FY 2023

Form **990**

A B

Activities & Governance

Expenses

18

19

20

21

22

Part II

Return of Organization Exempt From Income Tax

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

20**22**

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

20**22**Open to Public

| mal Revenue Serv | Go to www.irs.gov/Form990 for instructions and the lates | t information. | | Inspection |
|--|---|-------------------|-----------------|--------------------------|
| For the 2022 | alendar year, o tax year beginning 07/01/2022 and ending | 06/30/ | 2023 | |
| Check if applical | e: C Name of organization SE ASIA FOUNDATION | | D Employ | er identification number |
| Address change | Doing business as | | | 46-2929184 |
| Name change | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telepho | one number |
| Initial return | 9715 Cherry Street | | | 425-771-7990 |
| Final return/termi | ated City or town, state or province, country, and ZIP or foreign postal code | | | |
| Amended return | Edmonds, WA 98020-2337 | | G Gross r | eceipts \$ 665,479 |
| Application pend | ng F Name and address of principal officer: William Taylor | H(a) Is this a g | roup return for | subordinates? Yes Vo No |
| | 9715 Cherry St, Edmonds, WA 98020-2337 | H(b) Are all s | ubordinates | s included? Yes No |
| Tax-exempt stat | s: 🗸 501(c)(3) 🔲 501(c) () (Insert no.) 🗌 4947(a)(1) or 🗍 527 | If "No," attac | ch a list. See | instructions. |
| | seafund.org | H(c) Group e | exemption n | umber |
| THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN | on: Corporation Trust Association Other L Year of for | mation: 2014 | M State o | f legal domicile: WA |
| | mary | | | |
| 1 Briefly | describe the organization's mission or most significant activities: Elim | inating poverty b | y educati | ng and providing for |
| the ge | neral welfare of marginalized girls and women in Southeast Asia. | | | |
| | | | | |
| | this box if the organization discontinued its operations or disposed | of more than 2 | 5% of its | net assets. |
| | er of voting members of the governing body (Part VI, line 1a) | | 3 | 3 |
| | er of independent voting members of the governing body (Part VI, line 1 | b) | 4 | 3 |
| | umber of individuals employed in calendar year 2022 (Part V, line 2a) | | 5 | 0 |
| | umber of volunteers (estimate if necessary) | | 6 | 0 |
| | nrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0 |
| b Net u | related business taxable income from Form 990-T, Part I, line 11 | | 7b | 0 |
| | | Prior Yea | r | Current Year |
| | outions and grants (Part VIII, line 1h) | | 498,423 | 664,415 |
| | m service revenue (Part VIII, line 2g) | 100000 | 0 | 0 |
| | nent income (Part VIII, column (A), lines 3, 4, and 7d) | | 173 | 1,064 |
| | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 | 0 |
| | evenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 498,596 | 665,479 |
| D000000 8000000 9000 | and similar amounts paid (Part IX, column (A), lines 1-3) | | 437,348 | 587,312 |
| | ts paid to or for members (Part IX, column (A), line 4) | | 0 | 0 |
| | s, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0 | 0 |
| | sional fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 |
| | undraising expenses (Part IX, column (D), line 25) 724 | | | |
| 17 Other | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 13,510 | 11,666 |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 18 from line 12

Net assets or fund balances. Subtract line 21 from line 20

Total assets (Part X, line 16)

Signature Block

Total liabilities (Part X, line 26) .

| Here | Signature of officer William Taylor, Founder & Treasu Type or print name and title | Date 9/19/23 | | | |
|------------------|---|-------------------------------------|------|------------------------|------------|
| Paid Preparer | Print/Type preparer's name Preparer's signature | | Date | Check if self-employed | PTIN |
| Use Only | | Firm's EIN | | | |
| OSC OIII | Firm's address | Phone no. | | | |
| May the IRS | discuss this return with the pro- | eparer shown above? See instruction | ons | | ☐ Yes ☐ No |
| | | | | | 222 |

450,858

47,738

78,836

78,836

0

Beginning of Current Year

598,978

66,501

145,337

145,337

0

| | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | |
|-----|--|---|
| 1 | Briefly describe the organization's mission: | U |
| 800 | Eliminating poverty by educating and providing for the general welfare of marginalized girls and women in Southeast | Asia. |
| _ | Did the appropriate and the second se | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | ☐Yes ☑ No |
| 3 | | □Yes ☑No |
| 4 | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocathe total expenses, and revenue, if any, for each program service reported. | as measured by ations to others, |
| 4a | / La parisas y Language moraling grants of \$ 200,002 / (noveride \$ | 0) |
| | This grant was made to Build Your Future Today located in Siem Reap, Cambodia. The purpose was to improve the s facilities and educational opportunities for village children in the Prey Leu District of Siem Reap Province. | |
| | | |
| | | |
| | *************************************** | |
| 4b | (Code:) (Expenses \$ | than 200 for local women |
| | | |
| | | |
| 4c | (Code:) (Expenses \$30,410 including grants of \$30,410) (Revenue \$ | 0) s and |
| | related equipment in support of their work providing shelter, child care, counseling, and job training to marginalized to | vomen. |
| | | |
| | | |
| | | |
| | | *************************************** |
| 4d | Other program services (Describe on Schedule O.) See Schedule O, Statement 1 (Expenses \$ 294,645 including grants of \$ 294,645) (Revenue \$ 0) | |

| Part | IV Checklist of Required Schedules | | | - |
|----------|---|------------|-------------------|----|
| ., | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | V | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | V | |
| 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 | No la Designation | - |
| 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 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 | | v |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | Ť |
| 8 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | 7 | | ~ |
| • | 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? If "Yes," complete Schedule D, Part IV | 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 | | | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | | ~ |
| а | VII, VIII, IX, or X, as applicable. | | | |
| 507 | 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 | | V |
| 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 | | V |
| ď | 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 | | , |
| е | 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 | | | |
| b | Schedule D, Parts XI and XII | 12a | | ~ |
| | "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 | | V |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | V | |
| 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 | | | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 14b | - | |
| 16 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | ~ | |
| 47 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | V |
| 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? | 200 | | |
| 20- | 강경화장에 가격하게 즐겁게 하면 아이들 아이들의 아이들의 아이들 때문에 가장 아이들이 가장 하는데 그렇게 되었다. 그는데 그렇게 되었다. 그는데 그런 | 19 | | ~ |
| 20a b | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a 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) | | | |
|------|--|--------------|-----|----|
| 20 | Did the commitmation was at the 65 000 of another state of the state o | | 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 | 00 | | ~ |
| 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 | 22 | | |
| | 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 | | , |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | - |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | ~ |
| 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? 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 the Schedule L., Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | 21 | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 00- | | |
| ь | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28a 28b | | V |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | ~ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | V |
| 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 | | V |
| 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 | | , |
| 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 | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | V |
| 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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | , | |
| Part | | | | |
| | Chock it correcting a response of flote to any line in this Part V | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | - 650 WILLIE | 7 | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | ~ | |

| 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 0 | | | |
| b | | OL | | |
| 3a | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year? | 2b 3a | | V |
| | 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, | 30 | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | 1 |
| 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? | 5b | | V |
| С | 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 | | | |
| 200 | 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? | | | |
| b | and services provided to the payor? | 7a | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 7b | | |
| - | required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 70 | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | 1000000 | |
| 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 | | 2 |
| 3 | 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 | 200 | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter: | | | |
| a b | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| Ĭ | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter: | | | |
| a | 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.) | | | |
| a | 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 | N/A | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| b | Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| D | the organization is licensed to issue qualified health plans | | | |
| C | Enter the amount of reserves on hand | | | |
| 4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ~ |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14b | | _ |
| 5 | 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 | | V |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 6 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | V |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 7 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | 3 | | |
| | that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | | - |
| | If "Yes," complete Form 6069. | | THE RESERVE AND ADDRESS OF THE PERSON NAMED IN | |

| Parτ | Governance, Management, and Disclosure. For each "Yes" response to lines 2 to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes | | | | | |
|-------------|---|--------------|--------------|---------|--------|-----------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | - | V |
| Secti | on A. Governing Body and Management | _ | | | v . | N- |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 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. | 1a | 3 | | Yes | No |
| b 2 | Enter the number of voting members included on line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee? | 1b elatio | onship with | 2 | | ~ |
| 3 | Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or of | | | 3 | | V |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | n 990 |) was filed? | 4 | | V |
| 5 | Did the organization become aware during the year of a significant diversion of the organization | n's a | issets?. | 5 | | V |
| 6 7a | Did the organization have members or stockholders? | | or appoint | 6 7a | | V |
| b | Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body? | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions un the year by the following: | | | 7b | | - |
| а | The governing body? | | | 8a | ~ | AVEILIBRE |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | V | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule (| | reached at | 9 | | V |
| Secti | on B. Policies (This Section B requests information about policies not required by the | e Inte | emal Reven | ue Co | ode.) | 1 |
| regaperin i | | | | | Yes | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | | | 10a | | ~ |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before | | | 11a | ~ | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990 | | 3 | | | 9.43 |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | ~ | |
| c | Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv Did the organization regularly and consistently monitor and enforce compliance with the p describe on Schedule O how this was done. | | | 12b | | |
| 13 | Did the organization have a written whistleblower policy? | | | 12c | ~ | ~ |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | GEN 17 | V |
| 15 | Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation | nd a | pproval by | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | ~ | |
| b | Other officers or key employees of the organization | | | 15b | ~ | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year? | | | 16a | | ~ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements? | o saf | eguard the | 16b | | |
| Secti | on C. Disclosure | | | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that | app | ly. | T (sec | tion 5 | 501(c) |
| 19 | Own website Another's website Upon request Other (explain on Science on Schedule O whether (and if so, how) the organization made its governing document of the financial statements available to the public during the tax year. | | | f inter | est p | olicy, |
| 20 | State the name, address, and telephone number of the person who possesses the organization | n's b | ooks and re | cords. | | |

| $-\alpha$ rm | sauci | (2022) | |
|--------------|-------|--------|--|

| , | . «90 |
|----------|--|
| 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.

| (A) Name and title | (B) Average hours | box, | unie: er an | Pos neck | erson | e than o | an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
|---|---|-----------------------------------|-----------------------|-------------|--------------|---------------------------------|--------|---|--|---|
| | per week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/ 1099-MISC/ 1099-NEC) | from related organizations (W-2/ 1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| William Taylor | 40.00 | | | | | | | | | |
| Founder and Treasurer | 0.00 | V | | | | | | 0 | 0 | 0 |
| M Peter Scontrino | 2.00 | | | | | | | | | 8 |
| President | | 1 | | | | | | 0 | 0 | 0 |
| Mizuki Asano Lekstan | 3.00 | | | | | | | | | |
| Secretary | | - | | | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 7 10 1 11 11 11 11 11 11 11 11 11 11 11 1 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Ballouille | (A) Name and title | (A) (B) (d) Name and title Average hours of | | ot ch | Pos neck as pe | ition more | than o | one n an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other compensation | |
|------------|---|---|--------------------------------|-----------------------|----------------------|---------------|---------------------------------|-------------|---|--|--|-----------------|
| | | per week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/ 1099-MISC/ 1099-NEC) | from related organizations (W-2/ 1099-MISC/ 1099-NEC) | from organiza related org | the tion and |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | A Comment |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b c | Subtotal | VII, Sectio | n A | | | | | | 0 | 0 | | 0 |
| d | Total (add lines 1b and 1c) | but not | | d t | o t | hos | e list | ted | above) who re | 0 eceived more t | nan \$10 | 0 000 of |
| | reportable compensation from the organi | | | | | 1100 | 0 110 | | 0 | DOCIVOU MOTO II | | |
| 3 | Did the organization list any former of | officer, dire | ector, | tru | stee | e, k | ey e | mpl | loyee, or highes | t compensated | Y | es No |
| 4 | employee on line 1a? If "Yes," complete a For any individual listed on line 1a, is the | | | | | | | n a | nd other comper | sation from the | 3 | ~ |
| | organization and related organizations individual | | | | | | | | | | | |
| 5 | Did any person listed on line 1a receive of | r accrue co | mpe | nsat | ion | fro | m any | un | related organizat | tion or individual | 4 | - |
| Secti | for services rendered to the organization on B. Independent Contractors | ? If "Yes," c | ompl | ete | Sch | edu | ıle J f | for s | such person . | | 5 | ~ |
| 1 | Complete this table for your five high compensation from the organization. Rep | | | | | | | | | | | |
| | (A) Name and business add | ress | | | | | | | (B) Description of serv | rices (| (C) Compensati | on |
| None | | | | - | | | | | | | | |
| - | | | | | | WY. | | | | | | |
| | | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | ed to | th | ose listed abov | e) who | | |

| Form 990 (202 | 22) | | | | Page 9 | | | | |
|---------------|--|----------------------|--|------------------|---|--|--|--|--|
| Part VIII | Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | |
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated | (D) Revenue excluded from tax under | | | | |

| -144- | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
|--|-------|--|-----------|---|---------|------------------|----------------------|--|--------------------------------------|---|
| Contributions, Giffs, Grants, and Other Similar Amounts | 1a | Federated campaig | ins . | | 1a | 0 | | | the state of | |
| | b | | | | 1b | 0 | | | | |
| | C | Fundraising events | | | 1c | 0 | | | | |
| ifts ar A | d | Related organization | | | 1d | 0 | | | | |
| o ≡ | е | Government grants | (contri | butions) | 1e | 0 | | | | |
| Sir | f | All other contribution | ns, gifts | s, grants, | 1 | | | | | |
| P F | | and similar amounts no | | | 1f | 664,415 | | | | |
| 윤형 | g | Noncash contribution | | | | | | | | |
| To De | | lines 1a-1f | | | 1g | \$ 0 | | | | |
| g g | h | Total. Add lines 1a- | -1f . | | | | 664,415 | | | |
| 25 | | | | | | Business Code | | | | |
| Program Service Revenue | 2a | | | | | | | | | |
| 9 e | b | | | | | | | A TOTAL OF THE PARTY OF THE PAR | | I amount |
| Se | C | | | | | | | | | |
| yram Ser | d | | | | | | | | | |
| P E | е | | | | | | | | | |
| P. | f | All other program se | ervice r | evenue | | | 0 | 0 | 0 | 0 |
| 200 | g | Total. Add lines 2a- | -2f . | | | | 0 | | | |
| | 3 | Investment income | (inclu | ding divi | dend | s, interest, and | | | | |
| | N 200 | other similar amoun | nts) . | | | | 1,064 | 1,064 | 0 | 0 |
| | 4 | Income from investr | ment of | tax-exen | npt bo | and proceeds | 0 | 0 | 0 | 0 |
| | 5 | D | | | | | 0 | 0 | 0 | 0 |
| | | | | (i) Rea | | (ii) Personal | | | Carte State | |
| | 6a | Gross rents | 6a | | 0 | 0 | | | | |
| | b | Less: rental expenses | 6b | | 0 | 0 | | | | |
| | С | Rental income or (loss) | | (10000000000000000000000000000000000000 | 0 | 0 | | | | |
| | d | Net rental income o | | | | | 0 | 0 | 0 | 0 |
| | 7a | | _ | (i) Securit | | (ii) Other | | | 0 | |
| | | sales of assets | | 135 | | | | | | |
| | | other than inventory | 7a | | 0 | 0 | | | | |
| 0 | b | Less: cost or other basis | | | | | | | | |
| J. | 2 | and sales expenses . | 7b | | 0 | 0 | | | | |
| 90 | С | Gain or (loss) | 7c | | 0 | 0 | | | | |
| Œ | d | Net gain or (loss) | | | - | | 0 | 0 | 0 | 0 |
| Other Revenue | 8a | Gross income from | - | | | | 4/1/2019 | | | |
| 287.50 | | of contributions rep | | on line | 1 | | | | | |
| | ğ | 1c). See Part IV, line | | | 8a | | | | | |
| | b | Less: direct expens | | 10.02 | 8b | 0 | | | | |
| | C | Net income or (loss) | | | - | | 0 | | 0 | |
| | 9a | Gross income f | | | y eve | ins | U | | 0 | 0 |
| | - 00 | activities. See Part I | | | 9a | | | | | |
| | h | | | | - | 0 | | | | |
| | | Less: direct expens | | | 9b | 0 | | | | |
| | | Net income or (loss) | | | CUVILIE | S | 0 | 0 | 0 | 0 |
| | iva | Gross sales of in returns and allowan | | y, iess | 40 | | | | | |
| | | | | | 10a | 0 | | | | |
| | b | Less: cost of goods | | | 10b | 0 | | | | |
| | С | Net income or (loss) |) from s | sales of in | ivento | | 0 | 0 | 0 | 0 |
| Miscellaneous Revenue | 44- | | | | | Business Code | | | | |
| scellaneo | 11a | *************************************** | | | | | | | | |
| llar | b | | | | | | | | | |
| 3e | C | AU | | | ******* | | | | | |
| Nis T | d | All other revenue | | | | | | | | |
| _ | 0 | Total. Add lines 11a | | | | | 0 | | | |
| | 12 | Total revenue. See | instruc | ctions . | | | 665,479 | 1,064 | 0 | 0 Form 990 (2022) |

Part IX Statement of Functional Expenses

| Section | on 501(c)(3) and 501(c)(4) organizations must compl | lete all columns. All | other organizations i | must complete colu | mn (A). |
|---------|---|-----------------------|------------------------------------|---|--------------------------------|
| | Check if Schedule O contains a response | or note to any line | in this Part IX . | | |
| | ot include amounts reported on lines 6b, 7b, b, 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 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 587,312 | 587,312 | | |
| 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 | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | 10,906 | 0 | 10,906 | 0 |
| b | Legal | | | | |
| c | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f g | Investment management fees | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | and the second second | | | |
| 19 | Conferences, conventions, and meetings . | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance | | | | |
| 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.) | | | | |
| а | Bank and PayPal Fees | 760 | 0 | 36 | 724 |
| b | | | | 50 | |
| С | | | | | |
| d | | | | | |
| е | All other expenses | 0 | 0 | 0 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24e | 598,978 | 587,312 | 10,942 | 724 |
| 26 | 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 following SOP 98-2 (ASC 958-720) | | | | |

| Part X | Balance Sheet |
|--------|----------------------|
| | |

| | | Check if Schedule O contains a response or note to any line in this Par | tX | | 🗆 |
|-----------------------------|----------|--|--|-----|---|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | 1 | 0 |
| | 2 | Savings and temporary cash investments | 78,836 | 2 | 145,337 |
| | 3 | Pledges and grants receivable, net | 0 | _ | 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 | | | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | 0 | 5 | 0 |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 |
| ş | 7 | Notes and loans receivable, net | 0 | 7 | 0 |
| Assets | 8 | Inventories for sale or use | 0 | 8 | 0 |
| Ä | 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 | | 12 | 0 |
| d | 13 | Investments—program-related. See Part IV, line 11 | Company of the Compan | 13 | 0 |
| 18 | 14 | Intangible assets | | 14 | 0 |
| - 31 | 15 | Other assets. See Part IV, line 11 | | 15 | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 78,836 | | 145,337 |
| | 17 | Accounts payable and accrued expenses | | 17 | 0 |
| | 18 | Grants payable | | 18 | 0 |
| - 19 | 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 | 21 | 0 |
| Liabilities | 22 | Loans and other 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 | | | |
| ia | | 11 N N N N N N N N N N N N N N N N N N | 0 | 22 | 0 |
| - | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 25 | Unsecured notes and loans payable to unrelated third parties 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 | 0 | 24 | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | 0 | 26 | 0 |
| nces | - | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. | | 20 | |
| ala | 27 | Net assets without donor restrictions | | 27 | |
| 8 | 28 | Net assets with donor restrictions | | 28 | Our De l'annual de la company |
| Net Assets or Fund Balances | | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. | | | |
| 0 | 29 | Capital stock or trust principal, or current funds | 0 | 29 | 0 |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | 0 | 30 | 0 |
| 188 | 31 | Retained earnings, endowment, accumulated income, or other funds . | 78,836 | 31 | 145,337 |
| et | 32 | Total net assets or fund balances | 78,836 | | 145,337 |
| Ž | 33 | Total liabilities and net assets/fund balances | 78,836 | | 145,337 |
| | - 11-15 | | | | Form 990 (2022) |

| 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) | 100 E 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 66 | 5,479 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | E 100 0 0 | 59 | 8,978 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | 6 | 6,501 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 | | 7 | 8,836 |
| 5 | Net unrealized gains (losses) on investments | Succession of | | 0 |
| 6 | Donated services and use of facilities | | | 0 |
| 7 | Investment expenses | 192 | | 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)) | | 14 | 5,337 |
| Part | XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | |
| 12 | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other | | VALUE OF | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | ~ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | 2000 | | No. |
| D | 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 audited on a separate basis, consolidated basis, or both: | | | |
| | | | | |
| C | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | DESTRU | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | - | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | 2c | | |
| | Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | LEGISCO | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | | ~ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | Ja | 97520 | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . | 3b | | |
| | | | n 990 | (2022) |

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a 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.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
SE ASIA FOUNDATION

Employer identification number 46-2929184

| Pa | rt Reason for Public Char | ity Status. (Al | organizations mus | t comple | ete this p | part.) See instruction | ns. |
|--------|---|-----------------------------------|---|---------------|--------------------------------------|--|---|
| he | organization is not a private foundat | ion because it i | s: (For lines 1 through | 12, chec | k only on | ne box.) | |
| 1 | A church, convention of church | es, or associati | on of churches descri | bed in se | ection 17 | 0(b)(1)(A)(i). | |
| 2 | ☐ A school described in section | 170(b)(1)(A)(ii). | (Attach Schedule E (F | om 990) | .) | | |
| 3 | A hospital or a cooperative hos | | | | | | |
| 4 | A medical research organization hospital's name, city, and state | : | | | | 10000000 | |
| 5 | An organization operated for the section 170(b)(1)(A)(iv). (Comp | | college or university | owned o | r operate | d by a governmenta | al unit described in |
| 6 7 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | the general public |
| 8 | A community trust described in | section 170(b) | (1)(A)(vi). (Complete I | Part II.) | | | |
| 9 | An agricultural research organiz or university or a non-land-grar university: | t college of agr | iculture (see instruction | ns). Ente | r the nam | ne, city, and state of | the college or |
| 10 | An organization that normally re receipts from activities related to support from gross investment acquired by the organization af | to its exempt fu income and un | nctions, subject to ce related business taxal | rtain exce | eptions; a ne (less se | and (2) no more than ection 511 tax) from I | 331/a% of its |
| 11 | An organization organized and | | ************************************** | | | No. of the Contract of the Con | |
| 12 | An organization organized and of | perated exclusi | vely for the benefit of, | to perfor | m the fun | ctions of, or to carry | out the purposes of |
| | one or more publicly supported the box on lines 12a through 12a | | | | | | |
| a | Type I. A supporting organi the supported organization supporting organization. You | s) the power to | regularly appoint or e | lect a ma | jority of the | | |
| b | Type II. A supporting organization(s). You must of | he supporting o | rganization vested in | the same | | | |
| C | Type III functionally integr its supported organization(s | | | | | | lly integrated with, |
| d | Type III non-functionally in that is not functionally integ requirement (see instruction | rated. The orga | nization generally mus | st satisfy | a distribu | ition requirement and | |
| е | Check this box if the organi functionally integrated, or T | | | | | | II, Type III |
| f | Enter the number of supported o | rganizations . | | | | | |
| 9 | | | | | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | listed in you | rganization or governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | Yes | No | | |
| A) | | | | | | | |
| В) | | | | | | | |
| C) | | | | | | | |
| D) | | | | | | | |
| E) | | | | | | | |
| | | | | | | | |

18

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 (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 490,887 354.104 498,423 2,360,955 353,126 664,415 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 0 0 0 0 Total. Add lines 1 through 3 490.887 498,423 354,104 353,126 664,415 2.360.955 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) 1,237,108 Public support. Subtract line 5 from line 4 1,123,847 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (c) 2020 (b) 2019 (d) 2021 (e) 2022 (f) Total Amounts from line 4 7 354,104 490,887 353,126 498,423 664,415 2,360,955 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 416 1,258 172 173 1,064 3,083 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 0 0 0 11 Total support, Add lines 7 through 10 2,364,038 12 1,237,108 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 47.54 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 43.73 % 331/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/x3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/x3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 b 10%-facts-and-circumstances test-2021. 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

| Schedu | ile A (Form 990) 2022 | | | | | | 25 |
|--|--|-----------------|--------------------------|------------------|------------------|----------------|----------------|
| Part | | tions Descr | ihed in Sect | ion 509(a)(2) | | | Page 3 |
| The Parket of th | (Complete only if you checked th | | | | nization faile | d to qualify i | under Part II. |
| | If the organization fails to qualify | under the te | sts listed bel | ow, please co | mplete 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 | | | | | 220122 | |
| 2 | received. (Do not include any "unusual grants.") 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 7a | Total. Add lines 1 through 5 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 | | | | | | |
| 8 8 | Add lines 7a and 7b | | | | | | |
| Secti | on B. Total Support | | Balanca (September 2019) | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | | | ., | 1-7 | (-) | (7,000 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 11 | Add lines 10a and 10b | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the organization, check this box and stop her | | | , third, fourth, | | | |
| Secti | on C. Computation of Public Support | Percentage | е | | 72.885/1016 1094 | | |
| 15 | Public support percentage for 2022 (line 8 | , column (f), d | ivided by line | 13, column (f)) | | 15 | % |
| 16 | Public support percentage from 2021 Sch | edule A, Part | III, line 15 . | | | 16 | % |
| Secti | on D. Computation of Investment Inc | ome Perce | ntage | | | | |

Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . .

Investment income percentage from 2021 Schedule A, Part III, line 17

331/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . b 331/3% support tests-2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/8%, check this box and stop here. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

%

%

17

Part IV Supporting Organizations

Section A All Supporting Organizations

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

| ocodon A. All cupporting Organizations | |
|--|--|
| | |
| | |

- Are all of the organization's supported organizations listed by name in the organization's gove documents? If "No," describe in Part VI how the supported organizations are designated. If designate class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of s under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supp organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," ar lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6 satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization "Yes," 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 fo supported organization? If "Yes," describe in Part VI how the organization had such control and discr despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determine under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization to ensure that all support to the foreign supported organization was used exclusively for section 170(c)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If " answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such ac (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the a was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alr designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilitie anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class bene by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part V
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contrib (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled of with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described or 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or disqualified persons, as defined in section 4946 (other than foundation managers and organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in v the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal be from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of se 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integri supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 472 determine whether the organization had excess business holdings.)

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| Schedule A (Form 990) 202 | Schedule | | rm 900 | 1 2022 |

| Part | Supporting Organizations (continued) | | | |
|-------------|---|-------|-------|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | N. W. | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| • | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described on line 11a above? | 11b | | |
| С | 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 | | |
| Secti | on 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 | | |
| 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 | 1- | | |
| en landen | | | 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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | 1 . 1 | | |
| | | | 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). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| Casti | supported organizations played in this regard. | 3 | | |
| 1 | on E. Type III Functionally Integrated Supporting Organizations | | | |
| a b c | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in 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. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. | | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| 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 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 | | |
| 3 a | Parent of Supported Organizations. Answer lines 3a and 3b below. 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 | | |
| 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 | O.L. | | |

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | |
|------|--|---------|--|--------------------------------|
| Sect | ion 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 | | |
| 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 | - Maria de la composition della composition dell | Walionana wasanceana |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | tion 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-function (see instructions) | ally in | tegrated Type III support | orting organization |

| INCOMES THE O | e A (Form 990) 2022 | N Companying Organi | ations (continue | 201 | Page 7 |
|---------------|---|-----------------------------|------------------------------|-------|----------------------------------|
| Part | V Type III Non-Functionally Integrated 509(a)(3 on D-Distributions |) Supporting Organi | zations (continue | 9a) | Current Year |
| 0000 | | | | | |
| 1 | Amounts paid to supported organizations to accomplish e | exempt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity | empt purposes of suppo | rtea | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required- | provide details in Part | VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions. | h the organization is res | ponsive | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | - | 10 | |
| | and a direction of the contraction | | (ii) | 1 | (iii) |
| Sect | ion E-Distribution Allocations (see instructions) | (i) Excess Distributions | Underdistributio Pre-2022 | ns | Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | NOTE: | |
| a | From 2017 | | | 1616 | |
| b | | | | | |
| | From 2019 | | | 100 | |
| - | From 2020 | | | | |
| | From 2021 | | | 1000 | |
| f | | | | | |
| 9 | | Eber (was introduced) | | | |
| h | | | | 1000 | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, line 7: \$ | | | | |
| а | | | | | |
| b | Applied to 2022 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | 200 | |
| 5 | Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | | | | | |
| _ | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| d | | | | | |
| е | Excess from 2022 | | | | |

| 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.) |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| SE A | SIA FOUNDATION | | | | 46 | -2929184 |
|---------|---|---|---|--|---|---|
| Par | General Information Form 990, Part IV, line 1 | | ies Outside | the United States. Com | plete if the organization ar | nswered "Yes" on |
| 1 | For grantmakers. Does the other assistance, the grante award the grants or assistance | es' eligibility | for the gran | | selection criteria used to | ☑ Yes □ No |
| 2 | For grantmakers. Describe outside the United States. Activities per Region. (The fo | | | | | other assistance |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
| (1) | South Asia | 0 | 1 | Grantmaking | In addition to the regular vi: | 587,312 |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
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| (13) | | | | | | |
| (14) | | | | | | |
| (15) | | | | | | |
| (16) | | | | | | |
| (17) | | | | | | |
| 3a b | | | | | | |
| C | Totals (add lines 3a and 3b) | 0 | 1 | | | 587,312 |

| 1 (a) Name of organization | (b) IRS code section and EIN (If applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other |
|-------------------------------|--|---------------|----------------------------|-----------------------------|---------------------------------------|--|--|---|
| (1) | | South Asia | Education improveme | 206,032 | Wire transfer | 0 | | |
| (2) | | South Asia | Education for margina | 56,225 | Wire transfer | 0 | | |
| (3) | | South Asia | Support for a women's | 30,410 | Wire transfer | 0 | | |
| (4) | | South Asia | Support for a school f | 26,400 | Wire transfer | 0 | | |
| (5) | | South Asia | University scholarship | 25,000 | Wire transfer | 0 | | |
| (6) | | South Asia | School improvements | 23,000 | Wire transfer | 0 | | |
| (7) | | South Asia | Educational opportun | 22,729 | Wire transfer | 0 | | |
| (8) | | South Asia | Supporting a school f | 20,000 | Wire transfer | 0 | | |
| (9) | | South Asia | Scholarships and rela | 19,014 | Wire transfer | 0 | | |
| 10) | | South Asia | School construction a | 17,200 | Wire transfer | 0 | | |
| 11) | | South Asia | School improvements | 17,100 | Wire transfer | 0 | | |
| 12) | | South Asia | Education opportuniti | 13,125 | Wire transfer | 0 | | |
| 13) | | South Asia | School improvements | 11,000 | Wire transfer | 0 | | |
| 14) | | South Asia | Operating support for | 10,000 | Wire transfer | 0 | | |
| 15) | | South Asia | Provided computers a | 9,850 | Wire transfer | 0 | | |
| 16) | | Sch F, Stmt 1 | s listed above that are re | | | 61 | | N SI SEC |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of recipients (g) Description of noncash assistance (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of (f) Amount of cash grant cash disbursement noncash assistance (1) (2)(3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)(18)

| art | IV : | Foreign Forms | | |
|-----|--------------|---|-------|------|
| 1 | the o | the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926) | ☐ Yes | ✓ No |
| 2 | be n | the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may equired to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | ☐ Yes | ✓ No |
| 3 | the o | the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to ain Foreign Corporations (see Instructions for Form 5471) | ☐ Yes | ☑ No |
| 4 | qual Info | the organization a direct or indirect shareholder of a passive foreign investment company or a lifted electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing of (see Instructions for Form 8621) | ☐ Yes | ☑ No |
| 5 | the | the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain eign Partnerships (see Instructions for Form 8865) | ☐ Yes | ☑ No |
| 6 | | the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to separately file Form 5713, International Boycott Report (see | | |

✓ No

Part V

V Supplemental Information

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

| Schedule F, Part I, Line 2 - Our Founder travels to Cambodia and Thailand at least three times each year to personally visit each of the |
|---|
| foundation's grantees. A careful review is made to ensure that all funding is being used properly and consistent with the intended purpose of |
| the grant. |
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Form: Schedule F (2022)

EIN: 46-2929184

Page: 2

Grants To Organization Outside US

Part II, Line 1

| | | Cash Grant | Non-Cash Assistance |
|--|---|------------|---------------------|
| Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation | South Asia Education improvements including teacher development and a scholarship Wire transfer | 9,203 | 0 |
| Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation | South Asia School supplies for primary school students in remote villages Wire transfer | 8,325 | 0 |
| Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation | South Asia School support and a new vehicle for transportation Wire transfer | 7,900 | 0 |
| Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation | South Asia School improvement programs including libraries Wire transfer | 6,880 | 0 |
| Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation | South Asia Scholarships, bicycles, and related support for education Wire transfer | 6,844 | 0 |
| Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation | South Asia Operating expenses and scholarships for university students Wire transfer | 6,700 | 0 |
| Region Grant Cash Disbursement Desc. of Non-Cash Asst. Valuation | South Asia Building rent and school supplies for migrant children Wire transfer | 6,200 | 0 |

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SE ASIA FOUNDATION 46-2929184 Form 990, Part VI, Section B, Line 11b - This Form 990 will be provided to each member of the Board of Directors for review and comment. Form 990, Part VI, Section B, Line 12c - Our conflict of interest policy is discussed at each annual board meeting. No such conflicts have been identified. Form 990, Part VI, Section B, Line 15 - Our clear policy is that none of the officers or directors of our organization receives any compensation whatsoever. Form 990, Part VI, Section C, Line 19 - A summary of our financial and operating results is posted on our website each year, as is our Form 990 filing. All other information related to our organization is available by request.

Schedule O, Statement 1

SE ASIA FOUNDATION

Form: Form 990 (2022)

Page: 2

Other Program Services Accomplishments

EIN: 46-2929184 Part III, Line 4d

| Activity Code | Description | Expense | Grants | Revenue |
|------------------|---|---------|---------|---------|
| | All program services not included in lines 4a, 4b, and 4c were provided to carefully vetted organizations that are working in a reliable, trustworthy manner to provide education, life-skills training, and related services to marginalized girls and women | 294,645 | 294,645 | 0 |
| Total: | | 294,645 | 294,645 | 0 |

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

46-2929184

Department of the Treasury Internal Revenue Service Name of the organization

SE ASIA FOUNDATION

Attach to Form 990 or Form 990-PF.

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

2022

Organization type (check one): Filers of: Section: Form 990 or 990-EZ √ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

Employer identification number

46-2929184

| Part I | Contributors (see instructions). Use duplicate co | opies of Part I if additional space is | needed. |
|------------|---|--|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _1_ | Cummings, IA 50061 | \$ 138,600 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Vancouver, BC Canada | \$ 125,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | Saratoga, CA 95070 | \$ 50,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | Santa Fe, NM 87505 | \$ 50,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | Rolling Hills Estates, CA 90274 | \$ 50,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | New York, NY 10025 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Employer identification number

46-2929184

| Part I | | | | |
|------------|-----------------------------------|-------------------------|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 7 | Boston, MA 02210 | \$\$ | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 8 | Redwood City, CA 94065 | \$ 20,037 | Person Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 9 | Seattle, WA 98101 | \$ 15,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| | | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| | | \$\$ | Person Payroll Oncash (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| | | \$ | Person | |

Name of organization

SE ASIA FOUNDATION

Employer identification number

46-2929184

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | |
|---------------------------|---|---|---|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | *************************************** | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| | | \$ | | | | |

| ame of org | orm 990) (2022) ganization | | Page of of Part Employer identification number | | |
|---------------------------|--|--|--|--|--|
| | DUNDATION | | 46-2929184 | | |
| Part III | (10) that total more than \$1,000 for | the year from any one contribut ons completing Part III, enter the e year. (Enter this information onc | is described in section 501(c)(7), (8), or tor. Complete columns (a) through (e) and total of exclusively religious, charitable, etc. See instructions.) | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | | |
| - | Transferee's name, address, an | (e) Transfer of gift d ZIP + 4 Rel | ationship of transferor to transferee | | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Schedule B (Form 990) (2022)

Relationship of transferor to transferee