                                                                    |                                                                                     | 30.425.896.                                                       |  |  |  |  |  |  |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022

| Schedule F Part II |                                                                                                |                                                    | ITERNATIONAL, INC. ations or Entities Outsi | de the United        | 35-205                   |                                 | nization answe                         | ared "Ves" on                               | Page 2                                                        |
|--------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------|----------------------|--------------------------|---------------------------------|----------------------------------------|---------------------------------------------|---------------------------------------------------------------|
| raitii             |                                                                                                |                                                    | eived more than \$5,000.                    |                      |                          |                                 |                                        | , ica 103 011                               | 1 01111 330                                                   |
| 1                  | (a) Name of organization                                                                       | (b) IRS code<br>section and EIN<br>(if applicable) | (c) Region                                  | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>noncash<br>assistance | (h) Description<br>of noncash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal, other |
| (1)                |                                                                                                |                                                    | SUB-SAHARAN AFRICA                          | EDUCATION            | 2,621,075.               | WIRETRANSFER                    |                                        |                                             |                                                               |
| (2)                |                                                                                                |                                                    | SOUTH ASIA                                  | EDUCATION            | 1,829,900.               | WIRETRANSFER                    |                                        |                                             |                                                               |
| (3)                |                                                                                                |                                                    | EUROPE/ICELAND/GREENLAND                    | EDUCATION            | 36,552.                  | WIRETRANSFER                    |                                        |                                             |                                                               |
| (4)                |                                                                                                |                                                    | CENT. AMERICA/CARIBBEAN                     | EDUCATION            | 2,374,728.               | WIRETRANSFER                    |                                        |                                             |                                                               |
| (5)                |                                                                                                |                                                    | NORTH AMERICA                               | EDUCATION            | 2,054,543.               | WIRETRANSFER                    |                                        |                                             |                                                               |
| (6)                |                                                                                                |                                                    |                                             |                      |                          |                                 |                                        |                                             |                                                               |
| (7)                |                                                                                                |                                                    |                                             |                      |                          |                                 |                                        |                                             |                                                               |
| (8)                |                                                                                                |                                                    |                                             |                      |                          |                                 |                                        |                                             |                                                               |
| (9)                |                                                                                                |                                                    |                                             |                      |                          |                                 |                                        |                                             |                                                               |
| (10)               |                                                                                                |                                                    |                                             |                      |                          |                                 |                                        |                                             |                                                               |
| (11)               |                                                                                                |                                                    |                                             |                      |                          |                                 |                                        |                                             |                                                               |
| (12)               |                                                                                                |                                                    |                                             |                      |                          |                                 |                                        |                                             |                                                               |
| (13)               |                                                                                                |                                                    |                                             |                      |                          |                                 |                                        |                                             |                                                               |
| (14)               |                                                                                                |                                                    |                                             |                      |                          |                                 |                                        |                                             |                                                               |
| (15)               |                                                                                                |                                                    |                                             |                      |                          |                                 |                                        |                                             |                                                               |
| (16)               |                                                                                                |                                                    |                                             |                      |                          |                                 |                                        |                                             |                                                               |
| exe                | er total number of recipient<br>empt 501(c)(3) organization b<br>er total number of other orga | y the IRS, or for which                            | the grantee or counsel has                  | provided a sec       | tion 501(c)(3) equi      | valency letter .                | ▶                                      |                                             | 5                                                             |

| Sche | dule | F (For | m 990) | 202 |
|------|------|--------|--------|-----|

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of<br>cash grant | (e) Manner of cash disbursement | (f) Amount of<br>noncash<br>assistance | (g) Description<br>of noncash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|---------------------------------|------------|--------------------------|-----------------------------|---------------------------------|----------------------------------------|---------------------------------------------|----------------------------------------------------------------|
| _ (1)                           |            |                          |                             |                                 |                                        |                                             |                                                                |
| (2)                             |            |                          |                             |                                 |                                        |                                             |                                                                |
| _(3)                            |            |                          |                             |                                 |                                        |                                             |                                                                |
| _ (4)                           |            |                          |                             |                                 |                                        |                                             |                                                                |
| _ (5)                           |            |                          |                             |                                 |                                        |                                             |                                                                |
| <b>(6)</b>                      |            |                          |                             |                                 |                                        |                                             |                                                                |
| _ (7)                           |            |                          |                             |                                 |                                        |                                             |                                                                |
| _ (8)                           |            |                          |                             |                                 |                                        |                                             |                                                                |
| (9)                             |            |                          |                             |                                 |                                        |                                             |                                                                |
| <u>(10)</u>                     |            |                          |                             |                                 |                                        |                                             |                                                                |
| <u>(11)</u>                     |            |                          |                             |                                 |                                        |                                             |                                                                |
| <u>(12)</u>                     |            |                          |                             |                                 |                                        |                                             |                                                                |
| (13)                            |            |                          |                             |                                 |                                        |                                             |                                                                |
| <u>(14)</u>                     |            |                          |                             |                                 |                                        |                                             |                                                                |
| <u>(</u> 15)                    |            |                          |                             |                                 |                                        |                                             |                                                                |
| <u>(16)</u>                     |            |                          |                             |                                 |                                        |                                             |                                                                |
| (17)                            |            |                          |                             |                                 |                                        |                                             |                                                                |
| (18)                            |            |                          |                             |                                 |                                        |                                             |                                                                |

# 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Νo Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520. Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Νo Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes

Schedule F (Form 990) 2022

Part IV

Foreign Forms

# Part V

**Supplemental Information** 

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE US:
GRANTS FUNDS ARE PROVIDED TO AFFILIATED, FOREIGN LEARNING CENTERS.
THE LEARNING CENTERS MAINTAIN LONG-TERM AS WELL AS SHORT-TERM
BUSINESS PLANS THAT ARE REVIEWED BY CHRISTEL HOUSE INTERNATIONAL,
INC. (CHI). THE LEARNING CENTERS' SCHOOL YEAR BUSINESS PLANS AND
BUDGETS ARE REVIEWED BY CHI ON AN ANNUAL BASIS. THE LEARNING CENTERS
PROVIDE DETAILED MONTHLY REPORTING OF PROGRESS TOWARDS BUSINESS PLAN
OBJECTIVES. CHI MANAGEMENT ATTENDS IN PERSON AT LEAST ONE BOARD
MEETING PER LEARNING CENTER PER YEAR, AS WELL AS ATTENDS ADDITIONAL
BOARD MEETINGS TELEPHONICALLY. THE LEARNING CENTERS ARE SUBJECT TO
AUDIT BY INDEPENDENT PUBLIC ACCOUNTANTS ON AN ANNUAL BASIS. AUDIT
REPORTS AND CORRECTIVE ACTION PLANS ARE SUPPLIED TO CHI. CHI
MANAGEMENT PERFORMS ANNUAL AUDITS OF PROGRAMS, FINANCIAL AND OTHER
AREAS.

# SCHEDULE G (Form 990)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0047

Inspection Employer identification number CHRISTEL HOUSE INTERNATIONAL, INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants h Phone solicitations Special fundraising events C In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |          | gross receipts greater than \$5,000                                                             | ) <b>.</b>               |                                                  |                      |                                                  |
|-----------------|----------|-------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------|----------------------|--------------------------------------------------|
| _               |          |                                                                                                 | (a) Event #1             | (b) Event #2                                     | (c) Other events     | (d) Total events                                 |
|                 |          |                                                                                                 | VIRTUAL JOURNEY          |                                                  | NONE                 | (add col. (a) through col. (c)                   |
| ō               |          | _                                                                                               | (event type)             | (event type)                                     | (total number)       | Goi. ( <b>c</b> ))                               |
| Revenue         | 1        | Gross receipts                                                                                  | 333,649.                 | 68,945.                                          |                      | 402,594.                                         |
| œ               |          |                                                                                                 | 333,149.                 | 58,469.                                          |                      | 391,618.                                         |
|                 | 3        | Gross income (line 1 minus line 2)                                                              | 500.                     | 10,476.                                          |                      | 10,976.                                          |
|                 | 4        | Cash prizes                                                                                     |                          |                                                  |                      |                                                  |
| 40              | 5        | Noncash prizes                                                                                  | 128.                     | 1,320.                                           |                      | 1,448.                                           |
| enses           | 6        | Rent/facility costs                                                                             |                          | 8,299.                                           |                      | 8,299.                                           |
| Direct Expenses | 7        | Food and beverages                                                                              |                          | 3,251.                                           |                      | 3,251.                                           |
| Direc           | 8        | Entertainment                                                                                   |                          |                                                  |                      |                                                  |
|                 | 9        | Other direct expenses                                                                           | 42,658.                  | 22,059.                                          |                      | 64,717.                                          |
|                 | 10<br>11 | Direct expense summary. Add lin<br>Net income summary. Subtract li                              | es 4 through 9 in colu   | umn (d)                                          |                      | 77,715.                                          |
| Pa              | rt III   | Gaming. Complete if the orga                                                                    | anization answered "     | Yes" on Form 990. I                              | Part IV. line 19. or | reported more than                               |
|                 |          | \$15,000 on Form 990-EZ, line                                                                   | e 6a.                    | ,                                                |                      |                                                  |
| Revenue         |          |                                                                                                 | (a) Bingo                | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming     | (d) Total gaming (add col. (a) through col. (c)) |
|                 | 1        | Gross revenue                                                                                   |                          |                                                  |                      |                                                  |
| ses             | 2        | Cash prizes                                                                                     |                          |                                                  |                      |                                                  |
| Exper           | 3        | Noncash prizes                                                                                  |                          |                                                  |                      |                                                  |
| Direct Expenses | 4        | Rent/facility costs                                                                             |                          |                                                  |                      |                                                  |
|                 | 5        | Other direct expenses                                                                           |                          |                                                  |                      |                                                  |
|                 | 6        | Volunteer labor                                                                                 | Yes % No                 | Yes% No                                          | Yes% No              |                                                  |
|                 | 7        | Direct expense summary. Add lin                                                                 | es 2 through 5 in colu   | umn (d) <sub></sub>                              |                      |                                                  |
|                 | 8        | Net gaming income summary. Sเ                                                                   | ubtract line 7 from line | e 1, column (d)                                  |                      |                                                  |
| 9<br>8          | ı I      | Enter the state(s) in which the orga<br>s the organization licensed to cond<br>f "No," explain: | duct gaming activities   | in each of these state                           |                      | Yes No                                           |
| 10 a            |          | Were any of the organization's gaming f "Yes," explain:                                         |                          |                                                  |                      | Yes No                                           |
|                 | -        |                                                                                                 |                          |                                                  |                      |                                                  |

Schedule G (Form 990) 2022

| Sched   | ule G (Form 990 or 990-EZ) 2022 CHRISTEL HOUSE INTERNATIONAL, INC. 35                                         | -2051932 | Page <b>3</b> |
|---------|---------------------------------------------------------------------------------------------------------------|----------|---------------|
| 11      | Does the organization conduct gaming activities with nonmembers?                                              | . Yes    | No            |
| 12      | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity |          |               |
|         | formed to administer charitable gaming?                                                                       | Yes [    | No            |
| 13      | Indicate the percentage of gaming activity conducted in:                                                      |          |               |
| а       | The organization's facility                                                                                   |          | <u>%</u>      |
| b       | An outside facility                                                                                           |          | <u>%</u>      |
| 14      | Enter the name and address of the person who prepares the organization's gaming/special events books and      |          |               |
|         | records:                                                                                                      |          |               |
|         | Name ▶                                                                                                        |          |               |
|         | Address ▶                                                                                                     |          |               |
| 15 a    | Does the organization have a contract with a third party from whom the organization receives gaming           | Ì        |               |
|         | revenue?                                                                                                      |          | No            |
| b       | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the                        | e        |               |
|         | amount of gaming revenue retained by the third party ▶ \$                                                     |          |               |
| C       | If "Yes," enter name and address of the third party:                                                          |          |               |
|         |                                                                                                               |          |               |
|         | Name ►                                                                                                        |          |               |
|         | Addross                                                                                                       |          |               |
|         | Address >                                                                                                     |          |               |
| 16      | Gaming manager information:                                                                                   |          |               |
|         |                                                                                                               |          |               |
|         | Name ►                                                                                                        |          |               |
|         | Gaming manager compensation ▶ \$                                                                              |          |               |
|         |                                                                                                               |          |               |
|         | Description of services provided ▶                                                                            |          |               |
|         |                                                                                                               |          |               |
|         | Director/officer Employee Independent contractor                                                              |          |               |
| 17      | Mandatory distributions:                                                                                      |          |               |
| 17<br>a | Is the organization required under state law to make charitable distributions from the gaming proceeds        | to       |               |
| а       | retain the state gaming license?                                                                              |          | No            |
| b       | Enter the amount of distributions required under state law to be distributed to other exempt organization     |          |               |
|         | or spent in the organization's own exempt activities during the tax year ▶ \$                                 |          |               |
| Par     |                                                                                                               |          |               |
|         | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inf             | ormation |               |
|         | (see instructions).                                                                                           |          |               |
|         |                                                                                                               |          |               |
|         |                                                                                                               |          |               |
|         |                                                                                                               |          |               |
|         |                                                                                                               |          |               |
|         |                                                                                                               |          |               |
|         |                                                                                                               |          |               |

Schedule G (Form 990 or 990-EZ) 2022

# SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

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

| Name of the organization                                                                                                                                                                                       |                                                         |                                         |                           |                                  |                                                                                      | Employer identificati                 | on number                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------|---------------------------|----------------------------------|--------------------------------------------------------------------------------------|---------------------------------------|------------------------------------|
| CHRISTEL HOUSE INTERNATIONAL, IN                                                                                                                                                                               | C.                                                      |                                         |                           |                                  |                                                                                      | 35-2051932                            |                                    |
| Part I General Information on Grants a                                                                                                                                                                         | and Assistance                                          | е                                       |                           |                                  |                                                                                      |                                       |                                    |
| <ol> <li>Does the organization maintain records to<br/>the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's process.</li> </ol> Part II Grants and Other Assistance to | ants or assistance cedures for more <b>Domestic Org</b> | e?<br>nitoring the use<br>ganizations a | of grant funds in th      | e United States.                 | nplete if the organiz                                                                | ation answered "Y                     | Yes No                             |
| Part IV, line 21, for any recipien  1 (a) Name and address of organization or government                                                                                                                       | (b) EIN                                                 | (c) IRC section (if applicable)         | (d) Amount of cash grant  | (e) Amount of noncash assistance | additional space is n<br>(f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) CHRISTEL HOUSE ACADEMY, INC                                                                                                                                                                                |                                                         |                                         |                           |                                  |                                                                                      |                                       |                                    |
| 2405 MADISON AVENUE INDIANAPOLIS, IN 46225                                                                                                                                                                     | 02-0550824                                              | 501(C)(3)                               | 1,523,747.                |                                  |                                                                                      |                                       | EDUCATION                          |
| (2)                                                                                                                                                                                                            |                                                         |                                         |                           |                                  |                                                                                      |                                       |                                    |
| (3)                                                                                                                                                                                                            |                                                         |                                         |                           |                                  |                                                                                      |                                       |                                    |
| (4)                                                                                                                                                                                                            |                                                         |                                         |                           |                                  |                                                                                      |                                       |                                    |
|                                                                                                                                                                                                                |                                                         |                                         |                           |                                  |                                                                                      |                                       |                                    |
| (6)                                                                                                                                                                                                            |                                                         |                                         |                           |                                  |                                                                                      |                                       |                                    |
| (7)                                                                                                                                                                                                            |                                                         |                                         |                           |                                  |                                                                                      |                                       |                                    |
| (8)                                                                                                                                                                                                            |                                                         |                                         |                           |                                  |                                                                                      |                                       |                                    |
| (9)                                                                                                                                                                                                            |                                                         |                                         |                           |                                  |                                                                                      |                                       |                                    |
| (10)                                                                                                                                                                                                           |                                                         |                                         |                           |                                  |                                                                                      |                                       |                                    |
| (11)                                                                                                                                                                                                           |                                                         |                                         |                           |                                  |                                                                                      |                                       |                                    |
| (12)                                                                                                                                                                                                           |                                                         |                                         |                           |                                  |                                                                                      |                                       |                                    |
| 2 Enter total number of section 501(c)(3) ar                                                                                                                                                                   | <br>nd government a                                     | <br>organizations lis                   | <br>sted in the line 1 ta | <br>ble                          |                                                                                      |                                       | 1                                  |
| 3 Enter total number of other organizations                                                                                                                                                                    |                                                         |                                         |                           |                                  |                                                                                      |                                       | NONE                               |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

# Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| 1 COLLEGE AND CAREER STUDENTS   | 165                      | 100,501.                 |                                   |                                                       |                                        |
| 2                               |                          |                          |                                   |                                                       |                                        |
| 3                               |                          |                          |                                   |                                                       |                                        |
| _4                              |                          |                          |                                   |                                                       |                                        |
| _ 5                             |                          |                          |                                   |                                                       |                                        |
| _ 6                             |                          |                          |                                   |                                                       |                                        |
| _7                              |                          |                          |                                   |                                                       |                                        |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE US:

GRANT FUNDS ARE PROVIDED TO CHRISTEL HOUSE ACADEMY INC. (CHA), A NETWORK OF INDIANAPOLIS, INDIANA-BASED CHARTER SCHOOLS. CHA MAINTAINS LONG-TERM AS WELL AS SHORT-TERM BUSINESS PLANS THAT ARE REVIEWED BY CHI. THE CHA SCHOOL YEAR BUDGETS ARE REVIEWED BY CHI ON AN ANNUAL BASIS. CHA PROVIDES DETAILED MONTHLY REPORTING OF PROGRESS TOWARDS BUSINESS PLAN OBJECTIVES. CHI MANAGEMENT ALSO ATTENDS ALL CHA BOARD MEETINGS. CHA IS AUDITED ON A GAAP BASIS ONCE PER YEAR. AUDIT REPORTS AND CORRECTIVE ACTION PLANS ARE

| Part III | Grants and Other Assistance to Domestic Individuals. C    | Complete if the organization answered ' | 'Yes" on Form 990, Part IV, line 22. |
|----------|-----------------------------------------------------------|-----------------------------------------|--------------------------------------|
|          | Part III can be duplicated if additional space is needed. | -                                       |                                      |

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| 1                               |                          |                          |                                   |                                                       |                                        |
| 2                               |                          |                          |                                   |                                                       |                                        |
| 3                               |                          |                          |                                   |                                                       |                                        |
| 4                               |                          |                          |                                   |                                                       |                                        |
| 5                               |                          |                          |                                   |                                                       |                                        |
| 6                               |                          |                          |                                   |                                                       |                                        |
| _ 7                             |                          |                          |                                   |                                                       |                                        |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SUPPLIED TO AND REVIEWED BY CHI.

# **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number 35-2051932

| Part     | Questions Regarding Compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |     |    |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | Yes | No |
| 1a       | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel  Travel for companions  Tax indemnification and gross-up payments  Discretionary spending account  Health or social club dues or initiation fees  Personal services (such as maid, chauffeur, chef)                                     |    |     |    |
| b        | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                                                                                                                                                                                                                                                                                   | 1b |     |    |
| 2        | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                                                                                                                                                                                                                                                                                   | 2  |     |    |
| 3        | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee  X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee |    |     |    |
| 4        | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:                                                                                                                                                                                                                                                                                                                                                     | -  |     |    |
| а        | Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4a |     | Х  |
| b        | Participate in or receive payment from a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                      | 4b |     | Х  |
| С        | Participate in or receive payment from an equity-based compensation arrangement?                                                                                                                                                                                                                                                                                                                                                                                                                         | 4c |     | X  |
|          | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                                                                                                                                                                                                                                                                                                                                                                                                 |    |     |    |
| 5        | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:                                                                                                                                                                                                                                                                                                                                                         |    |     |    |
| а        | The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5a |     | Х  |
| b        | Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5b |     | Х  |
|          | If "Yes" on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |     |    |
| 6        | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:                                                                                                                                                                                                                                                                                                                                                     |    |     |    |
| а        | The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6a |     | Х  |
| b        | Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6b |     | Χ  |
|          | If "Yes" on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |     |    |
| 7        | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III                                                                                                                                                                                                                                                                                                                          | 7  |     | Х  |
| 8        | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Regulations are subject.                                                                                                                                                                                                                                                              |    |     | v  |
| 9        | in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8  |     | X  |
| <i>3</i> | Regulations section 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9  |     |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

# Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title           |                    | (B) Breakdown of W-2 a   | nd/or 1099-MISC and/or              | 1099-NEC compensation                     | (C) Retirement and          | (D) Nontaxable   | (E) Total of columns | (F) Compensation                                           |
|------------------------------|--------------------|--------------------------|-------------------------------------|-------------------------------------------|-----------------------------|------------------|----------------------|------------------------------------------------------------|
|                              |                    | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | other deferred compensation | benefits         | (B)(i)-(D)           | in column (B) reported<br>as deferred on prior<br>Form 990 |
| BARTON PETERSON              | (i)                | 438,124.                 | 70,000.                             | NONE                                      | 27 <b>,</b> 450.            | 18 <b>,</b> 265. | 553 <b>,</b> 839.    |                                                            |
| 1 PRESIDENT & CEO            | (ii)               | NONE                     | NONE                                | NONE                                      | NONE                        | NONE             | NONE                 |                                                            |
| CHERYL WENDLING              | (i)                | 206,304.                 | 15 <b>,</b> 300.                    | NONE                                      | 19,894.                     | 861.             | 242 <b>,</b> 359.    |                                                            |
| 2 SENIOR VP/SECRETARY        | (ii)               | 22,923.                  | 1,700.                              | NONE                                      | 2,210.                      | 95.              | 26 <b>,</b> 928.     |                                                            |
| JOSEPH SCHNEIDER             | (i)                | 395 <b>,</b> 033.        | 47,272.                             | NONE                                      | 27 <b>,</b> 450.            | 19,765.          | 489 <b>,</b> 520.    |                                                            |
| 3 SENIOR VP & CFO/TREASURER  | (ii)               | NONE                     | NONE                                | NONE                                      | NONE                        | NONE             | NONE                 |                                                            |
| BARBARA BOSCH                | (i)                | 165 <b>,</b> 382.        | 34,745.                             | NONE                                      | 18 <b>,</b> 558.            | 25,945.          | 244,630.             |                                                            |
| 4 VP MARKETING & DEVELOPMENT | (ii)               | NONE                     | NONE                                | NONE                                      | NONE                        | NONE             | NONE                 |                                                            |
| DAVID HARRIS                 | (i)                | 386 <b>,</b> 838.        | 21,000.                             | NONE                                      | 7,713.                      | 18,583.          | 434,134.             |                                                            |
| 5 EXECUTIVE VP               | (ii)               | NONE                     | NONE                                | NONE                                      | NONE                        | NONE             | NONE                 |                                                            |
| MORTON BALLEN                | (i)                | 261 <b>,</b> 788.        | 10,975.                             | NONE                                      | 6 <b>,</b> 057.             | 10,906.          | 289 <b>,</b> 726.    |                                                            |
| 6 SENIOR VP GLOBAL ACADEMICS | (ii)               | NONE                     | NONE                                | NONE                                      | NONE                        | NONE             | NONE                 |                                                            |
| BECKY ARNETT                 | (i)                | 121,771.                 | 26,164.                             | NONE                                      | 13,425.                     | 10,777.          | 172,137.             |                                                            |
| 7 VP & SR DIRECTOR TIMESHARE | (ii)               | NONE                     | NONE                                | NONE                                      | NONE                        | NONE             | NONE                 |                                                            |
| CAITLIN TEAGUE               | (i)                | 112,170.                 | 11,210.                             | NONE                                      | 11,970.                     | 29,493.          | 164,843.             |                                                            |
| 8 VP & DIR OF PROGRAMS & SVS | (ii)               | NONE                     | NONE                                | NONE                                      | NONE                        | NONE             | NONE                 |                                                            |
| 9                            | (i)<br>(ii)<br>(i) |                          |                                     |                                           |                             |                  |                      |                                                            |
| 10                           | (ii)               |                          |                                     |                                           |                             |                  |                      |                                                            |
|                              | (i)<br>(ii)<br>(i) |                          |                                     |                                           |                             |                  |                      |                                                            |
| 12                           | (ii)               |                          |                                     |                                           |                             |                  |                      |                                                            |
| 13                           | (i)<br>(ii)        |                          |                                     |                                           |                             |                  |                      |                                                            |
| 14                           | (i)<br>(ii)<br>(i) |                          |                                     |                                           |                             |                  |                      |                                                            |
| 15                           | (ii)<br>(i)        |                          |                                     |                                           |                             |                  |                      |                                                            |
| 16                           | (ii)               |                          |                                     |                                           |                             |                  |                      |                                                            |

# SCHEDULE K (Form 990)

# **Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

D

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization CHRISTEL HOUSE INTERNATIONAL, INC. 35-2051932 Part I **Bond Issues** (i) Pooled financing (h) On (a) Issuer name (c) CUSIP# (d) Date issued (b) Issuer EIN (e) Issue price (f) Description of purpose (g) Defeased behalf of issuer Yes No Yes Νo Yes No A INDIANA FINANCE AUTHORITY -EDUC FACILITY REV BOND 35-1602316 01/29/2015 CONSTRUCTION, INSTALLATION, EQUIP Χ 19,000,000. В С

| Part   | Proceeds                                                                    |     |             |     |    |     |          |               |           |
|--------|-----------------------------------------------------------------------------|-----|-------------|-----|----|-----|----------|---------------|-----------|
|        |                                                                             |     | A           |     | В  | (   | <u> </u> |               | )         |
| 1      | Amount of bonds retired                                                     | 12, | 056,883.    |     |    |     |          |               |           |
| 2      | Amount of bonds legally defeased                                            |     |             |     |    |     |          |               |           |
| 3      | Total proceeds of issue                                                     | 19, | 000,000.    |     |    |     |          |               |           |
| 4      | Gross proceeds in reserve funds                                             |     |             |     |    |     |          |               |           |
| 5      | Capitalized interest from proceeds                                          |     |             |     |    |     |          |               |           |
| 6      | Proceeds in refunding escrows                                               | 6,  | 669,507.    |     |    |     |          |               |           |
| 7      | Issuance costs from proceeds                                                |     | 80,700.     |     |    |     |          |               |           |
| 8      | Credit enhancement from proceeds                                            |     |             |     |    |     |          |               |           |
| 9      | Working capital expenditures from proceeds                                  |     |             |     |    |     |          |               |           |
| 10     | Capital expenditures from proceeds                                          | 12, | 12,249,793. |     |    |     |          |               |           |
| 11     | Other spent proceeds                                                        |     |             |     |    |     |          |               |           |
| 12     | Other unspent proceeds                                                      |     |             |     |    |     |          |               |           |
| 13     | Year of substantial completion                                              |     | 2014        |     |    |     |          |               |           |
|        |                                                                             | Yes | No          | Yes | No | Yes | No       | Yes           | No        |
| 14     | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, |     |             |     |    |     |          |               |           |
|        | if issued prior to 2018, a current refunding issue)?                        | Χ   |             |     |    |     |          |               |           |
| 15     | Were the bonds issued as part of a refunding issue of taxable bonds (or, if |     |             |     |    |     |          |               |           |
|        | issued prior to 2018, an advance refunding issue)?                          |     | X           |     |    |     |          |               |           |
| 16     | Has the final allocation of proceeds been made?                             | Х   |             |     |    |     |          |               |           |
| 17     | Does the organization maintain adequate books and records to support the    |     |             |     |    |     |          |               |           |
|        | final allocation of proceeds?                                               | Χ   |             |     |    |     |          |               |           |
| Eor Da | nerwork Reduction Act Notice, see the Instructions for Form 990             |     | ,           |     |    |     |          | chedule K (Fo | rm 990) 2 |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022

| Pai | rt III Private Business Use GR                                                            | OUP 1 |    |     |    |     |    |     |     |
|-----|-------------------------------------------------------------------------------------------|-------|----|-----|----|-----|----|-----|-----|
|     |                                                                                           |       | Α  |     | В  | (   | C  | Γ   | D   |
| 1   | Was the organization a partner in a partnership, or a member of an LLC,                   | Yes   | No | Yes | No | Yes | No | Yes | No  |
|     | which owned property financed by tax-exempt bonds?                                        |       | X  |     |    |     |    |     |     |
| 2   | Are there any lease arrangements that may result in private business use of               |       |    |     |    |     |    |     |     |
|     | bond-financed property?                                                                   |       | X  |     |    |     |    |     |     |
| 3a  | Are there any management or service contracts that may result in private                  |       |    |     |    |     |    |     |     |
|     | business use of bond-financed property?                                                   |       | X  |     |    |     |    |     |     |
| b   | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside |       |    |     |    |     |    |     |     |
|     | counsel to review any management or service contracts relating to the financed property?  |       |    |     |    |     |    |     |     |
| С   | Are there any research agreements that may result in private business use of              |       |    |     |    |     |    |     |     |
|     | bond-financed property?                                                                   |       | X  |     |    |     |    |     |     |
| d   | If "Yes" to line 3c, does the organization routinely engage bond counsel or other         |       |    |     |    |     |    |     |     |
|     | outside counsel to review any research agreements relating to the financed property?      |       |    |     |    |     |    |     |     |
| 4   | Enter the percentage of financed property used in a private business use by entities      |       |    |     |    |     |    |     |     |
|     | other than a section 501(c)(3) organization or a state or local government                |       | %  |     | %  |     | %  |     | %   |
| 5   | Enter the percentage of financed property used in a private business use as a             |       |    |     |    |     |    |     |     |
|     | result of unrelated trade or business activity carried on by your organization,           |       |    |     |    |     |    |     |     |
|     | another section 501(c)(3) organization, or a state or local government                    |       | %  |     | %  |     | %  |     | %   |
| 6   | Total of lines 4 and 5                                                                    |       | %  |     | %  |     | %  |     | %   |
| _7_ | Does the bond issue meet the private security or payment test?                            |       | X  |     |    |     |    |     |     |
| 8a  | Has there been a sale or disposition of any of the bond-financed property to a            |       |    |     |    |     |    |     |     |
|     | nongovernment alpersonotherthana501(c)(3)organizationsincethebondswereissued?             |       | X  |     |    |     |    |     |     |
| b   | If "Yes" to line 8a, enter the percentage of bond-financed property sold or               |       |    |     |    |     |    |     |     |
|     | disposed of                                                                               |       | %  |     | %  |     | %  |     | . % |
| С   | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations                |       |    |     |    |     |    |     |     |
|     | sections 1.141-12 and 1.145-2?                                                            |       |    |     |    |     |    |     |     |
| 9   | Has the organization established written procedures to ensure that all                    |       |    |     |    |     |    |     |     |
|     | nonqualified bonds of the issue are remediated in accordance with the                     |       |    |     |    |     |    |     |     |
|     | requirements under Regulations sections 1.141-12 and 1.145-2?                             | X     |    |     |    |     |    |     |     |
| Pa  | rt IV Arbitrage                                                                           |       |    |     |    |     |    |     |     |
|     |                                                                                           |       | A  |     | В  |     | C  |     | D   |
| 1   | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and                   | Yes   | No | Yes | No | Yes | No | Yes | No  |
|     | Penalty in Lieu of Arbitrage Rebate?                                                      |       | X  |     |    |     |    |     |     |
| 2   | If "No" to line 1, did the following apply?                                               |       |    |     |    |     |    |     |     |
|     | Rebate not due yet?                                                                       |       | X  |     |    |     |    |     |     |
|     | Exception to rebate?                                                                      |       |    |     |    |     |    |     |     |
| c   | No rebate due?                                                                            |       |    |     |    |     |    |     |     |
|     | If "Yes" to line 2c, provide in Part VI the date the rebate computation was               |       |    |     |    |     |    |     |     |
|     | performed                                                                                 |       |    |     |    |     |    |     |     |
| _3_ | Is the bond issue a variable rate issue?                                                  | X     |    |     |    |     |    |     |     |

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022

| Part IV Arbitrage (continued)                                                                 | ROUP 1     |        |     |    |     |    |     |    |  |
|-----------------------------------------------------------------------------------------------|------------|--------|-----|----|-----|----|-----|----|--|
|                                                                                               |            | Α      |     | 3  |     | С  | D   |    |  |
| 4a Has the organization or the governmental issuer entered into a qualified                   | Yes        | No     | Yes | No | Yes | No | Yes | No |  |
| hedge with respect to the bond issue?                                                         | . X        |        |     |    |     |    |     |    |  |
| <b>b</b> Name of provider                                                                     | . PNC BANK |        |     |    |     |    |     |    |  |
| c Term of hedge                                                                               |            | 20.000 |     |    |     |    |     |    |  |
| d Was the hedge superintegrated?                                                              |            | X      |     |    |     |    |     |    |  |
| e Was the hedge terminated?                                                                   |            | X      |     |    |     |    |     |    |  |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?             |            | X      |     |    |     |    |     |    |  |
| <b>b</b> Name of provider                                                                     |            |        |     |    |     |    |     |    |  |
| c Term of GIC                                                                                 |            |        |     |    |     |    |     |    |  |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | ,          |        |     |    |     |    |     |    |  |
| <b>6</b> Were any gross proceeds invested beyond an available temporary period?               |            | X      |     |    |     |    |     |    |  |
| 7 Has the organization established written procedures to monitor the                          |            |        |     |    |     |    |     |    |  |
| requirements of section 148?                                                                  | . X        |        |     |    |     |    |     |    |  |
| Part V Procedures To Undertake Corrective Action                                              |            |        |     |    |     |    |     |    |  |
|                                                                                               |            | Α      | E   | 3  | (   | C  |     | D  |  |
| Has the organization established written procedures to ensure that violations                 | Yes        | No     | Yes | No | Yes | No | Yes | No |  |
| of federal tax requirements are timely identified and corrected through the                   |            |        |     |    |     |    |     |    |  |
| voluntary closing agreement program if self-remediation isn't available under                 |            |        |     |    |     |    |     |    |  |
| applicable regulations?                                                                       | . X        |        |     |    |     |    |     |    |  |
|                                                                                               |            |        |     |    |     |    |     |    |  |
|                                                                                               |            |        |     |    |     |    |     |    |  |
|                                                                                               |            |        |     |    |     |    |     |    |  |
|                                                                                               |            |        |     |    |     |    |     |    |  |
|                                                                                               |            |        |     |    |     |    |     |    |  |
|                                                                                               |            |        |     |    |     |    |     |    |  |
|                                                                                               |            |        |     |    |     |    |     |    |  |
|                                                                                               |            |        |     |    |     |    |     |    |  |
|                                                                                               |            |        |     |    |     |    |     |    |  |
|                                                                                               |            |        |     |    |     |    |     |    |  |
|                                                                                               |            |        |     |    |     |    |     |    |  |
|                                                                                               |            |        |     |    |     |    |     |    |  |
|                                                                                               |            |        |     |    |     |    |     |    |  |
|                                                                                               |            |        |     |    |     |    |     |    |  |
|                                                                                               |            |        |     |    |     |    |     |    |  |

## SCHEDULE L (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022** 

Open To Public Inspection

Employer identification number

35-2051932 CHRISTEL HOUSE INTERNATIONAL, INC. Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (c) Purpose of (a) Name of interested person (b) Relationship (d) Loan to or (f) Balance due (g) In default? (h) Approved (i) Written (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2) (3)(4)(5)(6)(7) (8)(9)(10)Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (a) Name of interested person (b) Relationship between interested (d) Type of assistance (e) Purpose of assistance person and the organization assistance (1)(2) (3)(4)(5)(6)(7) (8) (9)(10)

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

Schedule L (Form 990) 2022

# Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | aring of<br>zation's<br>nues? |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|--------|-------------------------------|
|                               |                                                                 |                           |                                | Yes    | No                            |
| (1)CD ENTERPRISES LTD         | OWNED BY THE ESTATE OF CD                                       | 4,033,287.                | PAYROLL REIMBURSEMENT          |        | Х                             |
| (2)                           |                                                                 |                           |                                |        |                               |
| _(3)                          |                                                                 |                           |                                |        |                               |
| _(4)                          |                                                                 |                           |                                |        |                               |
| _(5)                          |                                                                 |                           |                                |        |                               |
| (6)                           |                                                                 |                           |                                |        |                               |
| (7)                           |                                                                 |                           |                                |        |                               |
| (8)                           |                                                                 |                           |                                |        |                               |
| (9)                           |                                                                 |                           |                                |        |                               |
| (10)                          |                                                                 |                           |                                |        |                               |

### Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, LINE 1

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: CD ENTERPRISES, LTD. IS FULLY OWNED BY THE ESTATE OF CHRISTEL DEHAAN, FOUNDER AND PREVIOUS CHAIRMAN OF THE BOARD OF DIRECTORS OF CHRISTEL HOUSE INTERNATIONAL INC. THE TRANSACTION AMOUNT LISTED ABOVE IS RELATED TO PAYROLL RELATED COSTS AND REIMBURSEMENT OF OTHER EXPENSES INCURRED.

# SCHEDULE M (Form 990)

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

CHRISTEL HOUSE INTERNATIONAL, INC.

35-2051932

| Par      | Types of Property                      |                               |                                                  |                                                                                    |                                                         |
|----------|----------------------------------------|-------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------|
|          |                                        | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)  Method of determining noncash contribution amounts |
| 1        | Art - Works of art                     | X                             | 1                                                | 19,960.                                                                            | FMV                                                     |
| 2        | Art - Historical treasures             |                               |                                                  |                                                                                    |                                                         |
| 3        | Art - Fractional interests             |                               |                                                  |                                                                                    |                                                         |
| 4        | Books and publications                 |                               |                                                  |                                                                                    |                                                         |
| 5        | Clothing and household                 |                               |                                                  |                                                                                    |                                                         |
| _        | goods                                  |                               |                                                  |                                                                                    |                                                         |
| 6        | Cars and other vehicles                |                               |                                                  |                                                                                    |                                                         |
| 7        | Boats and planes                       |                               |                                                  |                                                                                    |                                                         |
| 8        | Intellectual property                  |                               |                                                  | 100 516                                                                            |                                                         |
| 9        | Securities - Publicly traded           |                               | 8                                                | 188,516.                                                                           | STOCK VALUE HIGH/LO                                     |
| 10       | Securities - Closely held stock        |                               |                                                  |                                                                                    |                                                         |
| 11       | Securities - Partnership, LLC,         |                               |                                                  |                                                                                    |                                                         |
|          | or trust interests                     |                               |                                                  |                                                                                    |                                                         |
| 12       | Securities - Miscellaneous             |                               |                                                  |                                                                                    |                                                         |
| 13       | Qualified conservation                 |                               |                                                  |                                                                                    |                                                         |
|          | contribution - Historic                |                               |                                                  |                                                                                    |                                                         |
|          | structures                             |                               |                                                  |                                                                                    |                                                         |
| 14       | Qualified conservation                 |                               |                                                  |                                                                                    |                                                         |
| 4.5      | contribution - Other                   |                               |                                                  |                                                                                    |                                                         |
| 15       | Real estate - Residential              |                               |                                                  |                                                                                    |                                                         |
| 16       | Real estate - Commercial               |                               |                                                  |                                                                                    |                                                         |
| 17<br>18 | Real estate - Other                    |                               |                                                  |                                                                                    |                                                         |
| 19       | Collectibles                           |                               | 1                                                | 821.                                                                               | COST OF GOODS                                           |
| 20       | Drugs and medical supplies             |                               |                                                  | 021.                                                                               | COST OF GOODS                                           |
| 21       | Taxidermy                              |                               |                                                  |                                                                                    |                                                         |
| 22       | Historical artifacts                   |                               |                                                  |                                                                                    |                                                         |
| 23       | Scientific specimens                   |                               |                                                  |                                                                                    |                                                         |
| 24       | Archeological artifacts                |                               |                                                  |                                                                                    |                                                         |
| 25       | Other ►( GIFT CERT. )                  | X                             | 10                                               | 12,876.                                                                            | VALUE OF GOODS                                          |
| 26       | Other ►()                              | 21                            | Ξ.0                                              | 12,070.                                                                            | VILLEE OF GOODS                                         |
| 27       | Other ►()                              |                               |                                                  |                                                                                    |                                                         |
| 28       | Other ►(                               |                               |                                                  |                                                                                    |                                                         |
| 29       | Number of Forms 8283 received          | hy the ora:                   | anization during the tay ve                      | ear for contributions for                                                          |                                                         |
|          | which the organization completed I     |                               | =                                                |                                                                                    | 29                                                      |
|          | Willow the organization completed i    | o o200,                       | ran v, Bonoo nomowodge                           |                                                                                    | Yes No                                                  |
| 30a      | During the year, did the organizat     | ion receive                   | by contribution any prope                        | rtv reported in Part I. line                                                       |                                                         |
|          | 28, that it must hold for at least the |                               | • • • • • • • • • • • • • • • • • • • •          |                                                                                    | -                                                       |
|          | to be used for exempt purposes for     | _                             |                                                  |                                                                                    | ·                                                       |
| b        | If "Yes," describe the arrangement i   |                               | 5 mm 5 p mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1    |                                                                                    |                                                         |
| 31       | Does the organization have a           |                               | ance policy that require                         | es the review of anv                                                               | nonstandard                                             |
|          | contributions?                         |                               |                                                  |                                                                                    |                                                         |
| 32a      | Does the organization hire or use      |                               |                                                  |                                                                                    |                                                         |
|          | contributions?                         |                               | =                                                |                                                                                    | 1 1                                                     |
| b        | If "Yes," describe in Part II.         |                               |                                                  |                                                                                    |                                                         |
| 33       | If the organization didn't report an   | amount in c                   | olumn (c) for a type of pro                      | perty for which column (a)                                                         | is checked,                                             |
|          | describe in Part II.                   |                               | ( ) Alea a. k.al                                 |                                                                                    |                                                         |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

Part II Suppl

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

SCHEDULE M, PART I, COLUMN (B)

CHRISTEL HOUSE INTERNATIONAL, INC. REPORTS THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).

SCHEDULE M, PART I, LINE 9

NONCASH CONTRIBUTIONS ON SCHEDULE M ARE REPORTED IN THE YEAR RECEIVED.

PUBLICLY TRADED SECURITIES IN THE AMOUNT OF \$137,611 RECEIVED WERE PLEDGE

PAYMENTS THAT WERE REPORTED AS REVENUE ON PART VIII OF THE FORM 990 IN A

PREVIOUS YEAR.

SCHEDULE M, PART I, LINE 32A

CHRISTEL HOUSE INTERNATIONAL, INC. USES BLUEGREEN VACATIONS TO PROCESS DONATIONS OF TIMESHARE POINTS/WEEKS IT RECEIVES.

# 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 35–2051932

CHRISTEL HOUSE INTERNATIONAL, INC.

### FORM 990, PART VI, SECTION A, LINE 1B

NON-INDEPENDENT VOTING MEMBERS:

BART PETERSON AND CHERYL WENDLING ARE COMPENSATED BY CHRISTEL HOUSE INTERNATIONAL INC AND THEREFORE NOT INDEPENDENT VOTING MEMBERS OF THE BOARD OF DIRECTORS.

## FORM 990, PART VI, SECTION B, LINE 11B

PROCESS FOR REVIEWING THE FORM 990:

THE DRAFT FORM 990 IS PREPARED BY FORVIS LLP, AN INDEPENDENT PUBLIC ACCOUNTING AND AUDITING FIRM. THE DRAFT IS REVIEWED IN DETAIL BY THE SENIOR VP AND CFO/TREASURER AND VP/CONTROLLER. AFTER APPROPRIATE MODIFICATIONS RESULTING FROM THIS REVIEW, A REVISED DRAFT IS PROVIDED TO THE CHIEF EXECUTIVE OFFICER AS WELL AS ALL MEMBERS OF THE BOARD OF DIRECTORS. THE CEO AND BOARD MEMBERS COMMUNICATE ANY QUESTIONS AND/OR REVISIONS TO THE SENIOR VP AND CFO/TREASURER WHO COORDINATES FINAL REVISIONS WITH FORVIS LLP. MANAGEMENT, THE FULL BOARD OF DIRECTORS, AND THE FINANCE AND AUDIT COMMITTEES REVIEW THE RETURN PRIOR TO FILING.

## FORM 990, PART VI, SECTION B, LINE 12C

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:
CHRISTEL HOUSE INTERNATIONAL, INC. MAINTAINS COMPREHENSIVE CONFLICT OF
INTEREST POLICIES FOR ALL EMPLOYEES, OFFICERS AND DIRECTORS. THE POLICY
RELATED TO EMPLOYEES AND OFFICERS IS CONTAINED IN THE EMPLOYEE HANDBOOK
WHICH IS REVIEWED ANNUALLY WITH ALL EMPLOYEES. IN CONNECTION WITH THIS
REVIEW, ALL EMPLOYEES AND OFFICERS DISCLOSE AND SIGN A CONFLICT OF
INTEREST STATEMENT. IN ADDITION, THE POLICY REQUIRES REPORTING OF
CONFLICT OR POTENTIAL CONFLICTS ARISING ANY TIME DURING THE YEAR. THE

# 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection is at www.irs.gov/form990.

CHRISTEL HOUSE INTERNATIONAL, INC.

35-2051932

BOARD OF DIRECTORS SIMILARLY REVIEW AND DISCLOSE CONFLICTS ANNUALLY AND ARE REQUIRED TO REPORT CONFLICTS THAT MAY ARISE DURING THE YEAR. THE CONFLICT OF INTEREST DISCLOSURES ARE REVIEWED BY THE SENIOR VICE PRESIDENT/SECRETARY AND THE SENIOR VP AND CFO/TREASURER. IF THERE IS A CONFLICT, IT IS BROUGHT TO THE PRESIDENT/CEO'S ATTENTION. A BOARD MEMBER WITH A CONFLICT OF INTEREST ABSTAINS FROM VOTING ON TRANSACTIONS RELATED TO THE CONFLICT OF INTEREST.

## FORM 990, PART VI, SECTION B, LINE 15A

REVIEW OF CEO OR TOP MANAGEMENT OFFICAL COMPENSATION:

THE CEO'S COMPENSATION IS SET BY THE ORGANIZATION'S CHAIRMAN OF THE BOARD WORKING CLOSELY WITH THE CHAIRMAN OF THE GOVERNANCE, NOMINATING AND COMPENSATION COMMITTEE. THE CEO'S COMPENSATION RANGE IS DETERMINED BY A THIRD PARTY PROFESSIONAL COMPENSATION BENCHMARKING FIRM UTILIZING A VARIETY OF MARKET BASED SOURCES FOR SIMILAR POSITIONS OF COMPARABLE SIZE FIRMS INCLUDING LOCAL AND NATIONAL FOR-PROFIT AND NOT-FOR-PROFIT ORGANIZATIONS. THE MOST RECENT COMPENSATION STUDY WAS COMPLETED IN 2022. CRITERIA SUCH AS OFFICER TITLE, COMPANY INSTITUTIONAL KNOWLEDGE, OVERALL CAREER EXPERIENCE, TOTAL NUMBER OF YEARS AT THE COMPANY, TOTAL NUMBER OF YEARS IN CURRENT POSITION, HIGHEST LEVEL OF EDUCATION, APPLICABLE PROFESSIONAL CERTIFICATIONS OR CREDENTIALS AND HISTORICAL JOB PERFROMANCE ARE CONSIDERED WHEN DETERMINING THE PLACEMENT IN THE COMPENSATION RANGE.

ANNUALLY, THE PROPOSED CEO COMPENSATION IS REVIEWED AND APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS IN EXECUTIVE SESSION.

### FORM 990, PART VI, SECTION C, LINE 15B

REVIEW OF OTHER OFFICER OR KEY EMPLOYEE COMPENSATION:

# 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection is at www.irs.gov/form990.

35-2051932

CHRISTEL HOUSE INTERNATIONAL, INC.

THE SENIOR VICE PRESIDENT - MARKETING AND DEVELOPMENT, SENIOR VICE

PRESIDENT - GENERAL COUNSEL AND SENIOR VICE PRESIDENT - CFO/TREASURER

(OFFICERS AND KEY EMPLOYEES), COMPENSATION RANGES ARE DETERMINED BY A

THIRD PARTY PROFESSIONAL COMPENSATION BENCHMARKING FIRM UTILIZING A

VARIETY OF MARKET BASED SOURCES FOR SIMILAR POSITIONS OF COMPARABLE SIZE

FIRMS INCLUDING LOCAL AND NATIONAL FOR-PROFIT AND NOT-FOR-PROFIT

ORGANIZATIONS. THE MOST RECENT COMPENSATION STUDY WAS COMPLETED IN 2022.

CRITERIA SUCH AS OFFICER TITLE, COMPANY INSTITUTIONAL KNOWLEDGE, OVERALL

CAREER EXPERIENCE, TOTAL NUMBER OF YEARS AT THE COMPANY, TOTAL NUMBER OF

YEARS IN CURRENT POSITION, HIGHEST LEVEL OF EDUCATION, APPLICABLE

PROFESSIONAL CERTIFICATIONS OR CREDENTIALS AND HISTORICAL JOB PERFORMANCE

ARE CONSIDERED WHEN DETERMINING THE PLACEMENT IN THE COMPENSATION RANGE.

ANNUALLY, THE CEO, CHAIRMAN OF THE BOARD AND CHAIRMAN OF THE GOVERNANCE,

NOMINATING AND COMPENSATION COMMITTEE REVIEW AND APPROVE THE OFFICER AND

KEY EMPLOYEE COMPENSATION.

### FORM 990, PART VI, SECTION B, LINE 19

GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC:

ALL GOVERNING DOCUMENTS, TAX RETURNS, ETC. ARE AVAILABLE UPON REQUEST. IN ADDITION, THE FORM 990, ANNUAL REPORT AND AUDITED FINANCIAL STATEMENTS

CAN BE VIEWED ON THE ORGANIZATION'S WEBSITE.

## FORM 990, PART VII

EMPLOYEE COMPENSATION:

CHRISTEL HOUSE INTERNATIONAL, INC. COMPENSATES ITS EMPLOYEES THROUGH A COMMON PAYMASTER TYPE ACCOUNT TO REIMBURSE CD ENTERPRISES, LTD. ON A DIRECT COST BASIS. OTHER ENTITIES, WHICH MAY OR MAY NOT BE RELATED TO

# 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

CHRISTEL HOUSE INTERNATIONAL, INC.

35-2051932

CHRISTEL HOUSE INTERNATIONAL, INC., BUT ARE RELATED EITHER DIRECTLY TO OR INDIRECTLY TO THE FOUNDER OF CHRISTEL HOUSE INTERNATIONAL, INC., ALSO USE THIS ACCOUNT FOR COMPENSATING EMPLOYEES FOR ADMINISTRATIVE CONVENIENCE.

Name of the organization

CHRISTEL HOUSE INTERNATIONAL, INC.

Employer identification number
35-2051932

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV,

## SCHEDULE R (Form 990)

Part I

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

| Name of the organization           | Employer identification number |
|------------------------------------|--------------------------------|
| CHRISTEL HOUSE INTERNATIONAL, INC. | 35-2051932                     |

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

| (a) Name, address, and EIN (if applicable) of disregarded entity                                                  |                               | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Total income                              | (e)<br>End-of-year assets     | (f)<br>Direct cor<br>enti | ntrolling          |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|-----------------------------------------------|--------------------------------------------------|-------------------------------|---------------------------|--------------------|
| (1)                                                                                                               |                               |                                |                                               |                                                  |                               |                           |                    |
| (2)                                                                                                               |                               |                                |                                               |                                                  |                               |                           |                    |
| (3)                                                                                                               |                               |                                |                                               |                                                  |                               |                           |                    |
| (4)                                                                                                               |                               |                                |                                               |                                                  |                               |                           |                    |
| (5)                                                                                                               |                               |                                |                                               |                                                  |                               |                           |                    |
| (6)                                                                                                               |                               |                                |                                               |                                                  |                               |                           |                    |
| Part II Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during t | Complete if the che tax year. | organization answ              | ered "Yes" on Fo                              | orm 990, Part IV,                                | line 34, because              | it had                    |                    |
| (a) Name, address, and EIN of related organization                                                                | (b) Primary activity          | (c) Legal domicile (sta        | (d) te Exempt Code section                    | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (9                        | 12(b)(13)<br>olled |
| SEE SUPPLEMENTAL PAGE                                                                                             |                               |                                |                                               |                                                  |                               | Yes                       | No                 |
| _(1)                                                                                                              |                               |                                |                                               |                                                  |                               |                           |                    |
|                                                                                                                   |                               |                                |                                               |                                                  |                               |                           |                    |
| (2)                                                                                                               | -                             |                                |                                               |                                                  |                               |                           |                    |
| (3)                                                                                                               | -                             |                                |                                               |                                                  |                               |                           |                    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

(5)

(6)

(7)

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Direct controlling<br>entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | Dispro | h)<br>portionate<br>ations? | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | Gene<br>man | j)<br>eral or<br>aging<br>ner? | (k)<br>Percentage<br>ownership |
|----------------------------------------------------|--------------------------------|-----------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|--------|-----------------------------|---------------------------------------------------------------------------|-------------|--------------------------------|--------------------------------|
|                                                    |                                | oodiiiiy)                                     |                                     |                                                                                         |                                 |                                        | Yes    | No                          |                                                                           | Yes         | No                             |                                |
| (1)                                                |                                |                                               |                                     |                                                                                         |                                 |                                        |        |                             |                                                                           |             |                                |                                |
|                                                    |                                |                                               |                                     |                                                                                         |                                 |                                        |        |                             |                                                                           |             |                                |                                |
| (2)                                                |                                |                                               |                                     |                                                                                         |                                 |                                        |        |                             |                                                                           |             |                                |                                |
|                                                    |                                |                                               |                                     |                                                                                         |                                 |                                        |        |                             |                                                                           |             |                                |                                |
| (3)                                                |                                |                                               |                                     |                                                                                         |                                 |                                        |        |                             |                                                                           |             |                                |                                |
|                                                    |                                |                                               |                                     |                                                                                         |                                 |                                        |        |                             |                                                                           |             |                                |                                |
| (4)                                                |                                |                                               |                                     |                                                                                         |                                 |                                        |        |                             |                                                                           |             |                                |                                |
|                                                    |                                |                                               |                                     |                                                                                         |                                 |                                        |        |                             |                                                                           |             |                                |                                |
| (5)                                                |                                |                                               |                                     |                                                                                         |                                 |                                        |        |                             |                                                                           |             |                                |                                |
|                                                    |                                |                                               |                                     |                                                                                         |                                 |                                        |        |                             |                                                                           |             |                                |                                |
| (6)                                                |                                |                                               |                                     |                                                                                         |                                 |                                        |        |                             |                                                                           |             |                                |                                |
| <u> </u>                                           |                                |                                               |                                     |                                                                                         |                                 |                                        |        |                             |                                                                           |             |                                |                                |
| (7)                                                |                                |                                               |                                     |                                                                                         |                                 |                                        |        |                             |                                                                           |             |                                |                                |
|                                                    |                                |                                               |                                     |                                                                                         |                                 |                                        |        |                             |                                                                           |             |                                |                                |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)  Name, address, and EIN of related organization  | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) |     | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | Sec<br>512(b<br>contr<br>enti | tion<br>()(13)<br>olled<br>ty? |
|------------------------------------------------------|--------------------------------|--------------------------------------------------------|-----|-----------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|-------------------------------|--------------------------------|
|                                                      |                                |                                                        |     |                                               |                                 |                                       |                                | Yes                           | No                             |
| (1) CD ENTERPRISES, LTD 35-2003380                   |                                |                                                        |     |                                               |                                 |                                       |                                |                               |                                |
| 10 WEST MARKET ST, SUITE 1990 INDIANAPOLIS, IN 46204 | ADMINISTRATION                 | IN                                                     | N/A | S CORP                                        |                                 |                                       |                                |                               | Χ                              |
| (2)                                                  |                                |                                                        |     |                                               |                                 |                                       |                                |                               |                                |
|                                                      |                                |                                                        |     |                                               |                                 |                                       |                                |                               |                                |
| (3)                                                  |                                |                                                        |     |                                               |                                 |                                       |                                |                               | _                              |
| 1-7                                                  | 1                              |                                                        |     |                                               |                                 |                                       |                                |                               |                                |
| (4)                                                  |                                |                                                        |     |                                               |                                 |                                       |                                |                               |                                |
|                                                      |                                |                                                        |     |                                               |                                 |                                       |                                |                               |                                |
| (5)                                                  |                                |                                                        |     |                                               |                                 |                                       |                                |                               |                                |
|                                                      | 1                              |                                                        |     |                                               |                                 |                                       |                                |                               |                                |
| (6)                                                  |                                |                                                        |     |                                               |                                 |                                       |                                |                               |                                |
|                                                      | 1                              |                                                        |     |                                               |                                 |                                       |                                |                               |                                |
| (7)                                                  |                                |                                                        |     |                                               |                                 |                                       |                                | $\Box$                        |                                |
| 1.7                                                  | 1                              |                                                        |     |                                               |                                 |                                       |                                |                               |                                |

### \_\_\_\_

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

| Not | te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.                                                                                               |        | Yes | No |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----|----|
|     | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                                 |        |     |    |
| а   | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity                                                                                     | 1a     |     | Χ  |
| b   | Gift, grant, or capital contribution to related organization(s)                                                                                                                     | 1b     | Х   |    |
|     | Gift, grant, or capital contribution from related organization(s)                                                                                                                   | 1c     | X   |    |
|     | Loans or loan guarantees to or for related organization(s)                                                                                                                          | 1d     |     | Χ  |
|     |                                                                                                                                                                                     | 1e     |     | Χ  |
|     |                                                                                                                                                                                     |        |     |    |
| f   | Dividends from related organization(s)                                                                                                                                              | 1f     |     | Χ  |
| g   | Sale of assets to related organization(s)                                                                                                                                           | 1g     |     | Χ  |
| h   |                                                                                                                                                                                     | 1h     |     | Χ  |
| i   | Exchange of assets with related organization(s)                                                                                                                                     | 1i     |     | Χ  |
|     |                                                                                                                                                                                     | 1j     |     | Χ  |
|     |                                                                                                                                                                                     |        |     |    |
| k   | Lease of facilities, equipment, or other assets from related organization(s)                                                                                                        | 1k     |     | Χ  |
|     |                                                                                                                                                                                     | 11     |     | Χ  |
| m   | Performance of services or membership or fundraising solicitations by related organization(s)                                                                                       | 1m     |     | Χ  |
| n   | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                                                                                       | 1n     |     | Χ  |
|     |                                                                                                                                                                                     | 1o     |     | Х  |
|     |                                                                                                                                                                                     |        |     |    |
| р   | Reimbursement paid to related organization(s) for expenses                                                                                                                          | 1p     | X   |    |
|     |                                                                                                                                                                                     | 1q     |     | Χ  |
|     |                                                                                                                                                                                     |        |     |    |
|     | Other transfer of cash or property to related organization(s)                                                                                                                       |        |     | Х  |
| S   | Other transfer of cash or property from related organization(s)                                                                                                                     | 1s     |     | Χ  |
| _   | It the appropriate any at the above is "Vee " and the instructions for information on who moved appropriate this line, including account a lational including and translation three | ماماما |     |    |

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a - s) | (c)<br>Amount involved | (d) Method of determining amount involved |
|-------------------------------------|------------------------------------|------------------------|-------------------------------------------|
| (1) CD ENTERPRISES                  | P                                  | 4,030,152.             | COST                                      |
| (2) CHRISTEL HOUSE INDIA            | В                                  | 1,829,900.             | GRANT AMOUNT                              |
| (3) CHRISTEL HOUSE SOUTH AFRICA     | В                                  | 2,621,075.             | GRANT AMOUNT                              |
| (4) CHRISTEL HOUSE EUROPE           | В                                  | 36,522.                | GRANT AMOUNT                              |
| (5) CHRISTEL HOUSE JAMAICA          | В                                  | 2,374,728.             | GRANT AMOUNT                              |
| (6) CHRISTEL HOUSE MEXICO           | В                                  | 2,054,543.             | GRANT AMOUNT                              |

Schedule R (Form 990) 2022

Part V Transactions With Related Org

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

| Not   | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.                            |                         |                               |                                       | Yes      | No |
|-------|-----------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------|---------------------------------------|----------|----|
| 1     | During the tax year, did the organization engage in any of the following transactions with one or more relative | ted organizations liste | d in Parts II-IV?             |                                       |          |    |
| а     | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity                 |                         |                               | 1a                                    |          |    |
|       | Gift, grant, or capital contribution to related organization(s)                                                 |                         |                               |                                       |          |    |
|       | Gift, grant, or capital contribution from related organization(s)                                               |                         |                               |                                       |          |    |
|       | Loans or loan guarantees to or for related organization(s)                                                      |                         |                               |                                       |          |    |
|       | Loans or loan guarantees by related organization(s)                                                             |                         |                               |                                       |          |    |
| ·     | Estation from guaranteses by relation organization (o)                                                          |                         |                               |                                       |          |    |
| f     | Dividends from related organization(s)                                                                          |                         |                               | 1f                                    |          |    |
|       | Sale of assets to related organization(s)                                                                       |                         |                               |                                       |          |    |
|       | Purchase of assets from related organization(s)                                                                 |                         |                               |                                       |          |    |
| :     | Exchange of assets with related organization(s).                                                                |                         |                               |                                       |          |    |
| !     | Lease of facilities, equipment, or other assets to related organization(s)                                      |                         |                               |                                       |          | _  |
| J     | Lease of facilities, equipment, of other assets to related organization(s)                                      |                         |                               | · · · · · · · · · · · · · · · · · · · |          |    |
| L     | Lease of facilities, equipment, or other assets from related organization(s)                                    |                         |                               | 1k                                    |          |    |
|       |                                                                                                                 |                         |                               | · · · · · —                           |          |    |
|       | Performance of services or membership or fundraising solicitations for related organization(s)                  |                         |                               |                                       |          |    |
|       | Performance of services or membership or fundraising solicitations by related organization(s)                   |                         |                               |                                       |          |    |
|       | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                   |                         |                               |                                       |          |    |
| 0     | Sharing of paid employees with related organization(s)                                                          |                         |                               | <u>  10</u>                           |          |    |
|       |                                                                                                                 |                         |                               | 4                                     |          |    |
|       | Reimbursement paid to related organization(s) for expenses                                                      |                         |                               |                                       |          |    |
| q     | Reimbursement paid by related organization(s) for expenses                                                      |                         |                               | 1q                                    |          |    |
|       |                                                                                                                 |                         |                               | 4                                     |          |    |
| r     | Other transfer of cash or property to related organization(s)                                                   |                         |                               | <u>1r</u>                             |          |    |
| s<br> | Other transfer of cash or property from related organization(s)                                                 | line including severe   | d relationships and transc    | 1s                                    |          |    |
|       |                                                                                                                 | (b)                     | ·                             |                                       | us.      |    |
|       | (a) Name of related organization                                                                                | Transaction             | <b>(c)</b><br>Amount involved | (d)<br>Method of de                   | terminin | ıg |
|       |                                                                                                                 | type (a - s)            |                               | amount in                             | volved   |    |
|       |                                                                                                                 |                         |                               |                                       |          |    |
| (4)   | ENDITION GUIGOTON TON TWO                                                                                       |                         | 14 000 000                    |                                       | \        |    |
| (1)   | ENDLESS SUCCESS FOUNDATION INC.                                                                                 | С                       | 14,293,000.                   | GRANT AMO                             | JUNT     |    |
| (2)   |                                                                                                                 |                         |                               |                                       |          |    |
| (2)   |                                                                                                                 |                         |                               |                                       |          |    |
| (2)   |                                                                                                                 |                         |                               |                                       |          |    |
| (3)   |                                                                                                                 |                         |                               |                                       |          |    |
| (4)   |                                                                                                                 |                         |                               |                                       |          |    |
| (4)   |                                                                                                                 |                         |                               |                                       |          |    |
| (E)   |                                                                                                                 |                         |                               |                                       |          |    |
| (5)   |                                                                                                                 |                         |                               |                                       |          |    |
| (C)   |                                                                                                                 |                         |                               |                                       |          |    |
| (6)   |                                                                                                                 |                         |                               |                                       |          |    |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | income (related,<br>unrelated, excluded<br>from tax under | organizations ? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h) Disproportionate allocations? |    | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|-----------------------------------------|--------------------------------|-----------------------------------------------|-----------------------------------------------------------|-----------------|----|---------------------------------|------------------------------------------|-----------------------------------|----|---------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                         |                                |                                               | sections 512 - 514)                                       | Yes             | No |                                 |                                          | Yes                               | No |                                                                           | Yes                                       | No |                                |
| (1)                                     | _                              |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |
| (2)                                     |                                |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |
| (3)                                     |                                |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |
| (4)                                     |                                |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |
| (5)                                     |                                |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |
| (6)                                     |                                |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |
| (7)                                     |                                |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |
| (8)                                     |                                |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |
| (9)                                     |                                |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |
| (10)                                    |                                |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |
| (11)                                    |                                |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |
| (12)                                    |                                |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |
| (13)                                    |                                |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |
| (14)                                    |                                |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |
|                                         |                                |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |
| (15)                                    |                                |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |
| (16)                                    |                                |                                               |                                                           |                 |    |                                 |                                          |                                   |    |                                                                           |                                           |    |                                |

# Part VII Supplemental Information

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

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