Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α	For the	2022 calend	dar year, or tax year beginning	01/01/2022	and ending	12/31/	2022				
В	Check if	applicable:	C Name of organization MEN OF	FAITH			D Emplo	oyer identific	cation n	umber	
	Address	change	Doing business as Men's Rally	in the Valley				46-5423	333		
	Name ch	ange	Number and street (or P.O. box if	mail is not delivered to street	address)	Room/suite	E Teleph	none number			
	Initial retu	ırn	PO Box 151					330-398-	6098		
	Final retu	n/terminated	City or town, state or province, co	untry, and ZIP or foreign pos	tal code						
	Amended	l return	Salem, OH 44460				G Gross	receipts \$	1	118,112	
	Application	on pending	F Name and address of principal office	cer: James Ziser		H(a) Is this a gi	roup return for subordinates? Yes				
			57 Chestnut St, Leetonia, OH	44431		H(b) Are all s	ubordinate	es included?	Yes	s 🗌 No	
ī	Tax-exen	npt status:	✓ 501(c)(3)		47(a)(1) or 527	If "No," attac	h a list. Se	e instruction	ıs.		
J	Website:	www.mei	nsrally.org			H(c) Group e	xemption	number			
			Corporation Trust Associat	ion Other	L Year of for	mation: 2013	M State	of legal dom	icile:	OH	
	art I	Summa			•						
	1	Briefly des	cribe the organization's missi	on or most significant	activities: (a) To	bring men to a	closer re	elationship	with J	Jesus	
ė		Briefly describe the organization's mission or most significant activities: (a) To bring men to a closer relationship with Jesus Christ through discipleship activities which proclaim the Word of God, provide training and education in matters of Christian life									
Activities & Governance		(Continued on Schedule O, Statement 1)									
ern	2	Check this box \square if the organization discontinued its operations or disposed of more than 25% of its net assets.									
Š											
۵			independent voting members		4			5			
ies			ber of individuals employed in	•	5			0			
Ϊ			per of volunteers (estimate if r		6			100			
Act			ated business revenue from F		7a			0			
			ted business taxable income				7b			0	
_			Prior Yea		Curr	ent Yea					
Revenue	8	Contributio	ons and grants (Part VIII, line	1h)			103,483			118,112	
			ervice revenue (Part VIII, line 2				0			0	
ě			t income (Part VIII, column (A)				0			0	
æ			nue (Part VIII, column (A), line				0			0	
			nue—add lines 8 through 11 (m				103,483		-	118,112	
			d similar amounts paid (Part I)	· · · · · · · · · · · · · · · · · · ·			3,000			0	
			aid to or for members (Part IX				0			0	
s			ther compensation, employee b				0			0	
Expenses			al fundraising fees (Part IX, co	·			0			0	
per			raising expenses (Part IX, colu		408						
Ă			enses (Part IX, column (A), line				111,270		-	128,356	
		-	nses. Add lines 13-17 (must e				114,270			128,356	
		-	ess expenses. Subtract line 18				-10,787			-10,244	
es or			The state of the s			Beginning of Cur		End	of Year		
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)				16,340			6,096	
Ass	21	Total liabili	ities (Part X, line 26)				0			0	
F	22	Net assets	or fund balances. Subtract li	ne 21 from line 20 .			16,340			6,096	
	art II	Signatu	re Block			'					
			, I declare that I have examined this re					my knowledo	ge and b	elief, it is	
tru	e, correct	, and complete	e. Declaration of preparer (other than	officer) is based on all inform	ation of which prep	arer has any knowle	dge.				
Siç	gn	Signature of	officer			Date)				
He	ere	James Zise	er, secretary								
			name and title								
D-	id	Print/Type	e preparer's name	Preparer's signature		Date	Check	if PTIN			
Pa		_					self-emp				
	epare	L Ciuma'a man	ne			Firm'	s EIN				
US	e Only	Firm's add	dress			Phon					
Ма	y the IR	S discuss	this return with the preparer s	hown above? See inst	ructions	<u> </u>		. 🔲	Yes	☐ No	

Part		e Accomplishments a response or note to any line in this Pa	art III	
1	Briefly describe the organization's mis			<u> </u>
	•	p with Jesus Christ through discipleship ac	tivities which proclaim the Word	of God, provide
		ristian life and conduct, and provide opport		
	host an annual event to be known as M	en's Rally in the Valley. (c) To raise funds b	y donation to accomplish (a) and	l (b) above.
2		gnificant program services during the ye		Yes 🗹 No
	If "Yes," describe these new services			
3	services?	ting, or make significant changes in h		
	If "Yes," describe these changes on S	Schedule O.		
4		service accomplishments for each of its		
		c)(4) organizations are required to report	t the amount of grants and allo	cations to others,
	the total expenses, and revenue, if an	y, for each program service reported.		
4a		123,264 including grants of \$		
	2022 Men's Rally in the Valley			
4b	(Codo: \(\(\(\)\(\)Evnonooo\(\)	including grants of ¢) (Poyonus ¢	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	('
4d	Other program services (Describe on	Schedule O.)		
		g grants of \$ 0) (Revenue \$	\$	
4e	Total program service expenses	123,264	·	

21

	90 (2022)		F	Page
Part	IV Checklist of Required Schedules			
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	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	~	
4	candidates for public office? If "Yes," complete Schedule C, Part I	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 Rev. Proc. 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		,
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? <i>If</i> "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		·
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, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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		,
C	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		<i>'</i>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e 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 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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 Did the appropriation appropriate activities of the first than the second of the seco	19		~
20a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		·

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

Part l	Checklist of Required Schedules (continued)			
Tart	Checkinst of required contenties (continues)		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? <i>If</i> "Yes," <i>complete Schedule J</i>	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	23 24a		
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		,
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV </i>	28b 28c		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		V
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		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? <i>If "Yes," complete Schedule R, Part I</i>	33		~
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		,
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<i>'</i>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations on 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			
			Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
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, securities 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		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<i>-</i>
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
Ju	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 gifts were not tax deductible?	6b		•
7	Organizations that may receive deductible contributions under section 170(c).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
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	-		
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.	10		
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			
С	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		~
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		
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		-
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 5 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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 on 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a v 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ☐ Upon request Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. James Ziser, (330)398-6098

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

		(C)									
(A)	(B)	Position (do not check more than one			(D)	(E)	(F)				
Name and title	Average							Reportable	Reportable	Estimated amount	
Name and the	hours					is both or/trust		compensation	compensation	of other	
	per week (list any							from the organization (W-2/	from related organizations (W-2/	compensation from the	
	hours for	Individual trustee or director	뱹	Officer	Key employee	ghes	Former	1099-MISC/	1099-MISC/	organization and	
	related organizations	lual	tion	,	nplc	st cc	-	1099-NEC)	1099-NEC)	related organizations	
	below	trus	al tr		уеє	ğ					
	dotted line)	tee	Institutional trustee			Highest compensated employee					
			ď			ated					
Skip Seifert	1.00										
Director	0.00	~						0	0	0	
Mike Datttilio	1.00										
Director	0.00	~						0	0	0	
Roy Stacy	1.00										
Director	0.00	~						0	0	0	
Tarone Claybrook	1.00										
Director		~						0	0	0	
Dave Hughes	3.00										
Acting Chair	0.00			~				0	0	0	
James Ziser	35.00										
Secretary	0.00			~				0	0	0	
Charles Hedl	4.00										
Treasurer	0.00			~				0	0	0	

Part	VII Section A. Officers, Directors,	rustees, I	Key I	⊨mį			s, ar	a F	ignest Compe	nsated Emplo	oyees (continued)
	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	a Officer	Key employee	or/tru Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2 1099-MISC/ 1099-NEC)	compensation
1h	Subtotal								0		0
C	Total from continuation sheets to Part	VII, Sectio	n A								
d 2	Total number of individuals (including reportable compensation from the organi		limite	ed t	to t	hos	e lis	ted	above) who re	eceived more	
3	Did the organization list any former of		ector	tru	ıste	- k	ev e	mpl		st compensate	Yes No
4	employee on line 1a? If "Yes," complete so For any individual listed on line 1a, is the	Schedule J	for su	uch	indi	ivid	ual				3 🗸
-	organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization								. •	tion or individua	
Secti	on B. Independent Contractors										
1	Complete this table for your five high compensation from the organization. Report										
	(A) Name and business add	ress							(B) Description of serv	vices .	(C) Compensation
None											
	Total number of independent agreement	ro (includia	20 b	.+	ot '	im:	od t		and listed share	a) who	
2	Total number of independent contractor received more than \$100,000 of compens						.eu ((וו כ	nose listed abov	e) WIIO	

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
		Check if Schedule	Осо	ntains a re	spon	se or note to an				🗆		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514		
its, its	1a	Federated campaig			1a	0						
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0						
s, G	С	Fundraising events			1c	0						
iifts ar /	d	Related organization			1d	0						
s, G mil	e f	Government grants All other contribution			1e	0						
ion r Si	'	and similar amounts no			1f	110 110						
but the	q	Noncash contribution				118,112						
ntri d O	9	lines 1a–1f			1g	\$ 0						
Col	h	Total. Add lines 1a-	-1f .				118,112					
						Business Code	-,					
Program Service Revenue	2a											
erv Je	b											
n Si ent	С											
gram Ser Revenue	d											
°og F	е											
<u> </u>	f	All other program se					0					
	<u>g</u> 	Total. Add lines 2a- Investment income					0					
		other similar amoun		_								
	4	Income from investr	nent c	of tax-exem	npt bo	nd proceeds						
	5	D 111										
				(i) Rea	l	(ii) Personal						
	6a	Gross rents	6a									
	b	Less: rental expenses	6b									
	C	Rental income or (loss)	6c	,	0	0						
	d	Net rental income o	r (loss	(i) Securit	ios	(ii) Other						
	7a	Gross amount from sales of assets		(i) Securit	.ies	(ii) Other						
		other than inventory	7a									
Ð	b	Less: cost or other basis										
enne/		and sales expenses .	7b									
	С	Gain or (loss)	7c		0	0						
r.	d	Net gain or (loss)										
Other Re	8a	Gross income from										
0		events (not including	\$. 0								
		of contributions rep 1c). See Part IV, line			0.							
	b	Less: direct expense			8a 8b							
	C	Net income or (loss)				l nts						
		Gross income f			9 3.3							
		activities. See Part I			9a							
	b	Less: direct expens	es .		9b							
	С	Net income or (loss)			tivitie	es						
	10a	Gross sales of ir		=								
	_	returns and allowan			10a							
	b	Less: cost of goods			10b							
	С	Net income or (loss)	trom	sales of in	ivento	Business Code						
ous	11a					Busiliess Code						
Miscellaneous Revenue	b											
ella 3vel	c											
isc Re	d											
Σ	е	Total. Add lines 11a	a-11d	<u></u> .			0					
	12	Total revenue. See					118.112	0	0	0		

Form 99	90 (2022)				Page 10
Part	Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colu	mn (A).
	Check if Schedule O contains a response	e or note to any line	in this Part IX .		v
	t include amounts reported on lines 6b, 7b, o, 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		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11	Other employee benefits				
a b	Management				
c d	Accounting				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	21,240	21,240		
13	Office expenses	5,092		4,684	408
14	Information technology	337	337		
15	Royalties				
16	Occupancy				
17 18	Travel	0			
19	Conferences, conventions, and meetings .	101,022	101,022		
20	Interest	1			

665

128,356

665

123,264

21

22

23

24

а

С d

25

Payments to affiliates

All other expenses

following SOP 98-2 (ASC 958-720)

Depreciation, depletion, and amortization .

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.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [if

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	16,340	1	6,096
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	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	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
Ø	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		10c	
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	16,340		6,096
	17	Accounts payable and accrued expenses	0	_	0,070
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0		0
G	22	Loans and other payables to any current or former officer, director,	0		0
ţį		trustee, key employee, creator or founder, substantial contributor, or 35%			
ij		controlled entity or family member of any of these persons	0	22	0
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third	0		0
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here	0		0
ö		and complete lines 27, 28, 32, and 33.			
<u>a</u> n	27	Net assets without donor restrictions		27	
Ва	28	Net assets with donor restrictions		28	
ρL	20	Organizations that do not follow FASB ASC 958, check here		20	
Ξ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	0	29	0
ts	30	Paid-in or capital surplus, or land, building, or equipment fund	0		0
SSE	31	Retained earnings, endowment, accumulated income, or other funds.	16,340		6,096
ţ	32	Total net assets or fund balances	16,340		6,096
Š	33	Total liabilities and net assets/fund balances	16,340	_	6,096
		Total liabilitios and not about, fand balanoos	10,340		0,070

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)			118,112					
2	Total expenses (must equal Part IX, column (A), line 25)			128,356					
3	Revenue less expenses. Subtract line 2 from line 1			-10,244					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			16,340					
5	Net unrealized gains (losses) on investments			0					
6	Donated services and use of facilities			0					
7	Investment expenses			0					
8	Prior period adjustments			0					
9	Other changes in net assets or fund balances (explain on Schedule O)			0					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))			6,096					
Part XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII			<u>· ; </u>					
)	res No					
1	Accounting method used to prepare the Form 990: Cash Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain	<u></u>							
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2	2a	·					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	_							
	reviewed on a separate basis, consolidated basis, or both:								
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?	. 2	2b	~					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or	n a 🗍							
	separate basis, consolidated basis, or both:								
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight								
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c						
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	on							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t	the							
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	V					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t	the							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	. 3	3b						

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

	OF FA							23333
Par		Reason for Public Cha						ons.
The o	•	zation is not a private founda		,		-	•	
1	_ · · · · , · · · · · · · · · · · · · ·							
2		school described in section		,		•		
3		hospital or a cooperative hos medical research organizatio						/iii) Fatar tha
4		espital's name, city, and state	•	onjunicuon with a nosp	Jilai desc	nbea in s	section 170(b)(1)(A)	(III). Enter the
5		organization operated for		college or university	owned o	r operate	ed by a government	al unit described in
		ection 170(b)(1)(A)(iv). (Com		concept of university	owned c	Горогии	d by a government	ar arm accombac in
6	□ A ·	federal, state, or local gover	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7		organization that normally			port from	a gover	nmental unit or from	n the general public
		escribed in section 170(b)(1)		•				
8	□ A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		n agricultural research organi						
		university or a non-land-gra iversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10		organization that normally r	receives (1) more	than 331/3% of its su	pport fro	m contrib	outions membership	fees and gross
	rec	ceipts from activities related	to its exempt ful	nctions. subiect to ce	rtain exc	eptions: a	and (2) no more than	33 ¹ / ₃ % of its
	su ac	pport from gross investment quired by the organization a	t income and uni fter June 30, 197	related business taxal 75. See section 509(bie incom a)(2) . (Cor	ie (iess se nolete Pa	ection 5 i i tax) from	businesses
11		organization organized and		•		•	•	
12	☐ Ar	organization organized and	operated exclusi	vely for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of
		e or more publicly supported	•				` '` '	` '` '
	the	e box on lines 12a through 12		• • • • • • • • • • • • • • • • • • • •			•	
а		Type I. A supporting organ						
		the supported organization					he directors or trust	ees of the
		supporting organization. Y	-	•				()
b	Ш	Type II. A supporting organ control or management of						
		organization(s). You must				persons	that control of man	age the supported
С		Type III functionally integ	_			onnection	n with and functions	ally integrated with
Ū		its supported organization(any integrated with,
d		Type III non-functionally i	integrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)
		that is not functionally integ						d an attentiveness
		requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.	
е		Check this box if the organ						e II, Type III
_		functionally integrated, or 7		tionally integrated sup	oporting (organizat	ion.	
†	_	er the number of supported of vide the following information						
g		ne of supported organization	(ii) EIN	(iii) Type of organization		organization	(A) Amount of monotony	(vi) Amount of
	(I) INAII	ie or supported organization	(11) E114	(described on lines 1–10	listed in you	ur governing	(v) Amount of monetary support (see	other support (see
	above (see instructions)) document? instructions) instructions)							
					Yes	No		
(A)								
(A) ———								
(B)								
(C)								
(D)								
(E)								

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 85,344 104,835 99,746 103,483 118,112 511,520 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 **Total.** Add lines 1 through 3 4 85,344 104,835 99,746 103,483 118,112 511,520 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 **Public support.** Subtract line 5 from line 4 511,520 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 85,344 104,835 103,483 99,746 118,112 511,520 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 0 0 0 0 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 0 0 0 0 10 Other income. Do not include gain or loce from the cale of capital accets

	ioss from the sale of Capital assets						
	(Explain in Part VI.)	0	0	0	0		0
11	Total support. Add lines 7 through 10						511,520
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	0
13	First 5 years. If the Form 990 is for the						
<u> </u>	organization, check this box and stop he						
secti	on C. Computation of Public Suppor						
14	Public support percentage for 2022 (line	6, column (f), c	livided by line	11, column (f))		14	100 %
15	Public support percentage from 2021 Scl	nedule A, Part	II, line 14 .			15	100 %
16a	331/3% support test—2022. If the organ	ization did not	check the box	k on line 13, ar	nd line 14 is 33	3 ¹ /3% or more	, check this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			[
b	331/3% support test-2021. If the organi	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or r	nore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		
17a	10%-facts-and-circumstances test—2022. 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—2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa	acts-and-circu	mstances test,	check this bo	x and stop h	ere. Explain
18	Private foundation. If the organization instructions	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this b	ox and see

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

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

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

Secti	on A. Public Support			-			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	'						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	on B. Total Support	() 0040	(1.) 0040	() 0000	/ I) 0004	() 0000	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)		o first	thind facult	or fifth tower	00.00.00.00.00.00.00.00.00.00.00.00.00.	p F01/c\/0\
14	organization, check this box and stop he	-			-	ar as a secuo 	
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2022 (line			13. column (f))		15	%
16	Public support percentage from 2021 Scl		-			16	%
	on D. Computation of Investment In				<u> </u>	1 1	,,,
17	Investment income percentage for 2022 (by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 202			-			%
19a	331/3% support tests-2022. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2021. If the organize	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this	box and stop h	ere . The organ	ization qualifies	s as a publicly s	upported organ	ization . \square
20	Private foundation. If the organization di	id not check a	box on line 14	19a or 19b	check this hox	and see instru	ctions

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

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

Se

Jeen	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	103	NO
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	any supported organization not organized in the United States ("foreign supported organization")? If and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 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 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 on line 2a, above, 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 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		inations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	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		
Sect	ion B-Minimum Asset Amount		(A) Prior 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	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 (see instructions)	ally i	integrated Type III support	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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 0 (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

MEN OF FAITH	46-5423333				
Form 990, Part VI, Section A, Line 8b - Form 990, Part VI, Section A, Line 8b - No committee had governing authority.					
Form 990, Part VI, Section B, Line 11b - Form 990, Part VI, Section B, Line 11b - Reviewed by Board members	ers and approved before				
submission					
Form 990, Part VI, Section C, Line 19 - Form 990, Part VI, Section C, Line 19 - The Conflict of Interest Polic	v is laid out in the NON PROFIT				
BYLAWS OF MEN OF FAITH under; Article 8 - Standard of Care, Paragraph - Conflict of Interest, starting o					
and financial statements are available to the public on our website.					
Form 990, Part IX, Line 2 - no grants					

Schedule O, Statement 1 MEN OF FAITH

Form: Form 990 (2022) EIN: 46-5423333

Page: 1 Part I, Line 1

Activity Or Mission Description

Description

and conduct, and provide opportunities for corporate prayer and worship. (b) To host an annual event to be known as Men's Rally in the Valley. (c) To raise funds by donation to accomplish (a) and (b) above.