(Rev January 2020)

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2019

		of the Treasury	▶ Do not enter socia					10	11	Open to	
Inte		nue Service	► Go to www.irs.g					ormation. (11	Inspec	tion
<u>A</u> _			dar year, or tax year beginning			9, and end	ing			, 20	
В	Check if	applicable	C Name of organization The 20 22	Act Foundation	1 INC				D Empl	oyer identificatio 66-0823462	n number
Ц	Address	change	Doing business as		 		r	n/suite			
\sqcup	Name ch	nange	Number and street (or P O box if 875 Carr 693 Galeria de Artes		d to street addre	E Telephone number					
	Initial ret		Ste 201		787-626-6500) 					
닏		um/terminated			1 417 505						
Ц	Amende	d return	Dorado, Puerto Rico 00646	Dobb Dill						s receipts \$	1,617,505
Ш	Applicat	ion pending	F Name and address of principal off		ada Duanta Di	00//	_			or subordinates?	
_			875 Carr 693 Galeria de Artes	 			. /	1		tes included?	
<u> </u>		mpt status	501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) ^C or [] 527	/_			st. (see instruction	15)
<u>J</u>			www.the2022actsociety.org/		1			H(c) Group ex 2014			PR
K	art I		Corporation Trust Associa	tion	/ 	L Year of for	matton	2014	M State	of legal domicile	FK
	art I	Summa	cribe the organization's miss	ion or most sig	nificant activi	tion: The	organi	zation alloc	atas ma	netary contrib	utions
ø.	1		dealing with different causes								
Governance			zation also provides free guida							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
rna			box ► ☐ if the organization							fite not accete	
o ve	2 3		voting members of the gove						3		2
<u>ن</u> ھ	4		independent voting member	-					4		
-sa	5		per of individuals employed in	_					5		
Ž	6		per of individuals employed in per of volunteers (estimate if	•	•	•			6		4
f) CUA! Activities	7a		ated business revenue from						7a		0
~	b		ted business taxable income			· · · ·			7b		0
	├	Het dinoid	ted business taxable meeting			·		Prior Year		Current \	- 'ear
Revenue	8	Contributio	ons and grants (Part VIII, line	1h)					867,150		1,617,502
ĕ≤	9		ervice revenue (Part VIII, line						0		0
Š	10	•	t income (Part VIII, column (A						1		3
ď	11		nue (Part VIII, column (A), line						0		0
	12	Total reven	867,151		1,617,505						
; —	13		similar amounts paid (Part I						59,909		937,740
}	14		aid to or for members (Part I)	0		0					
ģ	15	Salanes, ot	ther compensation, employee	benefits (Part IX	, column (A), I	ines 5–10)			51,449		47,175
Expenses	16a	Profession	al fundraising fees (Part IX, c	olumn (A), line	11e)				0		0
Ģ	Ь	Total funds	raising expenses (Part IX, col	umn (D), line 25	5) ▶	C					
ij	17	Other expe	enses (Part IX, column (A), lin	es 11a <u>-11d, 1</u> 1	f=24e)		1 🗀	1	20,391		213,246
	18	Total expe	nses. Add lines 13-17 (must	equal Part IX, 6	Selected).Vih	rel25) .	lШ		31,749		1,205,961
	19	Revenue le	ess expenses. Subtract line 1						235,402		411,544
5 8	3			B643	NOV 2 0 20	20 0.5%	Beg	inning of Curr	ent Year	End of Y	ear
Sets	20	Total asset	ts (Part X, line 16)	8 . '		S	11_	1,0	04,492		1,416,179
Net Assets or	21		ties (Part X, line 26)				`\		851		1,031
		Net assets	or fund balances. Subtract I	ine 21 from line	BODEN,	.U.I	_لل_	1,0	03,641		1,415,148
	art II		re Block								
U	nder pena	ilties of perjury	, I declare that I have examined this in Declaration of preparer (other than	return, including aci	companying sche	edules and s	tatemer barer ba	nts, and to the	best of a	my knowledge an	d belief, it is
		L and complet	22.11								_
e:	gn	Suggest	ure of officer	 		<u>-</u>		l Date		 -	
	ere			\ T.				11/	16/2	2 0	
п	51 C		ge Kuilan - Secreta or print name and title	ity and it	easurer				- Ψ_1		
_		14	preparer's name	Preparer's signate	ıre		Date		Charle	T # PTIN	
	aid		propaga s name	l rope or o oigne.					Check self-emp	L "	
	epare		me ▶	1		-	1	Firm's	EIN ►		
U	se On	Firm's nar						Phone			
Ms	v the IF		this return with the preparer	shown above?	(see instruction	ons)				. 🗌 Yes	□No
			tion Act Notice, see the separa		,		at No	11282Y	-		990 (2019)
	, aper	. JIR I IEUUUI	itoloo, oco ino sopuio				••		_	S (7)	<u> </u>
										~ 70	J

Part	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	The organization allocates monetary contributions to charities dealing with different causes like ch	
	being, and social development, among others. The organization also provides free guidance about	Puerto Rico Acts 20 and 22 of
	2012, as amended.	
		at listed on the
2	Did the organization undertake any significant program services during the year which were r prior Form 990 or 990-EZ?	Yes V No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts	s. any program
•	services?	□Yes ☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest p	rogram 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.	
	77 A 200 270 L II	
4a	a (Code:) (Expenses \$ 388,278 including grants of \$ 388,278) (Rev Grants to nonprofit organizations dealing with social care causes. The purpose of these grants was	
	work plan deals with sheltering and developing children and women victims of domestic abuse, ch	
	young musicians from disadvantaged communities, developing, educating, and empowering the young	
	communities.	
4b	(Code:) (Expenses \$ 222,500 including grants of \$ 222,500) (Rev Grants to nonprofit organizations dealing with technology, education, and medical care causes. The	
	support organizations whose work plan deals with developing the youth in art and sustainable engi	
	computer refurbishing laboratories at local public schools, and providing scholarships and financia	
	in competitive high schools and colleges. Also, the above grants were provided to support the ope	
	hospitals in Puerto Rico specialized in children and the youth and to an organization providing free	general vaccination campaigns
	to the general population in Puerto Rico.	
	(C. I.) /F	
4c	c (Code:) (Expenses \$ 221,963 including grants of \$ 221,963) (Rev Grants to nonprofit organizations promoting and safeguarding the welfare of dogs, cats, horses, ar	venue \$0)
	The purpose of these grants was to support educational campaigns in those areas, as well as supp	
	and adoption of stray dogs and cats, as well as the rehabilitation of horses and the conservation of	bee populations in Puerto Rico

4d		0.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)

LABDID Page 3

			hedules
Part			

			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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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		~
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		~
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
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		V
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		٧
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		١
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		>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	\vdash	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		>
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		>
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		~
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		~
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		~
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		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a]	1
b	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	•	

Part	Checklist of Required Schedules (continued)			,
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		v
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		,
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		•
28	Was the organization a party to a business transaction with one of the following parties (see 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		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		v
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		v
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		V
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	L	~
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		,
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		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	>	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	reportable garring (garriening) withings to pilet withits:			1

rari	Statements Regarding Other Ins 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 1	2b	_	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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, secunties account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			Ť
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	- <u>-</u> 7a		<u></u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		•
9	Sponsoring organizations maintaining donor advised funds.			~
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		~
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		~
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
40	If "Yes," see 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? If "Yes." complete Form 4720. Schedule O.	16		
	II 163. COMBICCO DIN 7140. CONCOUNC C.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	struc	tions.
Secti	on A. Governing Body and Management			<u> </u>
<u> </u>	on at devening body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	i[
10	If there are material differences in voting rights among members of the governing body, or	1		
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 '		.
	any other officer, director, trustee, or key employee?	2	~	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		/
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		
6	Did the organization have members or stockholders?	6	~	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	~	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Ì	~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		~
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	 -	<u></u>
b	Other officers or key employees of the organization	15b		~
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	-00		<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10-		
	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sect	tion 5	U1(C)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	inter	est po	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords !	>	
	Susan J. Blasberg / 4911 Southwest 91 Terrace Suite A. Gainesville, FL 32608 / 352-378-2274			

Form 990 (2019)

	·								
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Co	ntractors							

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 instructions for definition of "key employees."
- 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 and/or Box 7 of Form 1099-MISC) 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 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

Check this box if held of the organization ho	ully loluto	u v. y.	u	u		Vpu		acou any cament	J, a,	o
					C)					
(A) Name and title	(B) Average hours per week	box, office	unles er and	eck s pe d a d	rson	e than o is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Jorge Kuilan - Secretary and Treasurer	32			,		ļ		47,175	0	(
(2) Robb Rill - President	8			,				0	0	(
(3) Robert Bunn - Member of Board of Directors	0			,				0	0	
(4) Susan J. Blasberg - Member of Board of Directors	5			~				o	0	(
(5) Tara Rill - Vice President	0			~				0	0	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(12)									,,,,,	
(13)	1									
(14)										

Part	VII Section A. Officers, Directors,	rustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Em	ploye	es (continue	d)
(A) Name and title		(B) Average hours per week (list any	box,	unles er and	Pos neck ss pe	rson	e than e is both or/trus	n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	n s	(F) Estimated amount of other compensation from the	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)	(W-2/1099-MIS		organization and ated organization	IS
(15)													
(16)												 	
(17)													
(18)													
(19)								-	-				
(20)													_
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal			•	•	•			47,175 0		0		0
c d	Total (add lines 1b and 1c)							<u> </u>	47,175		0		0
2	Total number of individuals (including but reportable compensation from the organi	_	d to th	ose	e list	ted	above	e) w	ho received mor 0	e than \$100,	000 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete:								loyee, or highes	•		Yes No	
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	npe	nsatio	n a	nd other compe	nsation from	the	4	
5	Did any person listed on line 1a receive of for services rendered to the organization											5	
	on B. Independent Contractors		-									- \$100,000	
1	Complete this table for your five high compensation from the organization. Rep	ort compen	ensation sation	ed n fo	r the	eper e ca	ndent lenda	co r ye	ear ending with or	within the or	re tha ganiza	tion's tax yea	or r.
	(A) Name and business add	lress							(B) Description of serv	vices	Con	(C) npensation	
None								Noi	ne				0
													_
													_
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed abov 0	e) who			

	90 (201					·	Page \$
Part	VIII	Statement of Revenue					
		Check if Schedule O contains a response	or note to an		I		<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
							sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a Membership dues 1b	0				
Gra	b c	Membership dues 1b Fundraising events 1c					
ts,	d	Related organizations 1d		•			·
Gif	e	Government grants (contributions) 1e	 		,		
ns,	f	All other contributions, gifts, grants,					
er S	•	and similar amounts not included above 1f	1,617,502				
ję ję	g	Noncash contributions included in	·				
d tr		lines 1a–1f 1g \$	o				
S E	h	Total. Add lines 1a-1f	>	1,617,502			
a			Business Code				
ice	2a	None	None	0	0	0	
Program Service Revenue	b			0	0	0	(
gram Ser Revenue	C			0	0	0	9
ran ev	d			0	0	0	(
60.	е			0	0	0	
ሏ	f	All other program service revenue		0	0	0	
	9	Total. Add lines 2a-2f	ľ				
	3	Investment income (including dividends, in other similar amounts)		3	o	,	,
	4	other similar amounts)		0	0		
	5	Develope	proceeds	0	0	0	(
		(n) Real	(ii) Personal	<u>.</u>			
	6a	Gross rents 6a 0	0				
	b	Less: rental expenses 6b 0	o			i	
	c	Rental income or (loss) 6c 0	0				
	ď	Net rental income or (loss)	🕨	0	0	0	(
	7a	Gross amount from (i) Securities	(ii) Other		,		
		sales of assets	0				
		other than inventory 7a					
e n	b	Less: cost or other basis					
ē		and sales expenses . 7b 0	0				
3e	С	Gain or (loss) 7c 0	0				
Other Reven	d	Net gain or (loss)	▶	0	0	0	(
Ŧ	8á	Gross income from fundraising					,
٠		events (not including \$ 0 of contributions reported on line					
		1c). See Part IV, line 18 8a	o				
	ь	Less: direct expenses 8b					
	C	Net income or (loss) from fundraising events	s •	0		O	(
	9a	Gross income from gaming	• • •				
	34	activities. See Part IV, line 19 . 9a	o				
	D	Less: direct expenses 9b	o	*			
		Net income or (loss) from gaming activities	🕨	0	0	0	. (
	1	Gross sales of inventory, less					
		returns and allowances 10a	ი				
	b	Less: cost of goods sold 10b	0				
	С	Net income or (loss) from sales of inventory	🕨	0	0	0	(
S			Business Code				
Miscellaneous Revenue	11a	None	None	0	0	0	
scellaneo Revenue	b			0	0	0	(
e Se	C			0	0	0	
SiN T	d	All other revenue		0	0	0	(
-	е	Total. Add lines 11a-11d	<u> ▶</u>	0			,

1,617,505

Total revenue. See instructions

12

0

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	e or note to any line	e in this Part IX .		<u>v</u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	937,740	937,740		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	47,175	0	47,175	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	O
7	Other salaries and wages	0	0	0	C
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	C
9	Other employee benefits	0	0	0	O
10	Payroll taxes	4,007	0	4,007	0
11 a	Fees for services (nonemployees): Management	0	0	0	0
b	Legal	0	0	0	C
C	Accounting	2,891	0	2,891	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .	o	0	0	. 0
12	Advertising and promotion	1,556	0	1,556	0
13	Office expenses	99	0	99	0
14	Information technology	6,788		6,788	0
15	Royalties	0	0	0	
16	Occupancy	0	0	0	0
17	Travel	0	0	0	O
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	31,862		31,862	0
23	Insurance	324	0	324	0
24	Other expenses. Itemize expenses not covered 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.)				j
а	Rent	7,800	0	7,800	0
b		0	0	0	0
c		0	0	0	0
đ		0	0	0	0
е	All other expenses	165,721	0	165,721	0
25	Total functional expenses. Add lines 1 through 24e	1,205,963	937,740	268,223	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational comparing and				
	from a combined educational campaign and fundraising solicitation. Check here ► ☐ if	n			n

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		<u> </u>
	-		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	850,801	1	1,331,941
	2	Savings and temporary cash investments	2,551	2	2,553
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	
	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	0	5	2,500
ł	б	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0	6	0
2	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
As	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	_	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	151,140	15	79,185
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,004,492	16	1,416,179
	17	Accounts payable and accrued expenses	0	17	O
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilites	22	Loans and other payables to any content or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
þili		controlled entity or family member of any of these persons		22	0
Lia	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	O
	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	851	25	1,031
	26	Total liabilities. Add lines 17 through 25	851	26	1,031
seo		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	0	27	0
Ba	28	Net assets with donor restrictions	0		0
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	0
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0		0
SS	31	Retained earnings, endowment, accumulated income, or other funds	0		0
¥.	32	Total net assets or fund balances	1,003,641		1,415,148
ž	33	Total liabilities and net assets/fund balances	1,004,492		1,416,179
				للتنا	

Form **990** (2019)

Page	- 1	2
rau		_

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,61	17,505
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,20	05,963
3	Revenue less expenses. Subtract line 2 from line 1	3			41	11,542
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			1,00	3,641
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain on Schedule O)	9				-35
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			1,41	15,148
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	•	<u></u>	٠.		Щ.
			_	_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain	in			
	Schedule O.		-	_		لبدا
2a	, , ,		` ⊢	2a		V .
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or		1	
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		-		—	<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	•	· -	2b		 -
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	n a	ı		i
	separate basis, consolidated basis, or both:		.	۱. ا	-	
	Separate basis Consolidated basis Both consolidated and separate basis		_, -			J
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounta			2c		
	· · · · · · · · · · · · · · · · · · ·		·	20		
	If the organization changed either its oversight process or selection process during the tax year, ex	piain	On			
•	Schedule O.	th in t	- ho	-		
3a	•	tn m		3a		/
	Single Audit Act and OMB Circular A-133?	orgo i	· -	-		
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits		зь		
	required addit of addits, explain willy on ochedule o and describe any steps taken to undergo soon a				gan	(2019)
				. 0///		(20.3)

SCHEDULE A (Form 990 or 990-EZ)

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.

2019 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

	of the organization					Employer Identification	
	0 22 Act Foundation Inc				1 - 11-1-	<u> </u>	23462
	Reason for Public Char						ons.
	organization is not a private founda		•		_	•	
1	A church, convention of church	•					
2	A school described in section		•				(i)
3	☐ A hospital or a cooperative hos ☐ A medical research organization						(iii) Enter the
4	hospital's name, city, and state		onjunction with a nosp	Jilai uesc	iibea iii s	secuon mo(b)(n)(A)	(iii). Eficer the
5	An organization operated for		college or university	owned o	r operate	ad by a government	al unit described in
3	section 170(b)(1)(A)(iv). (Comp		conege or university	OWITEG	Operate	sa by a government	ai dilit described ii
6	☐ A federal, state, or local govern		mental unit described	l in sectio	n 170/h)	(1)(Δ)(v)	
7	An organization that normally						n the general public
•	described in section 170(b)(1)		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			g p
8	☐ A community trust described in			Part II.)			
9	☐ An agricultural research organi				erated in	conjunction with a I	and-grant college
	or university or a non-land-gra	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
	university:						
10	☐ An organization that normally r	eceives: (1) mor	e than 331/3% of its si	upport fro	m contri	butions, membershi	p fees, and gross
	receipts from activities related support from gross investment	t income and un	related business taxal	ble incom	re (less se	ection 511 tax) from	businesses
	acquired by the organization a	fter June 30, 197	75. See section 509(a	a)(2). (Co	nplete Pa	art III.)	
11	An organization organized and						
12	☐ An organization organized and						
	of one or more publicly suppo						
	Check the box in lines 12a thro	-					
а	Type I. A supporting organ the supported organization						
	supporting organization. You					are directors or trust	ees of the
b		_				supported organizati	on(s) by having
	control or management of						
	organization(s). You must				•		
С	☐ Type III functionally integ	rated. A suppor	ting organization oper	rated in c	onnectio	n with, and function	ally integrated with,
	its supported organization(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.	
d	Type III non-functionally i						
	that is not functionally integ						d an attentiveness
	requirement (see instructio	-					
е	☐ Check this box if the organ	ization received	a written determination	on from t	ne IRS th	at it is a Type I, Type	e II, Type III
	functionally integrated, or 7		tionally integrated sup	pporting	organizat	ion.	<u> </u>
f	Enter the number of supported or Provide the following information		orted organization(s)				• •
9	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	, 	organization	(v) Amount of monetary	(vi) Amount of
	() Name of Supported Significants	(-/	(described on lines 1-10	listed in you	ur governing	support (see	other support (see
			above (see instructions))	docu	ment?	instructions)	instructions)
				Yes	No	1	
A)							-
^)				<u> </u>	<u> </u>		
B)							
_,				ļ			
C)							
				ļ			<u>. </u>
D)							
E)							
Total				<u> </u>			

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017(d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 348,227 326,483 1,323,064 867,150 1,617,502 4,482,426 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 348.227 326.483 1,323,064 867.150 Total. Add lines 1 through 3. . . . 1.617.502 4,482,426 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) 360,351 Public support. Subtract line 5 from line 4 4,122,075 Section B. Total Support (c) 2017 (d) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (e) 2019 (f) Total Amounts from line 4 348,227 326,483 1,323,064 867,150 1,617,502 7 4,482,426 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 4,482,432 11 Total support. Add lines 7 through 10 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 92 % 14 14 0 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test - 2018. If the organization did not check a bo this box and stop here. The organization qualifies as a publicly sur 17a 10%-facts-and-circumstances test-2019. If the organization di 10% or more, and if the organization meets the "facts-and-circur

18

	box and step note, the organization dualities as a poblicly supported organization
b	331/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
'a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
3	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions
	Schedule A (Form 990 or 990-EZ) 2019

Part							
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	11.)	
	on A. Public Support	1 1 2015	# N 0040	1 () 0017	1 (5 0010	1.1.0040	1 10 7/11
_	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Tótal
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					1	/
2	Gross receipts from admissions, merchandise						//
_	sold or services performed, or facilities	1				/	1
	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						
	furnished by a governmental unit to the						
	organization without charge			_	/		
6	Total. Add lines 1 through 5		ļ	ļ,	<u>/</u>		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				ļ		
_	, ,		 	 /-	 		
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000			/			
	or 1% of the amount on line 13 for the year			/			
c	Add lines 7a and 7b			1		<u> </u>	
8	Public support. (Subtract line 7c from	-		1			
•	line 6.)						
Secti	on B. Total Support			<u> </u>	·		
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		/			ļ	
10a	Gross income from interest, dividends,	/					
	payments received on securities loans, rents,					1	
	royalties, and income from similar sources.		ļ		<u> </u>		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975					ļ	
_	•	/	 				
С 11	Add lines 10a and 10b				 		
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		†	 	<u> </u>		<u> </u>
-	loss from the sale of capital assets						1
	(Explain in Part VI.)		•				1
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) /					L	
14	First five years. If the Form 990 is for the		n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he						▶ □
Secti	ion C. Computatión of Public Suppo						
15	Public support pércentage for 2019 (line	• • •	-			15	<u>%</u>
16	Public support percentage from 2018 Sci				<u> </u>	16	<u>%</u>
	ion D. Computation of Investment In			hu line 12 colu	·mn (6)	17	
17 10	Investment income percentage for 2019 (Investment income percentage from 2018)					17	%
18 19a	331/3% support tests—2019. If the organ	ization did not	tanin, mie 17 tcheck the bo	x on line 14 a	nd line 15 is m		
198	is not more than 331/3%, check this box						
sh	331/3% support tests—2018. If the organiz		-				
//	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	-					=

Part IV Supporting Organizations

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

ecu	on A. All Supporting Organizations			
			Yes	No
1	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		
2	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 organization was described in section 509(a)(1) or (2).			لـــا
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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	• · ·	<u>"44,</u>
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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		
50	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
5a	answer (h) and (c) 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	,	, fa	
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u></u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	<u></u>		,
7	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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	 8		
9а	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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10h		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	[163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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? If "Yes," explain in Part]
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
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			- 1
	or management of the supporting organization was vested in the same persons that controlled or managed			- 1
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			*
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 in (2), did the organization's supported organizations have a			1
3	significant voice in the organization's investment policies and in directing the use of the organization's]
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 in	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	suc in	Yes	
2	Activities Test. Answer (a) and (b) below.		163	1
а	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 directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			}
	reasons for the organization's position that its supported organization(s) would have engaged in these	 .		
	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	orns sciologned organizations? If test describe in Fait VI the fole diaved by the organization in this fedalu.	UU)	ì

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non functionally integrated supporting organ	•		•
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (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		
Section B—Minimum Asset Amount		(A) Pnor Year	(B) Current Year (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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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 1-1/2% 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 .035.	6		
7 Recoveries of pnor-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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 Distributable Amount. 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 instructions).	y int	egrated Type III support	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
4	Amounts paid to acquire exempt-use assets	<u>~</u>		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
$\frac{3}{7}$	Total annual distributions. Add lines 1 through 6.	·		
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
•	(provide details in Part VI). See instructions.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	·		
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
	From 2016			
d				
e				
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>_</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			<u> </u>
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
~*	
••••	

	······································

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	of the or	ganization		Employer identification number
The 20	22 Ac	t Foundation Inc		66-0823462
Par	t I	Organizations Maintaining Donor Advi Complete if the organization answered "		ls or Accounts.
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggre	egate value of contributions to (dunng year) .		
3	Aggre	egate value of grants from (during year)		
4	Aggre	egate value at end of year		
5 6	funds Did tl	he organization inform all donors and donor as are the organization's property, subject to the he organization inform all grantees, donors, are for charitable purposes and not for the benefit	organization's exclusive legal control and donor advisors in writing that grant	? Yes No t funds can be used
		erring impermissible private benefit?		
Par	t II	Conservation Easements.	.	
		Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	☐ Pr	ose(s) of conservation easements held by the c eservation of land for public use (for example, recre	ation or education)	f a historically important land area f a certified historic structure
		rotection of natural habitat	□ Freservation o	i a certined historic structure
		reservation of open space	والمراجع	in the form of a componentian
2	,	plete lines 2a through 2d if the organization hel	d a qualified conservation contribution	In the form of a conservation Held at the End of the Tax Year
		ment on the last day of the tax year.		- 1
a				
b		acreage restricted by conservation easements		
C		ber of conservation easements on a certified hi	• •	
d	histoi	• • • • • • •		. 2d
3	tax y	ber of conservation easements modified, trans ear ▶		ninated by the organization during the
4		ber of states where property subject to consen		
5	violat	the organization have a written policy regions, and enforcement of the conservation eas	ements it holds?	🔲 Yes 🔲 No
6	Staff a	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the yea
7	Amou ►\$	unt of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing of	conservation easements during the year
8		each conservation easement reported on line 2 section 170(h)(4)(B)(ii)?		
9	balan orgar	rt XIII, describe how the organization reports on the sheet, and include, if applicable, the text of hization's accounting for conservation easement	the footnote to the organization's finants.	incial statements that describes the
Part		Organizations Maintaining Collections Complete if the organization answered "		Other Similar Assets.
1a	of ar	organization elected, as permitted under FAS t, historical treasures, or other similar assets ce, provide in Part XIII the text of the footnote t	held for public exhibition, education,	, or research in furtherance of public
b	art, h	organization elected, as permitted under FAS istorical treasures, or other similar assets held de the following amounts relating to these item	for public exhibition, education, or res	earch in furtherance of public service
	(i) Ke	de the following amounts relating to these item evenue included on Form 990, Part VIII, line 1 ssets included in Form 990, Part X		> \$
2	If the	e organization received or held works of art, ving amounts required to be reported under FA	historical treasures, or other similar	assets for financial gain, provide the
а	Reve	nue included on Form 990, Part VIII, line 1 .		▶ \$
b	Asse	ts included in Form 990, Part X		> \$

ı	Pana	2
	raue	-

Pari	Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Ot	her Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):	•	her reco	rds, chec	k any of the	follow	ving that make	significant	use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	progr	am		
b	☐ Scholarly research		е	Other					
C	☐ Preservation for future generations	3							
4	Provide a description of the organization XIII.	tion's collections a	and expla	ain how t	hey further t	he org	anization's exe	empt purpo	se in Part
5	During the year, did the organization assets to be sold to raise funds rather								s 🗌 No
Part									•
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on For	m 990, F	Part IV, line	9, or	reported an a	mount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?								s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:		1		
						<u> </u>	+	Amount	
C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e	- 		
f	Ending balance					1f			_ [] **-
2a	Did the organization include an amount if "Yes," explain the arrangement in Page 1981.								
b Par		art Alli. Check her	e ii uie e.	kpianatioi	i nas been p	JOVIGE	U OH PARL AIII		
rai	Complete if the organization	answered "Ves"	" on For	m aan F	Part IV line	10			
	Complete if the organization	(a) Current year		or year	(c) Two years		(d) Three years ba	ck (e) Four	years back
10	Beginning of year balance	(a) Current year	(0)111	or year	(c) Two years	Dack	(d) Thee years oa	CK (C) TOU	years blok
1a	Contributions								
b									
C	Net investment earnings, gains, and losses								····································
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t			e (line 1g	, column (a))	held a	as:		
а	Board designated or quasi-endowmen	nt -	_%						
b	Permanent endowment ▶								
C	Term endowment ▶%								
	The percentages on lines 2a, 2b, and	-							
3a	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are held a	nd adı	ministered for t	:he	
	organization by:							-	Yes No
	(i) Unrelated organizations							3a(i)	-
	(,							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	•	•					. 3b	
4	Describe in Part XIII the intended uses		n's endo	wment fu	unds.				
Part									
	Complete if the organization	answered "Yes"	on For			11a. 3	See Form 990	, Part X, I	ne 10.
	Description of property	(a) Cost or ot			or other basis		Accumulated preciation	(d) Book	: value
		(investme		,,,	ther)	Je	production		·
1a	Land	•							
b	Buildings	•							
С	Leasehold improvements	•							
d	Equipment	•							
<u>e</u>	Other		20.5		(0) (1)	. 1			
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	yu. Part X	t. column	i iis). Iine 700		•		

Part VII	Investments—Other Securities.	rm 000 Port IV line	a 11h Soo Form 0	00 Port V line 12
	Complete if the organization answered "Yes" on For (a) Description of security or category	(b) Book value		of valuation
	(including name of security)	(b) Book value		year market value
(1) Financia	derivatives		· · ·	
(2) Closely h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				-
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			•
Part VIII	Investments—Program Related.	<u> </u>		
	Complete if the organization answered "Yes" on For	rm 990, Part IV, line	e 11c. See Form 9	90, Part X, line 13.
	(a) Description of investment	(b) Book value		d of valuation year market value
(1)		 		your market value
(2)				
(3)				-
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .	<u> </u>		
Part IX	Other Assets. Complete if the organization answered "Yes" on For	000 Bort IV line	a 11d Son Form O	00 Dort V line 15
	(a) Description	in 990, Part IV, iiii	ind. See Form 5	(b) Book value
(1) Leasebo	ld improvements			79,185
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)		·-····································		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	<u> </u>	<u> ▶</u>	79,185
ZIII CA	Complete if the organization answered "Yes" on For	m 990. Part IV. line	e 11e or 11f. See F	form 990, Part X.
	line 25.			J
1.	(a) Description of liability			(b) Book value
(1) Federal II	ncome taxes			(
(2) Payroll I	iabilities			893
(3) Credit ca	ards			138
(4)				
(5)				
(6)		 		·
(7)				
(8)				
(9)	mn /h) must squal Form 000. Part V. cal. (D) line 05.)	·		1 021
	mn (b) must equal Form 990, Part X, col. (B) line 25.) runcertain tax positions. In Part XIII, provide the text of the footn	ote to the organization	's financial statements	1,031
	s liability for uncertain tax positions under FASB ASC 740. Check			
5	• • • • • • • • • • • • • • • • • • •		· F · ·	

Part		econciliation of Revenue per Audited Financial Stateme	•	Return.
		omplete if the organization answered "Yes" on Form 990, F		
1		enue, gains, and other support per audited financial statements		1
2		included on line 1 but not on Form 990, Part VIII, line 12:		
а		alized gains (losses) on investments	2a	1
b		services and use of facilities	2b	4
C		es of prior year grants	2c	4
d	•	•	2d	
е		2a through 2d		2e
3		line 2e from line 1		3
4		included on Form 990, Part VIII, line 12, but not on line 1:		
_		nt expenses not included on Form 990, Part VIII, line 7b	4a	
b	•	escribe in Part XIII.)	4b	
		4a and 4b		4c
5		enue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part		econciliation of Expenses per Audited Financial Statem	• •	er Keturn.
		omplete if the organization answered "Yes" on Form 990, F		T 2 T
1		enses and losses per audited financial statements		1
2		included on line 1 but not on Form 990, Part IX, line 25:	ا ما	
а		services and use of facilities	2a	
b	-	r adjustments	2b	4
C		ses		•
d	•	escribe in Part XIII.)		
e		2a through 2d		2e 3
3		line 2e from line 1		
4		included on Form 990, Part IX, line 25, but not on line 1: nt expenses not included on Form 990, Part VIII, line 7b	40	<u> </u>
		escribe in Part XIII.)	4a 4b	1 1
			4463 1	l
	•	•		140
c	Add lines	4a and 4b		4c
С 5	Add lines Total exp	4a and 4b		4c 5
c 5 Part	Add lines Total exp	4a and 4b		5
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line
c 5 Part 2 Provide	Add lines Total exp XIII Su e the desc	4a and 4b	9 18.)	5 p; Part V, line 4; Part X, line

Schedule D (Fo	m 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
·		
		
	•	
· · · · · · · · · · · · · · · · · · ·		

SCHEDULE (Form 990)

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

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

▶ Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public Inspection

66-0823462

Employer Identification number The 20 22 Act Foundation Inc Department of the Treasury Internal Revenue Service Name of the organization

% □ ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Part I N

L			5	2000	oracoo.		
Part II Grants and Other Assistance to Domestic Organ Part IV, line 21, for any recipient that received more	sistance to Do y recipient that I		ations and Dom ian \$5,000. Part∃	lestic Governm Il can be duplica	ents. Complete sted if additional	izations and Domestic Governments. Complete if the organization answ than \$5,000. Part II can be duplicated if additional space is needed.	izations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, than \$5,000. Part II can be duplicated if additional space is needed.
(a) Name and address of organization or government	(9) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PRAIIce Comp Anmis - 130 WC Ave Ste 1, San Juan, PR 00926-6018	66-0751044	501(c)(3)	76,902		ON/A	N/A	See Part IV
(2) Humane Society of PR - PO Box 2387, Guaynabo, PR 00970-2387	66-0329776	501(c)(3)	46,000	:	0 N/A	N/A	See Part IV
(3) Save A Gato Foundation - PO B ox 9021227 San Juan PR 00902-1227	99-0550555	501(c)(3)	36,000		0 N/A	N/A	See Part IV
(4) Friends of Culebra Animals - P O Box 527, Culebra, PR 00775	66-0760257	501(c)(3)	10,000	0	0 N/A	N/A	See Part IV
(5) Sant Animis San Fco Asis - PO Box 538 Boqueron, PR 00622-0538	66-0717096	501(c)(3)	10,000		0 N/A	N/A	See Part IV
(6) Sato Project - 130 Water St Brooklyn, NY 11201	45-3743534	501(c)(3)	10,000	0	0 N/A	N/A	See Part IV
(7) Karma Honey Project - 407 Call e Del Parque, San Juan, PR 00912	83-3290066	501(c)(3)	24,417		0 N/A	N/A	See Part IV
(8) Rain and Rose Charitable Fund 3207 Plantatn Vlg, Dorado, PR 00646	66-0897142	501(c)(3)	06'9		0 N/A	N/A	See Part IV
(9) World Computer Exchange - 93 6 Nantasket Avenue, Hull, MA 02045	04-3529016	501(c)(3)	75,000		0 N/A	N/A	See Part IV
(10) Kinesis - 2000 Carr 877 PMB 208, Guaynabo, PR 00966	66-0727042	501(c)(3)	125,000	0	ON/A	N/A	See Part IV
(11) Fundacion Hospital Pediatrico PO Box 10728 San Juan PR 00922	66-0817091	501(c)(3)	36,000	0	0 N/A	N/A	See Part IV
(12) Fdn Hogar Ninito Jesus - PO Box 192503 San Juan PR 00919-2503	66-0478096	501(c)(3)	36,000		0 N/A	N/A	See Part IV
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	ernment organiza	tions listed in the l	ine 1 table			. 🔻 12

Schedule I (Form 990) (2019)

Cat. No. 50055P

Enter total number of other organizations listed in the line 1 table

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

Schedule I (F	chedule I (Form 990) (2019)
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990. Part IV. line 22
	C
	1

(a) Ture of great or accretance	A Number of	fel Amount of	A Amount of	dood) notesties to botten (a)	(A Decruption of populary assistance
(a) Type or grant or assistance	recipients	cash grant	(u) Amount of noncash assistance	(e) Metrico of Valuation (book, FMV, appraisal, other)	(i) Description of noncash assistance
1					
2					
		,			
4					
9					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	e 2; Part III, colum	ı (b); and any other additi	onal information.
Part II, Lines 1(a)(1), 1(a)(2), and 1(a)(3): grants for rescuing, sheltering,	ilng, sheltering, carir	ig, and allowing for the	e adoption of local dog	caring, and allowing for the adoption of local dogs and cats	
Part II, Lines 1(a)(4) and 1(a)(5): grants for undertaking a massive spay and neuter campaign of dogs and cats across Puerto Rico	massive spay and r	neuter campaign of dog	ys and cats across Pue	rto Rico	
Part II, Line 1(a)(6): grants for rescuing, sheltering, caring, and allowing	ıg, and allowing for t	he adoption of local do	ogs and cats.		for the adoption of local dogs and cats.
Part II, Line 1(a)(7): grants for preserving the local bee population and educating about its positive impact in the ecosystem.	opulation and educa	iting about its positive	impact in the ecosyste	Ę.	
Part II, Line 1(a)(8): grants for promoting the engineering of sustainable	g of sustainable proc	lucts by the youth and	the creation of worksh	products by the youth and the creation of workshops to develop sald products.	á
Part II, Line 1(a)(9): grants for supporting computer refurbishing workshops and for using the usage of such equipment in local public schools.	rbishing workshops	and for using the usag	ge of such equipment l	local public schools.	
e rate of the 1(a)(10): grants for scholarships to youth students in Puerto Rico for attending top high schools and universities in the United States.	udents in Puerto Ric	o for attending top hig	h schools and univers	ties in the United States.	
Part II, Line 1(a)(11) [.] grants for supporting the operations of one of the	is of one of the main	main children's hospital in Puerto Rico.	Puerto Rico.		
Part II, Line 1(a)(12): grants to provide shelter and to develop local children and youth victims of domestic abuse.	velop local children	and youth victims of do	omestic abuse.		

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 6 20

Open to Public Inspection

Employer identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, ê □ (h) Purpose of grant or assistance 0 ✓ Yes 66-0823462 See Part IV Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. ٨ ΑŽ ۲ Ϋ́ ٨ ٨ ¥, ٩ ξ ¥ ٩ Ž (f) Method of valuation (book, FMV, appralsal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ON/A ON/O ON/A **BNA** ON/A A/NO A/NO ANO O ON/A ON/O ON/O (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 15,000 25,000 10,000 36,000 40,000 20,000 25,000 50,000 15,000 10,000 10,000 000'00 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? **General Information on Grants and Assistance** 501(c)(3) 0493670 66-0321594 69-0387659 84-1923420 66-0755276 66-0479465 66-0447891 42-1628144 27-3521132 66-0269222 66-0327584 66-0277396 (p) EIN Estacn C-1 PMB 94 VeAlta, PR 00692 PO BOX 7313, Ponce, PR 00732-7313 orida Ave NW Washington DC 20009 Limplar Puerto Rico - 211 Calle (5) World Central Kitchen - 1342 FI (8) Fondos Unidos de PR - PO Box Box 362433 SanJuan PR 00936-2433 (3) Casa Protegida Julia d Burgos Bahamas Humane Scty - 100 E (7) Hogar Mis Primeros Psos - CII (9) Boys & Girls Clubs of PR - PO 1 (a) Name and address of organization Linton Blvd Delray Beach FL 33483 Box 79526, Carolina PR 00984-9526 PMB 428 HC-01, Caguas, PR 00725 (2) American Cancer Socty - 566 (11) Hogar Cuna De San Cristobal (12) Hogar Santa Maria Eufrasia -191914, San Juan, PR 00919-1914 Calle Alverlo, Hato Rey, PR 00918 Caras of the Americas - PO Box 433, Catano, PR 00963-0433 PO Box 1909 Arecibo, PR 00613 (10) Centros Sor Isolina Ferre The 20 22 Act Foundation Inc Zorzal San Juan PR 00926 Partl Part II 9 € N

Schedule I (Form 990) (20	om 990) (2019)
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.

Part III can be duplicated if additional space is nee	artional sp	sace is needed	•			
(a) Type of grant or assistance		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
+						
2						
n						
4						
5						
9						
7						
Part IV Supplemental Information. Provide the Information required in Part I, line 2; Part III, column (b); and any other additional information.	rovide the	e information r	equired in Part I, lin	ie 2; Part III, columr	(b); and any other addit	onal information.
Part II, Line 1(a)(1): grant for beach cleaning activities.	vities.					
Part II, Line 1(a)(2): grant to support the Initiatives of the Puerto Rico chapter of the American Cancer Society.	s of the Pu	erto Rico chapter	of the American Cano	•		
Part II, Line 1(a)(3): grant to support the operations of a local shelter dedicated to protect women victims of domestic abuse	ns of a loca	al shelter dedicate	ed to protect women v	ictims of domestic abu	Se	
Part II, Line 1(a)(4): grant to support education and environmental awareness projects and to provide supplies to communities impacted by Hurricane Maria.	nd environr	nental awareness	s projects and to provi	de supplies to commu	nities impacted by Hurricane	Varia.
Part II, Lines 1(a)(5) and 1(a)(6): grants to provide food and shelter to individuals and dogs in the aftermath of Hurricane Dorian.	food and	shelter to individu	uals and dogs in the a	fermath of Hurricane [Jorian.	
Part II, Line 1(a)(7): grant to provide shelter, support, food, and education to children removed from domestic abuse environments.	oort, food,	and education to	children removed fron	n domestic abuse envli	onments.	
Part II, Line 1(a)(8): grant for domestic abuse awareness, to support shelters and rehabilitation centers for the homeless, the elderly, and neglected children.	areness, to	support shelters	and rehabilitation cen	iters for the homeless,	the elderly, and neglected ch	ldren.
Part II, Line 1(a)(9) and 1(a)(10): grant to shelter, develop, and educate children and youth in local disadvantaged communities.	develop, ar	nd educate childr	en and youth in local c	disadvantaged commu	nities.	

Part II, Lines 1(a)(11) and 1(a)(12): the purpose of the grant is to assist young pregnant mothers and children from domestic abuse environments and disadvantaged communities

SCHEDULE (Form 990)

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

Inspection Employer identification number

Depar	Department of the Treasury Internal Revenue Service			▼ Go to v	Attach to Form 990. to www.irs.gov/Form990 for the latest information.	Form 990. 30 for the latest info	ormation			Open to Public Inspection
Name	Name of the organization								Employer iden	Employer identification number
The 2	The 20 22 Act Foundation Inc	on Inc)	66-0823462
Part		Information	General Information on Grants and Assistance	Assistance						
- 0	Does the organ the selection cr Describe in Par	ization maintai iteria used to a t IV the organia	Does the organization maintain records to substantiate the are the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitorial to the organization of the contextion of the organization of the organizati	stantiate the amount assistance?	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	assistance, the g	rantees' eligibility	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ıssistance, an	d ☑Yes ☐ No
Part II		ind Other As ne 21, for an	sistance to Do	mestic Organiz eceived more th	ations and Dom	lestic Governm Il can be duplica	ents. Complete	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	n answered	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
<u>-</u>	1 (a) Name and address of organization or government	of organization nt	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appralsat, other)	(g) Description of noncash assistance	of nce	(h) Purpose of grant or assistance
(1) Cagu	(1) FUNDESCO - P O. Box 6300 Caguas, PR 00725-6300	Box 6300	66-0264286	501(c)(3)	15,000	0	ON/A	N/A	See	See Part IV
(2)										
ව										
3										
<u>(2)</u>										
9										
<u>E</u>										
8										
6										
(<u>1</u>										,
<u>(1</u>										
(12)										
0 E	Enter total num	ber of section	Enter total number of section 501(c)(3) and government organizat Enter total number of other organizations listed in the line 1 table	rernment organiza	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ine 1 table				1
For	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice,	see the Instruction	s for Form 990.			Cat. No. 50055P			Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

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. Part III

tion. Provide the information required in Part I, line 2; Part III, column (b); and any other additionant is for the sheller and care of the homeless and of the elderty.	fait iii cari de duplicated ii additioria space is riecu	Al Nimber of	ļ	to torong (b)	dood notable of posts	# Decorption of normal accurations
ion. Provide the information required in Part I, line 2; Part III, column (b); and any other additional informant is for the shelter and care of the homeless and of the elderly.	מו זייים כי מיסיים מיסי	recipients	cash grant	noncash assistance	FMV, appraisal, other)	(i) Description of noncash assistance
ion. Provide the information required in Part I, line 2; Part III, column (b); and any other additional informant is for the shelter and care of the homeless and of the elderly.						
ion. Provide the information required in Part I, line 2; Part III, column (b); and any other additional informant is for the sheller and care of the homeless and of the elderly.						,
ion. Provide the information required in Part I, line 2; Part III, column (b); and any other additional informant is for the sheller and care of the homeless and of the elderly.						•
ion. Provide the information required in Part I, line 2; Part III, column (b); and any other additional informant is for the sheller and care of the homeless and of the elderly.						
ion. Provide the information required in Part I, line 2; Part III, column (b); and any other additional informa it for the shelter and care of the homeless and of the elderly.						•
ion. Provide the information required in Part I, line 2; Part III, column (b); and any other additional informant is for the shelter and care of the homeless and of the elderly.						
ion. Provide the information required in Part I, line 2: Part III, column (b); and any other additional informa it is for the shelter and care of the homeless and of the elderly.						
nt is for the shelter and care of the homeless and of the elderty.	Supplemental Information, Provide t		equired in Part I, lir	ie 2; Part III, columr	(b); and any other additi	onal information.
	ne 1(a)(1): the purpose of the grant is for the she	elter and care of the	homeless and of the	elderly.		
Schedule I (Form 990) (2019)	i					
						Schedule I (Form 990) (2019)

SCHEDULE L (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury

(10)

▶ Attach to Form 990 or Form 990-EZ Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization 66-0823462 The 20 22 Act Foundation Inc Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and (c) Description of transaction 1 (a) Name of disqualified person 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 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 3 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. (b) Relationship (f) Balance due (g) In default? (i) Written (c) Purpose of (d) Loan to or (e) Onginal (h) Approved (a) Name of interested person by board or from the principal amount agreement? with organization loan organization? committee? Yes No Yes No Yes No To From 2,500 2,500 (1) Robb Rill v President See Part V ~ v (2) (3)(4)(5)(6)(7)(8) (9)(10)2,500 Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of assistance (b) Relationship between interested (d) Type of assistance (e) Purpose of assistance (a) Name of interested person person and the organization (1)(2)(3)(4)(5) (6)(7)(8)(9)

Part IV	Business Transactions Invol Complete if the organization a	lving Interested Persons. answered "Yes" on Form 99	0, 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	(e) Sha organiz rever	zation's
					Yes	No
(1)		,				ļ
(2)						
(4)						
(5)						
(6)						
(7)				•		ļ
(8)						ļ
(10)						
Part V	Supplemental Information. Provide additional information	for responses to questions	on Schedule L (see	instructions).		
Part II, Lin	e 1: this amount relates to an expe	nse of the organization that i	s to be reimbursed b	y ils President related to a comm	ission pa	ld to
unrelated	individual for increasing the aware	ness of the organization amo	ong potential donors.			

				······································		
		·····				
						
			***************************************			*******

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

20 19

Open to Public Inspection

Employer identification number

The 20 22 Act Foundation Inc 66-0823462 * Part VI, Section A, Line 2 - Mr. Robb Rill, President of the organization's Board of Directors, is married to Mrs. Tara Rill, Vice President of the organization's Board of Directors. * Part V, Section A, Line 6 - The organization does have members * Part VI, Section A, Line 7a - The organization does have members with the power of electing or appointing one or more members of its governing body. * Part VI, Section B, Line 11b - The organization's return is prepared by Mr Jorge Kuilan, Secretary and Treasurer of the organization, and reviewed by Ms. Susan Blasberg, Member of the organization's Board of Directors. * Part VI, Section C, Line 19 - The organization did not make Its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. * Part IX, Line 24e - Miscellaneous Expenses of \$165,721: **Bank Service Charges \$210** Credit Card Fees \$33,340 Events \$131,891 Filing Fees \$68 Meals and Entertainment (50%) \$37 **Dues and Subscriptions \$175** Total \$165,721 * Part XI, Line 9 - The negative \$35 change in fund balance represents the following nondeductible expense for tax purposes. Meals and Entertainment (50%) \$35

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization The 20 22 Act Foundation Inc	Employer identification number 66-0823462

	·