Electronic Filing Client Status History for Tax Year 2022

EFIN: ***039 (BRUFLAT TAX SERVICE,INC)

Client:

The Unseen 1018, Inc.

Client EIN: **-***3881

Type: 990PF Fed

Ret. SBM ID: 460039202311508532rq

| Status | Status Date |
|---------------------------|-------------|
| Return Accepted | 04/25/2023 |
| Status | Status Date |
| Return Received by Intuit | 04/25/2023 |
| Status | Status Date |
| Return Transmitted | 04/25/2023 |
| Status | Status Date |
| Return Ready to Transmit | 04/25/2023 |
| Status | Status Date |
| Return Marked for EF | 04/25/2023 |

Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

2022

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

| For | calen | dar year 2022 or tax year beginning | March 11, 202 | 2, and (| | | mber 31 , 20 22 |
|-----------------------------|-----------|--|--|---|--|--|---|
| Nam | e of four | ndation | | | A Employe | r identification numbe | г |
| Th | e Uns | seen 1018, Inc. | | | 88-12 | 213881 | |
| | | street (or P.O. box number if mail is not delivered to street address) | Room | ı/suite | | e number (see instruction | ons) |
| 24 | 968 4 | 176th Avenue | | | 60595 | 512187 | |
| | | state or province, country, and ZIP or foreign postal code | | | | ion application is pendi | a abook boro |
| | | | | | C if exempt | ion application is pendi | ng, check here |
| | | apids SD 57022 | f f 1.12 | | | | |
| G | Check | | of a former public | cnarity | D 1. Foreigr | organizations, check h | nere |
| | | Final return Amended | | | 2. Foreign | n organizations meeting | the 85% test, |
| | | Address change Name char | - | | check | here and attach comput | tation · · · |
| | | type of organization: Section 501(c)(3) exempt p | | | | foundation status was t 07(b)(1)(A), check here | |
| | | n 4947(a)(1) nonexempt charitable trust 🔲 Other tax | | | SECTIONS | or (b)(1)(A), Great riere | |
| | | arket value of all assets at J Accounting method | :⊠ Cash ∐ A | ccrual | | ndation is in a 60-month | |
| | | year (from Part II, col. (c), | | | under sed | tion 507(b)(1)(B), check | here |
| | line 16 |) \$ 0. (Part I, column (d), must be | e on cash basis.) | | | | |
| P | art I | Analysis of Revenue and Expenses (The total of | (a) Revenue and | //-> >1-4 | t | (a) Adiiyatad nat | (d) Disbursements for charitable |
| | | amounts in columns (b), (c), and (d) may not necessarily equal | éxpenses per books | | investment ncome | (c) Adjusted net income | purposes |
| | | the amounts in column (a) (see instructions).) | DOOKS | | | | (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule) | 40,002. | Mark michigans | rogymat wilden betyd | Allino des reproder escribio esperante | n ann maraint Thac still th |
| | 2 | Check X if the foundation is not required to attach Sch. B | an on the special section | | | | |
| | 3 | Interest on savings and temporary cash investments | | | | | to the one should object |
| | 4 | Dividends and interest from securities | | | | | |
| | 5a | Gross rents | *************************************** | | | | re ete distribute establishe |
| | b | Net rental income or (loss) | | 166 (68) | | | |
| a) | 6a | Net gain or (loss) from sale of assets not on line 10 | \$11.5800000000000000000000000000000000000 | 696 (ac 1436) | | | |
| Revenue | b | Gross sales price for all assets on line 6a | Service for the service | 10201200320 | 7831481 0017523 | | |
| Ķ | 7 | Capital gain net income (from Part IV, line 2) | Scott and a second deposition of the second | | ing all spakings are properties | | 37 MATERIA (150 AND 1914) |
| æ | 8 | Net short-term capital gain | | 1000 4110 1102 | | | |
| _ | 9 | Income modifications | | 1000 //100101 | | | at on addition on the section |
| | 10a | Gross sales less returns and allowances | | 10001667702 | 0.0000000000000000000000000000000000000 | | |
| | b | Less: Cost of goods sold | 91 Jan 201 (199 (196 (196 (197 (199 | 1967 GOO 1950 | Atticopy viscopy or | And the Market State of the Sta | process was 1537 (1019-165) 1539 (1 |
| | c | Gross profit or (loss) (attach schedule) | Sententian control of the Mark Control Market Instru | 0.000 0.000 | | | |
| | 11 | Other income (attach schedule) | | 10001/9980/0000 | *************************************** | | a da marana |
| | 12 | Total. Add lines 1 through 11 | 40,002. | | | | 2 (4) (30 (40 (5) (5) (5) (5) |
| | 13 | Compensation of officers, directors, trustees, etc. | 0. | i | | | |
| Expenses | 14 | Other employee salaries and wages | 0. | *************************************** | | | |
| SE. | 15 | Pension plans, employee benefits | | | *************************************** | | |
| ğ | 16a | Legal fees (attach schedule) | 517. | | | | |
| | b | Accounting fees (attach schedule) | J | 1 | | | |
| Χe | 6 | Other professional fees (attach schedule) | 275. | | | | |
| Operating and Administrativ | 17 | Interest | 2.5. | - | | | |
| Str | 18 | Taxes (attach schedule) (see instructions) | | <u> </u> | | | |
| ≘ | 19 | Depreciation (attach schedule) and depletion | | | | | |
| 톶 | 20 | Occupancy | | | | | |
| ĕ | 21 | Travel, conferences, and meetings | | | | | |
| pg | 22 | Printing and publications | | | | | |
| a | 23 | Other expenses (attach schedule) See Stmt. | 663. | <u> </u> | | | |
| <u>2</u> | 24 | Total operating and administrative expenses. | | <u> </u> | | | |
| rat | | Add lines 13 through 23 | 1,455. | | | | |
| be | 25 | Contributions, gifts, grants paid | 1,455. | 75 (56 75) | | | |
| 0 | 26 | Total expenses and disbursements. Add lines 24 and 25 | 1,455. | | entre contrator de la contrato | | |
| | 27 | Subtract line 26 from line 12: | 2,100. | Section (con- | one and the West of | 30 NO 50 | masteria estado esta |
| | a a | Excess of revenue over expenses and disbursements | 38,547. | 2000000 | | | AND TO REPORT OF STATE |
| | b | Net investment income (if negative, enter -0-) . | 33,347. | ALTERISTICS (CONTROL) | opensorang pagasitist | | |
| | | Adjusted net income (if negative, enter -0-) | | \$1000.00 | | 2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | and the second second |

| Pá | art II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End | of year |
|------------------|----------|--|--|--|--|
| | | should be for end-of-year amounts only. (See instructions.) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash—non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable | And the second | | |
| | | Less: allowance for doubtful accounts | and the state of t | March 1997 St. miles of college of consultation of college of coll | |
| | 4 | Less: allowance for doubtful accounts Pledges receivable | (EX. Sect 3) products should not | | |
| | | Less: allowance for doubtful accounts | COSTO CONTROL | September 1976 Story on any particles for 1975 September 5 and 1975 September 5 | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| | | Less: allowance for doubtful accounts | | | |
| ţ | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| ď | 10a | Investments—U.S. and state government obligations (attach schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | | | |
| | С | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment: basis | G198 (8) (8) (8) (8) (8) | | |
| | | Less: accumulated depreciation (attach schedule) | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment: basis | | (1) (3) (3) (4) (4) (5) (5) (6) | |
| | | Less: accumulated depreciation (attach schedule) | | | |
| | 15 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers-see the | | | |
| | | instructions. Also, see page 1, item l) | 0. | 0. | 0. |
| | 17 | Accounts payable and accrued expenses | | | |
| Ø | 18 | Grants payable | | | |
| Liabilities | 19 | Deferred revenue | | | |
| <u>=</u> | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| <u>.e</u> | 21 | Mortgages and other notes payable (attach schedule) | | | in comparing the second |
| _ | 22 | Other liabilities (describe) | | | 343 323 114 (10) 114 115 117 117 117 |
| | 23 | Total liabilities (add lines 17 through 22) | | | |
| Balances | | Foundations that follow FASB ASC 958, check here | | | or designation of the gard |
| 2 | | and complete lines 24, 25, 29, and 30. | | | |
| <u>a</u> | 24 | Net assets without donor restrictions | | | |
| 8 | 25 | Net assets with donor restrictions | | | pie (Borgh) do 15. via 14. via |
| pur | | Foundations that do not follow FASB ASC 958, check here | | | |
| Net Assets or Fu | 00 | and complete lines 26 through 30. | | | |
| ō | 26 | Capital stock, trust principal, or current funds | | | Total Visit control and an extraction of the control of the contro |
| jts | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | 65 /2 92 00000 00 00 |
| SSE | 28 | Retained earnings, accumulated income, endowment, or other funds | | | |
| ë | 29 30 | Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see | | | |
| É | 30 | instructions) | | | |
| | art III | Analysis of Changes in Net Assets or Fund Balances | 0. | 0. | |
| | | al net assets or fund balances at beginning of year—Part II, colu | ımn (a) line 29 (mu | st agree with T | |
| | | of-year figure reported on prior year's return) | | | |
| 2 | | er amount from Part I, line 27a | | | 38,547. |
| 3 | | er increases not included in line 2 (itemize) | <i>.</i> | 3 | 30,337. |
| 2 | Add | Hines 1, 2, and 3 | | 4 | 38,547. |
| | | reases not included in line 2 (itemize) See Statement | | | 38,547. |
| | 3 Tota | al net assets or fund balances at end of year (line 4 minus line 5)- | Part II, column (b), I | | 0. |
| | | | | | 000 DE |

| Part | V Capital Gains an | d Losses for Tax on investr | nent Income | | | |
|----------|---|--|--|--|---|--|
| | | ind(s) of property sold (for example, real euse; or common stock, 200 shs. MLC Co. | (b) How acquired P-Purchase D-Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) | |
| 1a | | | | | | |
| b | | | | | | |
| <u>c</u> | | | | | *************************************** | |
| d_ | | | | | | |
| e | | | | | | <u></u> |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | rother basis ense of sale | | in or (loss) (f) minus (g)) |
| <u>a</u> | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| b | | | | | | |
| <u>c</u> | | | | | | |
| <u>d</u> | | | | | | |
| е | Complete only for assets sh | l owing gain in column (h) and owned | hy the foundation | on 10/21/60 | | *************************************** |
| | Complete Only for assets Sit | | T | ••• | | vl. (h) gain minus nt less than -0-) or |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | s of col. (i) . (j), if any | | from col. (h)) |
| <u>a</u> | | | | | | |
| b | | | | | | |
| с | | | | | | |
| d | | | | | | |
| <u>e</u> | ***** | | | | | |
| 2 | Capital gain net income of | NY INDRECED IN THE TOTAL OF THE | . also enter in Pa), enter -0- in Pa | | 2 | |
| 3 | If gain, also enter in Par | in or (loss) as defined in sections t I, line 8, column (c). See instru | uctions. Îlf (loss) | , enter -0- in) | 3 | *************************************** |
| Part | V Excise Tax Base | d on Investment Income (Se | ection 4940(a) | . 4940(b), or 49 | | ctions) |
| 1a | | ons described in section 4940(d)(2) | | | | |
| | Date of ruling or determinat | tion letter: (attach | copy of letter if r | necessarv—see in | structions) | CHAPTER MICHAEL CONTROL CONTRO |
| b | All other domestic found enter 4% (0.04) of Part I, | dations enter 1.39% (0.0139) of line 12, col. (b) | f line 27b. Exem | npt foreign organ | nizations, | |
| 2 | Tax under section 511 (do | mestic section 4947(a)(1) trusts a | and taxable found | dations only; othe | rs, enter -0-) | |
| 3 | Add lines 1 and 2 | | | | | |
| 4 | Subtitle A (income) tax (do | omestic section 4947(a)(1) trusts a | and taxable found | dations only; othe | ers, enter -0-) | , |
| 5 | Tax based on investmen | nt income. Subtract line 4 from | line 3. If zero or l | less, enter -0 | 5 | 0. |
| 6 | Credits/Payments: | | | | | |
| а | | ients and 2021 overpayment cre | | 6a | | W Walley South the effect of |
| b | | ions-tax withheld at source . | | | | |
| C | | for extension of time to file (For | | | | |
| d - | Backup withholding error | • | | 6d | VX.000 | |
| 7 | | | | | | |
| 8 | | derpayment of estimated tax. Ch | | | | |
| 9 10 | | es 5 and 8 is more than line 7, e more than the total of lines 5 an | | | 9 | |
| 11 | | of to be: Credited to 2023 estimates estim | , | • | <u>10</u> efunded · 1 | |
| | Cites the amount of line | efunded 1 | 1 DO DE (2000) | | | |

| Part | | | | |
|------|--|----------------------------------|---|----------|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | 1a | Yes | No × |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | 1b | | × |
| | If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | 200640 05 91535 8 824624 8 | 100 | |
| С | Did the foundation file Form 1120-POL for this year? | 1c | | × |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ (2) On foundation managers. \$ | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. | 2 | AU086 - 502 | × |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . | 3 | | × |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | T | × |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | × |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or | | | |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | 6 | | × |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV | 7 | | × |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII. | | | × |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | × | <u> </u> |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions | | | × |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions | | | × |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | h | × | |
| 14 | The books are in core of Mathew Schmad | 1 - 21 | g 7 | |
| 1-4 | | , | · | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here | | | . 🗆 |
| 40 | and enter the amount of tax-exempt interest received or accrued during the year | | - V | T |
| 16 | At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority | | Yes | |
| | over a bank, securities, or other financial account in a foreign country? | 16 | 4.000.000.000.000.000.000.000.000.000.0 | × |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country | | | |
| BAA | REV 05/17/23 PRO | Form 99 | 90-P | (2022) |

| Par | VI-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
|-----|---|---|-------------------------|------------------------|
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | ## NW //S | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly): | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 1a(1) | | × |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified | | | |
| | person? | 1a(2) | | × |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1a(3) | | × |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1a(4) | | × |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or | | | |
| | use of a disqualified person)? | 1a(5) | | × |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation | | | |
| | agreed to make a grant to or to employ the official for a period after termination of government service, if | 1000 | | |
| | terminating within 90 days.) | 1a(6) | November of the second | × |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in | 22222 | | نين كنيار |
| | Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . | 1b | /08/98/8/gg: | E969/35/4/3 |
| C | Organizations relying on a current notice regarding disaster assistance, check here | in systems | | |
| ď | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022? | 0.0000000 | | × |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | 1d | 4550000000 | 7997 8767 |
| 2 | operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | | (E) //642 (9) //633 |
| а | At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for | T0 691 515 | | |
| _ | tax year(s) beginning before 2022? | 2a | A STATE OF THE STATE OF | × |
| | If "Yes," list the years 20 , 20 , 20 , 20 | 100000000000000000000000000000000000000 | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | 250 550 | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | |
| | all years listed, answer "No" and attach statement—see instructions.) | 2b | . A suite la santaneire | × |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | W. Carrie |
| | 20 , 20 , 20 , 20 | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | 100000 | | 002-5-101 |
| | during the year? | 3a | | × |
| b | If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or | 100000 | | diviniti |
| | disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the | 100000 | | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of | | | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the | 4.25.72 | Julio Veril | CHENE SECURE |
| | foundation had excess business holdings in 2022.) | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable | 100000 | | |
| | purposes? | 4a | C Januarios Circles | × |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize | | 181 | |
| | its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022? | 41 | | |
| | | 4b orm 9 9 | O D | × (00000) |
| BAA | REV 05/17/23 PRO F | orm 33 | V-61 | (2022) |

| Par | t VI-B | Statements Regarding Activitie | s for V | Vhich Form | 4720 | May Be F | lequire | ed (continued) | *** | |
|--------------------------------------|---|---|--|--|--|--------------------------|------------------|--|---------------------------------|---|
| 5a | | ne year, did the foundation pay or incur | | | | | | | Yes | No |
| | | | | | | | | | 5a(1) | × |
| | | ence the outcome of any specific pul | olic ele | | | • . | o carry | on, directly or | | |
| | indirectly, any voter registration drive? | | | | | | | | 5a(2) | × |
| | (3) Provi | de a grant to an individual for travel, stu | ıdy, or | other similar | purpos | es? | | 40454 | 5a(3) | X maaamaa |
| | (4)(A) | de a grant to an organization other that? See instructions | n a cna | iritable, etc., | organız | ation desc | ribea ir | section 4945(d) | 910/2001/1900 Industrial | |
| | | | | | | | ational | nurnoses or for | 5a(4) | × |
| | (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | | | | | | | | | × |
| b | | swer is "Yes" to 5a(1)-(5), did any of the | | | | | | | 5a(5) | 90/659/6 |
| | | ations section 53.4945 or in a current no | | | | | | | 5b | 99.92252045 |
| С | | itions relying on a current notice regardi | | | | | | | 561.60 (0.00) | \$1000 f |
| d | If the ar | swer is "Yes" to question 5a(4), doe | s the f | | | | | tax because it | | |
| | | ed expenditure responsibility for the gra | | | | | | | 5d | 100000,00000000000000000000000000000000 |
| 6a | | attach the statement required by Reguloundation, during the year, receive any | | | | | | | | |
| Vu. | benefit c | | , iunus | , directly or i | lairecti | y, to pay p | remun | is on a personal | 6a | × |
| b | Did the fo | oundation, during the year, pay premiur | ns. dire | ctly or indire | otiv on | a nersonal | henefi | t contract? | 6b | × |
| | | o 6b, file Form 8870. | , | , ou, oro | J., V. | a po. 0011a | 5011011 | | | SAUGNAG. |
| 7a | At any tin | ne during the tax year, was the foundation | a party | y to a prohibit | ed tax s | helter trans | action? | | 7a | × |
| b | If "Yes," | did the foundation receive any proceed | s or ha | ve any net ind | come a | ttributable [.] | to the t | ransaction? . | 7b | |
| 8 | Is the for | undation subject to the section 4960 ta | x on pa | ayment(s) of r | nore th | nan \$1,000 | ,000 in | remuneration or | 38.6 | |
| Dor | | arachute payment(s) during the year?. | | | | | | | 8 | × |
| 1-611 | | Information About Officers, Direct and Contractors | tors, | ı rustees, F | ounda | tion Mana | agers, | Highly Paid Ei | mpioyees, | |
| 1 | | | lation r | managers ar | d their | compens | ation. S | See instructions | <u> </u> | |
| | | | (b) Title, and average (c) Compensation (d) Contributions to | | | | | | | |
| | | | | | | | | | (e) Expense ac | |
| | | (a) Name and address | | rs per week ed to position | | not paid, iter -0-) | emple | byee benefit plans erred compensation | (e) Expense ac other allowar | |
| | nas Sch | rad | | | | ot paid, | emple | yee benefit plans | | |
| 2496 | 8 476th | rad Avenue Dell Rapids SD 57022 | devot 2 | | | ot paid, | emple | yee benefit plans | | |
| 2496 Kath | 8 476th ny Schr | rad Avenue Dell Rapids SD 57022 ad | devot | 2.00 | | ot paid, ster -0-) | emple | oyee benefit plans erred compensation | | 0. |
| 2496 Kath 2496 | 8 476th ny Schr 8 476th | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 | devot 2 10 | ed to position | | not paid, eter -0-) | emple | oyee benefit plans erred compensation | | nces |
| 2496 Kath 2496 Chel | 8 476th ny Schr 8 476th sey Pa | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 rrie | devot 2 | 2.00 | | 0 . | emple | oyee benefit plans erred compensation 0. | | 0. 0. |
| 2496 Kath 2496 Chel | 8 476th ny Schr 8 476th sey Pa | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 | devot 2 10 | 2.00 | | ot paid, ster -0-) | emple | oyee benefit plans erred compensation | | 0. |
| 2496 Kath 2496 Chel | 8 476th ny Schr 8 476th sey Pa | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 rrie | devot 2 10 | 2.00 | | 0 . | emple | oyee benefit plans erred compensation 0. | | 0. 0. |
| 2496 Kath 2496 Chel | 8 476th ny Schr 8 476th sey Pa Edgewat | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 rrie er Road Slayton MN 56172 sation of five highest-paid employee | 10 3 | 2.00 10.00 3.00 | en | 0. 0. | emple and def | oyee benefit plans erred compensation 0. 0. | other allowar | 0. 0. |
| 2496 Kath 2496 Chel 30 E | 8 476th ny Schr 8 476th sey Pa Edgewat | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 rrie er Road Slayton MN 56172 sation of five highest-paid employee | 10 3 | 2.00 10.00 3.00 | en | 0. 0. | emple and def | oyee benefit plans erred compensation 0. 0. | other allowar | 0. 0. |
| 2496 Kath 2496 Chel 30 F | 8 476th hy Schr 8 476th sey Pa dgewat Compen "NONE." | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 rrie er Road Slayton MN 56172 sation of five highest-paid employed | 2 10 3 | 2.00 10.00 3.00 er than those | en e | 0. 0. 0. uded on li | emple and def | yee benefit plans erred compensation 0. 0. see instructions (d) Contributions to | other allowar | 0. 0. 0. |
| 2496 Kath 2496 Chel 30 F | 8 476th hy Schr 8 476th sey Pa dgewat Compen "NONE." | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 rrie er Road Slayton MN 56172 sation of five highest-paid employee | 2 10 3 | 2.00 10.00 3.00 er than thos | en e | 0. 0. | emple and def | yee benefit plans erred compensation 0. 0. see instructions (d) Contributions to employee benefit plans and deferred | other allowar | 0. 0. 0. enter |
| 2496 Kath 2496 Chel 30 F | 8 476th hy Schr 8 476th sey Pa dgewat Compen "NONE." | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 rrie er Road Slayton MN 56172 sation of five highest-paid employed | 2 10 3 | 2.00 10.00 3.00 er than those hours per view of the control of the | en e | 0. 0. 0. uded on li | emple and def | yee benefit plans erred compensation 0. 0. 0. see instructions (d) Contributions to employee benefit | s). If none, (e) Expense ac | 0. 0. 0. enter |
| 2496 Kath 2496 Chel 30 F | 8 476th hy Schr 8 476th sey Pa dgewat Compen "NONE." | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 rrie er Road Slayton MN 56172 sation of five highest-paid employed | 2 10 3 | 2.00 10.00 3.00 er than those hours per view of the control of the | en e | 0. 0. 0. uded on li | emple and def | yee benefit plans erred compensation 0. 0. see instructions (d) Contributions to employee benefit plans and deferred | s). If none, (e) Expense ac | 0. 0. 0. enter |
| 2496 Kath 2496 Chel 30 F | 8 476th hy Schr 8 476th sey Pa dgewat Compen "NONE." | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 rrie er Road Slayton MN 56172 sation of five highest-paid employed | 2 10 3 | 2.00 10.00 3.00 er than those hours per view of the control of the | en e | 0. 0. 0. uded on li | emple and def | yee benefit plans erred compensation 0. 0. see instructions (d) Contributions to employee benefit plans and deferred | s). If none, (e) Expense ac | 0. 0. 0. enter |
| 2496 Kath 2496 Chel 30 F | 8 476th hy Schr 8 476th sey Pa dgewat Compen "NONE." | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 rrie er Road Slayton MN 56172 sation of five highest-paid employed | 2 10 3 | 2.00 10.00 3.00 er than those hours per view of the control of the | en e | 0. 0. 0. uded on li | emple and def | yee benefit plans erred compensation 0. 0. see instructions (d) Contributions to employee benefit plans and deferred | s). If none, (e) Expense ac | 0. 0. 0. enter |
| 2496 Kath 2496 Chel 30 F | 8 476th hy Schr 8 476th sey Pa dgewat Compen "NONE." | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 rrie er Road Slayton MN 56172 sation of five highest-paid employed | 2 10 3 | 2.00 10.00 3.00 er than those hours per view of the control of the | en e | 0. 0. 0. uded on li | emple and def | yee benefit plans erred compensation 0. 0. see instructions (d) Contributions to employee benefit plans and deferred | s). If none, (e) Expense ac | 0. 0. 0. enter |
| 2496 Kath 2496 Chel 30 F | 8 476th hy Schr 8 476th sey Pa dgewat Compen "NONE." | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 rrie er Road Slayton MN 56172 sation of five highest-paid employed | 2 10 3 | 2.00 10.00 3.00 er than those hours per view of the control of the | en e | 0. 0. 0. uded on li | emple and def | yee benefit plans erred compensation 0. 0. see instructions (d) Contributions to employee benefit plans and deferred | s). If none, (e) Expense ac | 0. 0. 0. enter |
| 2496 Kath 2496 Chel 30 F | 8 476th hy Schr 8 476th sey Pa dgewat Compen "NONE." | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 rrie er Road Slayton MN 56172 sation of five highest-paid employed | 2 10 3 | 2.00 10.00 3.00 er than those hours per view of the control of the | en e | 0. 0. 0. uded on li | emple and def | yee benefit plans erred compensation 0. 0. see instructions (d) Contributions to employee benefit plans and deferred | s). If none, (e) Expense ac | 0. 0. 0. enter |
| 2496 Kath 2496 Chel 30 F | 8 476th hy Schr 8 476th sey Pa dgewat Compen "NONE." | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 rrie er Road Slayton MN 56172 sation of five highest-paid employed | 2 10 3 | 2.00 10.00 3.00 er than those hours per view of the control of the | en e | 0. 0. 0. uded on li | emple and def | yee benefit plans erred compensation 0. 0. see instructions (d) Contributions to employee benefit plans and deferred | s). If none, (e) Expense ac | 0. 0. 0. enter |
| 2496 Kath 2496 Chel 30 F | 8 476th hy Schr 8 476th sey Pa dgewat Compen "NONE." | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 rrie er Road Slayton MN 56172 sation of five highest-paid employed | 2 10 3 | 2.00 10.00 3.00 er than those hours per view of the control of the | en e | 0. 0. 0. uded on li | emple and def | yee benefit plans erred compensation 0. 0. see instructions (d) Contributions to employee benefit plans and deferred | s). If none, (e) Expense ac | 0. 0. 0. enter |
| 2496 Kath 2496 Chel 30 E | 8 476th ny Schr 8 476th sey Pa Edgewat Compen "NONE." | rad Avenue Dell Rapids SD 57022 ad Avenue Dell Rapids SD 57022 rrie er Road Slayton MN 56172 sation of five highest-paid employed | 2 10 3 | 2.00 10.00 3.00 er than those hours per view of the control of the | en e | 0. 0. 0. uded on li | emple and def | yee benefit plans erred compensation 0. 0. see instructions (d) Contributions to employee benefit plans and deferred | s). If none, (e) Expense ac | 0. 0. 0. enter |

| Part VII Information About Officers, Directors, Trustees, Found and Contractors (continued) | lation Managers, Highly Paid En | nployees, |
|---|---|---------------------------|
| 3 Five highest-paid independent contractors for professional services. | See instructions. If none, enter "NON | E." |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| None | _ | |
| | | |
| *************************************** | | |
| | | |
| | , | |
| | | |
| A4 | - | |
| | | <u> </u> |
| | - | |
| Total number of others receiving over \$50,000 for professional services | | 0 |
| Part VIII-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant organizations and other beneficiaries served, conferences convened, research papers produced, | etc. | Expenses |
| 1 Ukraine provided funds to help in rescuing 550 p | eople fleeing the war | |
| in the month of March and send supplies to childr | en trapped in | |
| orphanages | | 13,863. |
| 2 Cambodia provided funds to aid in children in ru | ral Cambodia be able to | |
| go to school, food distribution and rehabilitation | n from trafficking | 6,150. |
| 3 Myanmar prvodied funds to aid in children in rur | al Myanmar for | ** |
| schooling, rescues, food distribution 46 students | | |
| | | 5,657. |
| 4 Zimbabwe provide services and wheelchair for dis | abled children and | |
| raise funds to provide schooling and rescues and rescued children in Mexico | medical care for | 6 740 |
| Part VIII-B Summary of Program-Related Investments (see instru | ictions) | 6,740. |
| Describe the two largest program-related investments made by the foundation during the tax year | on lines 1 and 2. | Amount |
| 1 | | |
| | | |
| | | |
| 2 | | |
| ************************************** | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | |
| All other program-related investments, See instructions. | | |
| 3 | | |
| U | *************************************** | |
| *************************************** | | |
| Total. Add lines 1 through 3 | | |
| 300 | | Form 990-PF (2022) |

| Part | • | ign fou | ndations, |
|------|---|-----------------------------|--|
| | see instructions.) | T | <u></u> . |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes: | 100000 | |
| а | Average monthly fair market value of securities | 1a | |
| b | Average of monthly cash balances | 1b | |
| С | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | 100000000 | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 0. |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see | | |
| | instructions) | 4 | 0. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 0. |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5 | 6 | 0. |
| Part | · | ounda | tions |
| | and certain foreign organizations, check here and do not complete this part.) | | |
| 1 | Minimum investment return from Part IX, line 6 | 1 | 0. |
| 2a | Tax on investment income for 2022 from Part V, line 5 | | |
| b | Income tax for 2022. (This does not include the tax from Part V.) | (10) (10) | |
| C | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 0. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 0. |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, | | |
| | line 1 | 7 | 0. |
| | XI Qualifying Distributions (see instructions) | | MARKET THE TOTAL PROPERTY OF THE TOTAL PROPE |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | a School of the Company Co. | |
| а | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 | 1a | |
| b | Program-related investments—total from Part VIII-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | *************************************** |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 | 4 | |
| BAA | REV 05/17/23 PRO | | Form 990-PF (2022) |
| | | | |

| Part | XII Undistributed Income (see instruction | ons) | | | , -90 0 |
|--------|--|--|---------------------------------------|--|---|
| | | (a) Corpus | (b) Years prior to 2021 | (c) 2021 | (d) 2022 |
| 1 | Distributable amount for 2022 from Part X, line 7 | | an nu an en en en en en en | (1) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | 0. |
| 2 | Undistributed income, if any, as of the end of 2022: | | Process Commencer | | |
| a | Enter amount for 2021 only | 100,773,000,000,000,000 | | and a second page of Metal Assessance and a second page of the second | |
| ь 3 | Total for prior years: 20, 20, 20 | Service Street, 12 and 15 | | un en America (Sa 1884 Salesta | AND COLORS OF MANY STATES OF |
| ა a | Excess distributions carryover, if any, to 2022: From 2017 | | | 3 (1) | |
| b | From 2017 | - | | | |
| c | From 2019 | graver en en graver de la | | | |
| d | From 2020 | | | | |
| e | From 2021 | 6.5 | | | |
| f | Total of lines 3a through e | | - pro- 1620 1510 1610 422 5555 1200 U | en gela de compositor de la compositor d | |
| 4 | Qualifying distributions for 2022 from Part XI, line 4: \$ | | | | Springer Commence of the comment of |
| а | Applied to 2021, but not more than line 2a . | | | | |
| b | Applied to undistributed income of prior years | | | | |
| | (Election required – see instructions) | Paragraphic Saution of the Control o | | | |
| С | Treated as distributions out of corpus (Election required—see instructions) | : | | | |
| d | Applied to 2022 distributable amount | USPASTORE CONTRACTOR | 10.00 | | |
| e | Remaining amount distributed out of corpus | 0. | | | |
| 5 | Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 | Enter the net total of each column as indicated below: | THE PROPERTY OF THE PROPERTY O | | | |
| а | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 0. | | i da en angole e e e e e | |
| b | Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | entracing |
| С | Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d | Subtract line 6c from line 6b. Taxable | | | | |
| | amount-see instructions | | 0. | | |
| е | Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount—see instructions | | | 0. | |
| f | Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 | | | | 0. |
| 7 | Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) | | | | |
| 8 | Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions). | 0. | (V) | | |
| 9 | Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 | Analysis of line 9: | J. | | | |
| а | Excess from 2018 | | | | |
| b | Excess from 2019 0 . | 183 Service (12 (20 (3) (3) (4) | in the our profession in | | |
| С | Excess from 2020 0 . | | | | |
| d | Excess from 2021 0 . | | | Justine de la Company | |
| e | Excess from 2022 0 . | | | | |

| orm 99 Part | XIII Private Operating Founda | tione (see instru | ctions and Part | VI-A guestion 9) | · · · · · · · · · · · · · · · · · · · | N/A |
|----------------|--|---|---|-----------------------|---|----------------------|
| | If the foundation has received a ruling | | | | | N/A |
| 18 | foundation, and the ruling is effective for | | | | | |
| h | Check box to indicate whether the four | | | | ection | 3) or 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | , o . = u, . | |
| | income from Part I or the minimum | (a) 2022 | (b) 2021 | (c) 2020 | (d) 2019 | (e) Total |
| | investment return from Part IX for each year listed | (,, -, -, -, -, -, -, -, -, -, -, -, -, - | | | | |
| b | 85% (0.85) of line 2a | | | | | |
| | Qualifying distributions from Part XI, | | | | | |
| | line 4, for each year listed | | | | | ! |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| е | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| а | "Assets" alternative test enter: | | | | | |
| | (1) Value of all assets | | *************************************** | | | |
| | (2) Value of assets qualifying under | | | | | |
| | section 4942(j)(3)(B)(i) | | | | | |
| þ | "Endowment" alternative test—enter 2/3 | | | | | |
| | of minimum investment return shown in Part IX, line 6, for each year listed | | | | | |
| С | "Support" alternative test—enter: | | | | | |
| _ | (1) Total support other than gross | | | | | |
| | investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| | (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| | (3) Largest amount of support from an exempt organization | | | | | |
| | (4) Gross investment income | | | | *************************************** | |
| Part | XIV Supplementary Information | on (Complete ti | nis part only if t | he foundation h | nad \$5,000 or m | ore in assets at |
| | any time during the year- | -see instructio | ns.) | | | |
| 1 | Information Regarding Foundation | • | | | | |
| а | List any managers of the foundation before the close of any tax year (but of | | | | | by the foundation |
| b | List any managers of the foundation | who own 10% o | r more of the sto | ck of a corporatio | n (or an equally la | arge portion of the |
| | ownership of a partnership or other e | | | | | |
| | | | | | | |
| 2 | Information Regarding Contribution | | | | | |
| | Check here if the foundation of | | | | | |
| | unsolicited requests for funds. If the t | | gitts, grants, etc., | , to individuals or c | organizations unde | er other conditions, |
| | complete items 2a, b, c, and d. See in | | | 4 1! | _+: alassidad ba a | ddroosod: |
| a | The name, address, and telephone no | imber or email ad | aress of the perso | on to whom applica | ations should be a | aaressea: |
| b | The form in which applications should | d be submitted an | d information and | materials they sho | ould include: | |
| С | Any submission deadlines: | | | | | |
| d | Any restrictions or limitations on av | vards, such as b | y geographical a | reas, charitable fi | ields, kinds of ins | stitutions, or other |
| | *************************************** | | | | | |

| | | | | | . +9* | | | | |
|--|--------------------------------------|--|----------------------|---------------------|--------|--|--|--|--|
| Part | XIV Supplementary Information (conti | inued) | | | | | | | |
| 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | | | | |
| | Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or | Amount | | | | |
| | Name and address (home or business) | or substantial contributor | recipient | contribution | | | | | |
| а | Paid during the year | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | į | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | } | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | - | | | | | |
| | | | | | | | | | |
| | Total | | | 3a | | | | | |
| b | Approved for future payment | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Total | | | 3b | | | | | |

| Ent | or are | V-A Analysis of Income-Producing Analysis amounts unless otherwise indicated. | | | 1 | | |
|------|---------|---|---|--|--|---|--|
| EIIU | er gro | ss amounts unless otherwise indicated. | Unrelated b | usiness income | Excluded by sec | tion 512, 513, or 514 | (e) |
| 1 | Prog | gram service revenue: | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exemp function income (See instructions.) |
| | a | 5 | | | | | |
| | - | | | | | | |
| | - | | | | | | |
| | C . | | | | <u> </u> | | |
| | ď | | | | | | |
| | е _ | | | | | | |
| | f | | | | | | |
| | g | Fees and contracts from government agencies | | | *************************************** | | <u> </u> |
| 2 | Men | nbership dues and assessments | | | | | |
| 3 | Inter | rest on savings and temporary cash investments | | <u> </u> | | | |
| 4 | Divid | dends and interest from securities | | | | | |
| 5 | | rental income or (loss) from real estate: | | | | | |
| 9 | 11001 | Debt fine and man arts | (1. 18. 18. 18. 18. 18. 18. 18. 18. 18. 1 | May 6 5 W | 20 (20 (20 (20 (20 (20 (20 (20 (20 (20 (| | |
| | a i | Debt-financed property | | | | | |
| _ | b i | Not debt-financed property | | | | | |
| 6 | Net | rental income or (loss) from personal property | | | | | |
| 7 | Othe | er investment income | | | | | |
| 8 | | or (loss) from sales of assets other than inventory | | | | | İ |
| 9 | | income or (loss) from special events | | | | | |
| 10 | Gros | ss profit or (loss) from sales of inventory | | | | | |
| 11 | O+ha | as prote or (1053) from sales of invertiory | | | | | |
| ,, | - Cure | er revenue: a | | | | | |
| | ъ_ | | | | | | |
| | С_ | | | | | | |
| | d _ | | | , , , , , , , , , , , , , , , , , , , | | | |
| | е | | | | | | |
| 12 | Sub | total. Add columns (b), (d), and (e) | (2) (2) (3) | | Formation Co. | | |
| 13 | Tota | al. Add line 12, columns (b), (d), and (e) | Service Constitution Comment | | | 13 | |
| (See | work | sheet in line 13 instructions to verify calculation | | | | 13 | |
| Ì. | rt XV | Relationship of Activities to the A | ocomplishm | ont of Evame | t Duranasa | | |
| | e No. | | CCOMPRISHIN | ent of Exemp | rurposes | | |
| | ic (10. | Explain below how each activity for which incom of the foundation's exempt purposes (other than | ie is reported in d | column (e) of Part | XV-A contributed | importantly to th | e accomplishmen |
| | | or the reduced of a exempt purposes (other than | r by providing fur | ius for such purpo | ises). (See instru | ctions.) | |
| | | | | | | | |
| | ***** | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | *************************************** |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | *************************************** |
| • | | | *************************************** | | | | |
| | ****** | | | | | | |
| | | | | | | | |
| | | | | | | V+0-10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0- | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | - 41/44 | | | | | |
| | | 77314 | AMATEL | | | | |
| | | | | | | | |

| Part | ΧVI | Information Organization | n Regarding Trar ons | nsfers to and T | ransaction | s and R | elationship | s With N | lonchari | table Ex | empt |
|----------------|-----------------|---|--|---|---|---|--------------------------|--------------------------|-------------------------|--|---------------------|
| | in se orgar | ection 501(c) (o nizations? | directly or indirectly ther than section | 501(c)(3) organi: | zations) or | in section | on 527, rela | | | Yes | No |
| | (1) C | ash | oorting foundation to | | | | | | | 1a(1) | × |
| b | Othe | ther assets . r transactions: ales of assets to | a noncharitable exe | | | | | | Management | 1a(2) 1b(1) | × |
| | (2) P (3) R | urchases of asse ental of facilities | ets from a noncharit , equipment, or othe | able exempt orga er assets | nization . | | | | | 1b(2) 1b(3) | × |
| | (5) L | oans or loan gua | rrangements | | | | | | | 1b(4) 1b(5) 1b(6) | × |
| c d | Shari If the | ng of facilities, e answer to any | quipment, mailing li of the above is "Ye ther assets, or serv | sts, other assets, s," complete the | or paid emp | oloyees chedule. (| Column (b) sl | nould alw | [ays show | the fair | |
| | value | | on or sharing arrang | | olumn (d) th | e value o | | other asse | ets, or ser | vices rece | eived. |
| (0) (2.10 | 110. | a) / unodit / ivolvod | (0,100.00 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | (4) 2000 | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | *************************************** | | | | | | | | MANUAL THE STATE OF THE STATE O | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | ************************************** | | | | | | | |
| | desc | ribed in section (| ectly or indirectly a 501(c) (other than se a following schedule | ection 501(c)(3)) o | | | | | | ☐ Yes [| ⊠ No |
| | | (a) Name of organ | _ | 1 | of organization | | (| c) Description | on of relation | ship | |
| | | | | *************************************** | *************************************** | | | | | | |
| | | | | | | | | | | | |
| Sign Here | corre | ect, and complete. Dec | declare that I have examin laration of preparer (other th | nan taxpayer) is based o | n all information | chedules and of which prep esiden | barer has any know | o the best of rledge. | May the IR with the pre | e and belief, S discuss the parer shown tions. XYe | is return below? |
| Paid | Sigi | Print/Type prepare | r's name | Preparer signatu | Title | | Date | Chec | :k if | TIN | 20 |
| Prepa Use (| | | RUFLAT TAX SEF | 110 | | | 10/03/20 | Firm's EIN | 90-01: | 24679 | |
| BAA | | Firm's address 2(| 005 S CARDINAI | | ALLS SD 5/17/23 PRO | <u>57105</u> | | Phone no. | | 39-9638 rm 990-P | |

Additional Information From Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

| Description | Revenue and Expense per Book | Net Investment Income | Adjusted Net Income | Disbursement for charitable purpose | |
|------------------|------------------------------------|-----------------------------|---------------------|-------------------------------------|--|
| Wire Fees | 93. | | | | |
| Website Fees | 302. | | | | |
| Fairs/Booth Fees | 195. | | | | |
| Shipping | 73. | | | | |
| Total | 663 | | 1 | | |

Form 990-PF: Return of Private Foundation

Other Decreases

Continuation Statement

| Description | Amount |
|--|---------|
| Ukraine aid rescuing 550 people | 13,863. |
| Cambodia aid school, food and rehabilitation | 6,150. |
| Myanmar aid school, food, rescues, food distribution | 5,657. |
| Zimbabwe disabled children, wheelchairs, food | 6,740. |
| Mexico rescues, school fees, trafficked children | 4,770. |
| Carryover | 1,367. |
| Total | 38,547. |

IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2022, or fiscal year beginning , 2022, and ending , 20 2022

| Department of the Treasury Internal Revenue Service | | Do not send to Go to www.irs.gov/l | the IRS. Keep for Form8879TE for the | | 1. | |
|---|---|---|---|--|--|---|
| Name of filer | | | | | EIN or SSN | |
| The Unseen 1018, Inc | ~ | | | | 1 | |
| Name and title of officer or person su | | | | | 88-1213881 | |
| Thomas J Schrad, Pre | esident | | | | | |
| | | urn Information | | | | |
| Check the box for the return | | | orm 9970 TE and | antar the conline | ble emount if en | |
| 8038-CP and Form 5330 filers 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 1 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 1 applicable line below. Do not c | may enter 0a below, a I 0b , whiche | dollars and cents. F and the amount on the ever is applicable, bla | or all other forms, nat line for the retui ank (do not enter -(| enter whole dollars rn being filed with | s only. If you ched this form was blad | ck the box on line 1a , 2a , nk, then leave line 1b, 2b , |
| 1a Form 990 check here | 🗆 | b Total revenue | , if any (Form 990, i | Part VIII, column (A | N), line 12) | 1b |
| 2a Form 990-EZ check he | re 🗌 | b Total revenue | , if any (Form 990-E | EZ, line 9) | | 2b |
| 3a Form 1120-POL check he | ere 🗌 | b Total tax (Forn | n 1120-POL, line 2: | 2) | | 3b |
| 4a Form 990-PF check he | | b Tax based on | investment incom | e (Form 990-PF, F | art V, line 5) . | 4b 0. |
| 5a Form 8868 check here | 🗆 | b Balance due (l | Form 8868, line 3c) | | | 5b |
| 6a Form 990-T check here | ∍ □ | b Total tax (Form | n 990-T, Part III, lin | e 4) | | 6b |
| 7a Form 4720 check here | 🗆 | b Total tax (Forn | n 4720, Part III, line | :1) | | 7b |
| 8a Form 5227 check here | | b FMV of assets | at end of tax yea | r (Form 5227, Item | D) | 8b |
| 9a Form 5330 check here | | b Tax due (Form | | | | 9b |
| 10a Form 8038-CP check he | | b Amount of cree | dit payment reques | ited (Form 8038-CP | , Part III, line 22) | 10b |
| | | ure Authorizatio | | | | |
| Under penalties of perjury, I de | clare that | I am an officer of the second contract of the second contra | f the above entity o | or 🗌 I am a perso | on subject to tax v | with respect to (name |
| of entity) | | | , (EIN) | ; | and that I have ex | amined a copy of the |
| return, and the financial institut 1-888-353-4537 no later than 2 processing of the electronic pa the payment. I have selected a electronic funds withdrawal. | 2 business of ta | days prior to the pay xes to receive confic | ment (settlement) c dential information | late. I also authoriz necessary to answ | e the financial ins er inquiries and re | stitutions involved in the esolve issues related to |
| PIN: check one box only | | | | | | |
| ☐ I authorize | | | | to enter my PIN | | as my signature |
| | | ERO firm name | | to onto my the | Enter five numbers | |
| | | | | | do not enter all zer | • |
| on the tax year 2022 election agency(ies) regulating characteristics disclosure consecutive. As an officer or person s | arities as p nt screen. ubject to ta | art of the IRS Fed/S | tate program, I als | o authorize the aformation of the control of the co | orementioned ERG | O to enter my PIN on the x year 2022 electronically |
| filed return. If I have indic of the IRS Fed/State prog | ated within | this return that a co | py of the return is b | peing filed with a s | tate agency(ies) re | egulating charities as par |
| Signature of officer or person subject | | | | | Date <u>04/25</u> | /2023 |
| Part III Certification a | | | | | | |
| ERO's EFIN/PIN. Enter your sinumber (EFIN) followed by you | | | tion 4 | 6 0 0 3 9 Do not ente | | 7 |
| certify that the above numeric am submitting this return in ac Providers for Business Returns | cordance v | y PIN, which is my s with the feduirement | signature on the 20 s of Pub. 4163 , M | 22 electronically fi lodernized e-File (| iled return indicat MeF) Information | ed above. I confirm that for Authorized IRS e-file |
| ERO's signature | | XM// | | Date | 10/03/2023 | |
| | | 114 | | | | |
| | ا Do Not S | RO Must Retair ubmit This Form | This Form - S to the IRS Unio | See Instruction ess Requested | s To Do So | |