Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Application pending	Α	For the	2023 calend	dar year, or tax	year beginning		, 2023, and end	ding		, 20
Number and strate (or P.O. box if mail is not delivered to street address) Room/suite Enlegations number (S30) 895-3919	В	Check if a	applicable:	C Name of organ	ization Feeding	Nations Throug	h Educati	on	D Empl	loyer identification number
Pintial return		Address	change	Doing business	s as				**_*	**8347
City or tww, state or province, country, and ZIP or foreign postal code Chico, CA 95927 FName and address of principal officer: Application pending FName and address of principal officer: Trace-exempt status: Stories J Website: Www. Feedingnations.org Form of organization: Form of o		Name ch	ange	Number and st	reet (or P.O. box if m	nail is not delivered to street a	ddress)	Room/suite	E Telep	hone number
Application pending Filams and address of principal officer. High is this a gou, per unit protectionated Yes Nin		Initial retu	ırn	P.O. Box	4509				(530)895-3919
Application pending		Final retur	n/terminated	City or town, s	tate or province, cou	intry, and ZIP or foreign posta	l code			
Alfred K Koala, 11529 Mariesa May, Rancho Cordova, CA 95670-6229 More all subcordinates included? Ves No. * Take the See instructions. Tax-exempt status: Soilicijo; Soilicij		Amended	l return	Chico, C	CA 95927				G Gross	s receipts \$ 420,046.
Tax-exempt status:		Application	on pending '	F Name and addr	ess of principal offic	er:		H(a) Is t	his a group return f	for subordinates? Yes X No
Website: www.feedingnations.org				Alfred K Koa	la, 11529 Maris	ssa Way, Rancho Cordo	va, CA 95670	-6229 H(b) Ar	e all subordina	tes included? Yes No
Summary Summ	ī	Tax-exen	npt status:	X 501(c)(3)	501(c) () (insert no.)	7(a)(1) or 52	7 If '	'No," attach a l	ist. See instructions.
Part Summary Briefly describe the organization's mission or most significant activities: The organization works to relieve famine, powerty american activities: The organization works to relieve famine, powerty american activities: The organization works to relieve famine, powerty american activities: The organization works to relieve famine, powerty american activities: The organization works to relieve famine, powerty american activities: The organization works to relieve famine, powerty american activities: The organization works to relieve famine, powerty american activities: The organization works to relieve famine, powerty american activities: The organization works to relieve famine, powerty american activities: The organization works to relieve famine, powerty american activities: The organization works to relieve famine, powerty american activities: The organization works to relieve famine, powerty american activities: The organization works to relieve famine, powerty americans activities: The organization works to relieve famine, powerty american activities: The organization works to relieve famine, powerty americans and successful activities: The organization works to relieve famine, powerty americans activities: The organization works to relieve famine, powerty americans activities: The organization works to relieve famine, powerty americans activities: The organization works to relieve well-cannot work and training in successful activities: The organization of control to the control to the power work will be ductation. 2 Check this box If the organization disposed for activities: The organization of organization dependent of the power work and training in successful and year and power work and training in the power work and training in the power work and training interestic powers and the power work and training interestic powers and the power work and training interestic powers and the power work and training interestic powers. 2 Data control the power work and training interestic powers	J	Website:	www.f	eedingnat	ions.org			H(c) Gr	oup exemption	number
Briefly describe the organization's mission or most significant activities: The organization works to relieve famine, poverty and raise. It teracy by equipping African villagers with bulls, plows, clean water wells and training in sustainable agriculture, so they can produce enough income to fund their children's education. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)	K	Form of o	rganization: 🛚	Corporation	Trust Association	on Other	L Year of fo	rmation: 2	011 M State	e of legal domicile: CA
raise literacy by equipping African villagers with bulls, plows, clean water wells and training in sustainable agriculture, so they can produce enough income to fund their children's education. Check this box. If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 1a). Total number of individuals employed in calendar year 2023 (Part V, line 2a). Total number of volunteers (estimate if necessary). Net unrelated business revenue from Part VIII, column (C), line 12. Total unrelated business taxable income from Form 990-T, Part I, line 11. Prior Year Current Year Current Year Current Year Current Year Current Year Current Year Current Year Current Year Current Year Current Year Current Year Current Year 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 13 Grants and similar amounts paid (Part IX, column (A), lines 4.) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 4.) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 4.) 16 Total fundralising expenses (Part IX, column (A), lines 1-3). 17 Other expenses (Part IX, column (A), lines 1-3). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 10 Total assets (Part X, line 16). 10 Total assets (Part X, line 16). 10 Total assets (Part X, line 26). 11 Total liabilities (Part X, line 26). 12 Total liabilities (Part X, line 26). 13 Grants and somilar amounts paid (Part IX, column (A), lines 25). 14 Benefits paid to or for members of the current Year 15 Signature Block 16 Total assets (Part X, line 16). 17 Other expenses (Part IX, column (A), lines 10-10. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A),	Р	art I	Summa	ry						
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Preparer NEDTON DUGTNESS SERVICES SERVICES			Randal	ll C. Star	k			09/28/2		
TION CONTRACT TO THE CONTRACT		-	r Firma'a nam			SS SERVICE				
Use Only Firm's address 83 ARTESIA DR, CHICO, CA 95973 Phone no. (530)895-3919	US	e Unly	/							
May the IRS discuss this return with the preparer shown above? See instructions	Ma	y the IR					uctions			

Part I	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:
	The organization works to relieve famine, poverty and
	raise literacy by equipping African villagers with bulls, plows, clean water wells and training
	in sustainable agriculture, so they can produce enough income to fund their children's education.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 281,132. including grants of \$ 0.) (Revenue \$ 0.)
	Funds raised were used to continue development of the middle school, as well as
	operating costs for teachers, students and supplies. 7 classrooms and 3 blocks
	of student dorms have been completed, a good dirt road has been finished to the
	nearby main road, and a solar powered water tower has been constructed over the
	clean water well on the property. 1,133 students are now schooled. Plus, a
	student health clinic is also under construction on the property.
4b	(Code:) (Expenses \$30,000. including grants of \$0.) (Revenue \$\$
	Donations were received for the construction of 2 more deep clean water
	wells in 2 villages. Over 120,000 people now drink every day from our
	clean water wells.
	(Code: \/Expanses \\ A1 250 including grants of \\ \ \ \ \ \/Payonus \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4c	(Code:) (Expenses \$ 41,250. including grants of \$ 0.) (Revenue \$ 0.)
	Raised charitable donations to provide additional Care Packages to 25 more families in
	Burkina Faso (329 families to-date, all of at least 12 people in each family) so they can grow enough food to feed themselves AND sell a surplus to
	fund their children's education.
	Iuna Cheff Children's education.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.) See Statement
4e	Total program service expenses 352,382.

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	×	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	×	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i>	11e		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	×	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II</i>	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		×
	\$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		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	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 noncash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
	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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	10		

Form **990** (2023)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
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			
	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?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		×
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources			
IJ	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	.20		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, as response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See						tions.
	Check if Schedule O contains a response or note to any line in this Part VI					X
Secti	on A. Governing Body and Management					
		ام ا	ا ـ ـ ـ ا		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business					
	any other officer, director, trustee, or key employee?			2	×	
3	Did the organization delegate control over management duties customarily performed by or	unde	r the direct			
	supervision of officers, directors, trustees, or key employees to a management company or o	ther p	erson?.	3		×
4	Did the organization make any significant changes to its governing documents since the prior For	m 990) was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organizati	on's a	issets?.	5		×
6	Did the organization have members or stockholders?			6		×
7a	Did the organization have members, stockholders, or other persons who had the power to					
	one or more members of the governing body?			7a		×
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	٠,				
8	Did the organization contemporaneously document the meetings held or written actions ur			7b		×
0	the year by the following:	iuerta	ken duning			
а				8a	×	
b	The governing body?			8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be a section of the section					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule	Ο.		9		×
Secti	on B. Policies (This Section B requests information about policies not required by th	e Inte	ernal Reven	ue Co	ode.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple.					
44.		-	-	10b	•	
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef Describe on Schedule O the process, if any, used by the organization to review this Form 990 to all members of its governing body bef		ng the form?	11a	×	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the					
	describe on Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		×
14	Did the organization have a written document retention and destruction policy?			14		×
15	Did the process for determining compensation of the following persons include a review					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation					
a	The organization's CEO, Executive Director, or top management official			15a		×
b	Other officers or key employees of the organization			15b		×
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ilar ar	rangement			
10a	with a taxable entity during the year?			16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization			100		
-	participation in joint venture arrangements under applicable federal tax law, and take steps	to saf	eguard the			
	organization's exempt status with respect to such arrangements?			16b		
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedCA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable (2) and the control of the control			(sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that		-			
40	✓ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Separation and its assessment of the control of the cont		,	- احدا	oct .	- دااه
19	Describe on Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year.	urnen	is, contilet o	ınter	est p	юнсу,
20	State the name, address, and telephone number of the person who possesses the organization	an'a h	ooks and ra	ordo		
20	Randy Stark of American Business Service, 83 Artesia Drive, Chico, CA					3919

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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.

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

E officer and box in ficialist and organization fic	i airy rolato	a 0.9	αι <u>_</u>	a		ompo	· ······	acourally current	omoon, an ooton,	or tradition
		(C)								
(A)	(B)	l			ition			(D)	(E)	(F)
Name and title	Average					e than o is both		Reportable	Reportable	Estimated amount
	hours	office	er and			or/trust		compensation	compensation	of other
	per week (list any	Individual trustee or director	Ins	오	Z e	em Hig	Fo	from the organization (W-2/	from related organizations (W-2	compensation from the
	hours for	livid	titu	Officer	y er	Highest compensated employee	Former	1099-MISC/	1099-MISC/	organization and
	related organizations	ctor	iona		Key employee	t co		1099-NEC)	1099-NEC)	related organizations
	below	trus	al tro		yee	mpe				
	dotted line)	ee	Institutional trustee			nsa				
			Ф	4		ted				
(1) Alfred K. Koala	40.00	+								
President	0.00	_		×				0.	0.	0.
(2) Debbie Morse	2.00									
Secretary	0.00	×		×			_	0.	0.	0.
(3) Randy Stark	4.00									
Treasurer	0.00	-		X				0.	0.	0.
(4) Raymond Boykin	2.00									
Board Member	0.00	_						0.	0.	0.
(5) Jacklyn Baily	3.00	1	1							
Board Member	0.00							0.	0.	0.
(6) Ashley Koala	30.00									
Administrator	0.00	_						0.	0.	0.
(7) Francois Nze	10.00									
Social Media Manager	0.00							0.	0.	0.
(8) Paul Beretta	2.00	+								
Board Member	0.00	_						0.	0.	0.
(9)Linda Stark	4.00	+								
Assistant Accountant	0.00							0.	0.	0.
(10) Mary Boyd	2.00									
Volunteer Grant Writer	0.00	×						0.	0.	0.
(11)										
(12)										
(13)										
(14)										

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Part	VII Section A. Officers, Directors,	Γrustees,	Key I	Em	plo	yee	s, ar	ıd F	lighest Compe	nsated E	mplo	yees (d	continu	ed)
	(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe	rson	e than is both or/trus	n an	n Reportable	(E) Reportable compensation from related	tion	0	(F) ted amou f other censation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		(W-2/ C/	fro organi	om the zation an organization	d
(15)														
(16)			-											
(17)			-											
(18)														
(19)														
(20)														
(21)							4							
(22)														
(23)					4	L								
(24)														
(25)														
1b	Subtotal	VII Soctio		·					0.		0.			0.
d	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including bur reportable compensation from the organi	t not limited	d to th	iose	e list	ted	abov	e) w	ho received mor	e than \$10	0,000	of		
				4		- 1					41		Yes I	No
3	Did the organization list any former of employee on line 1a? <i>If</i> "Yes," complete	Schedule J	for su	uch	ind	ivid	ual					3		×
4	For any individual listed on line 1a, is the organization and related organizations individual													
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or indiv				×
Sect	on B. Independent Contractors	: 11 103, 0	Jorripi	010	001	icat	110 0 1	01 0	such person .		•	5		×
1	Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business add	lress							(B) Description of serv	vices	((C) Compens	ation	
														_
2	Total number of independent contractor	are (includi	na hi	ıt n	ot !	limit	ed t	th th	nose listed above	e) who				
2	received more than \$100,000 of compens						. c u l(ווו כ	iose listed abov	e) wild				

Part VIII Statement of Revenue Check if Schedule O contain

rait	· · · · ·	Check if Schedule O contains a response or note to	o any line in this Pa	art VIII		\sqcap
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b				
عَ ق	С	Fundraising events 1c				
fts, Ir A	d	Related organizations 1d				
n Gi	е	Government grants (contributions) 1e				
Sir	f	All other contributions, gifts, grants,				
utic her		and similar amounts not included above 1f 420,04	46.			
ë ₹	g	Noncash contributions included in				
oul		lines 1a–1f 1g \$ 11,70				
0 %	h	Total. Add lines 1a–1f				
o	0-	Business Co	de			
Program Service Revenue	2a					
gram Ser Revenue	b					
Z N	c d					
gra Re	e					
ľ	f	All other program service revenue				
-	g g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest, a	and			
		other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Persona				
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory 7a				
4	h	other than inventory 7a Less: cost or other basis	0.			
evenue	b	and sales expenses . 7b	0.			
Ş.	С	Gain or (loss) 7c	0.			
Œ		Net gain or (loss)		0.	0.	0.
Other		Gross income from fundraising		0.	0.	0.
ŏ	ou	events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18 8a				
		Less: direct expenses 8b				
		Net income or (loss) from fundraising events				
	9a	Gross income from gaming				
		activities. See Part IV, line 19 . 9a				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances 10a				
	J_	100				
	b	Less: cost of goods sold 10b Net income or (loss) from sales of inventory				
		Business Co				
onic	11a					
Miscellaneous Revenue	b					
ella	c					
isc Re	d	All other revenue	0.	0.	0.	0.
Σ	е	Total. Add lines 11a–11d				
	12	Total revenue. See instructions	420,046.	0.	0.	0.

Part IX Statement of Functional Expenses

Sectio	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a response	or note to any line	e in this Part IX .		🗌						
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .		·		·						
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	350,750.	350,750.								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees										
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11 a	Fees for services (nonemployees): Management										
b	Legal										
С	Accounting	11,700.	0.	11,700.	0.						
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column										
9	(A), amount, list line 11g expenses on Schedule O.) .										
12	Advertising and promotion	3,502.	0.	3,502.	0.						
13	Office expenses	2,434.	0.	2,434.	0.						
14	Information technology	4,023.	0.	4,023.	0.						
15	Royalties										
16	Occupancy										
17 18	Travel	42,775.	0.	42,775.	0.						
10	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings .	11,982.	0.	11,982.	0.						
20	Interest										
21	Payments to affiliates	1 050		1 000							
22	Depreciation, depletion, and amortization .	1,279.	0.	1,279.	0.						
23 24	Insurance										
27	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 charges	3,481.	0.	3,481.	0.						
b	Postage & delivery	308.	0.	308.	0.						
C	Telephones & communications	1,664.	1,632.	32.	0.						
d e	FNTE B.F. gen admin All other expenses	2,428.	0.	2,428.	0.						
25	Total functional expenses. Add lines 1 through 24e	436,326.	352,382.	83,944.	0.						
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 \square if	,									
	following SOP 98-2 (ASC 958-720)	REV 05/09/24 PRO			Form 990 (2023)						
					. 51111 555 (2020)						

Part X Balance Sheet

		Check if Schedule O contains a response or note	to any line in this Par	1		<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		48,475.	1	22,569.
	2	Savings and temporary cash investments	[2	
	3	Pledges and grants receivable, net	[3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form				
		trustee, key employee, creator or founder, substantial				
	_	controlled entity or family member of any of these per			5	
	6	Loans and other receivables from other disqualified	` `			
		under section 4958(f)(1)), and persons described in se	` ` ` ` `		6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use	-		8	
۷	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	-			
		Less: accumulated depreciation		1,126.		2,929.
	11				11	
	12	Investments—other securities. See Part IV, line 11.	A F		12	
	13	Investments—program-related. See Part IV, line 11.			13	
	14 15	Intangible assets			14 15	
	16	Other assets. See Part IV, line 11		49,601.	16	25,498.
	17	Accounts payable and accrued expenses		5,154.	17	330.
	18	Grants payable		5,154.	18	330.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
s	22	Loans and other payables to any current or form				
itie		trustee, key employee, creator or founder, substantial				
Liabilities		controlled entity or family member of any of these per	sons		22	
Lis	23	Secured mortgages and notes payable to unrelated th	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third	· ·		24	
	25	Other liabilities (including federal income tax, payal	oles to related third			
		parties, and other liabilities not included on lines 17-2				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		5,154.	26	330.
Seou		Organizations that follow FASB ASC 958, check he and complete lines 27, 28, 32, and 33.	ere 🗌			
alaı	27	Net assets without donor restrictions	[27	
B	28	Net assets with donor restrictions			28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, cl and complete lines 29 through 33.	neck here 🔀			
o	29	Capital stock or trust principal, or current funds	[29	
ets	30	Paid-in or capital surplus, or land, building, or equipm			30	
488	31	Retained earnings, endowment, accumulated income	, or other funds .	44,447.	31	25,168.
et/	32	Total net assets or fund balances		44,447.	32	25,168.
Z	33	Total liabilities and net assets/fund balances		49,601.	33	25,498.

Form 990 (2023) Page **12**

Check if Schedule O contains a response or note to any line in this Part XI	Part	Reconciliation of Net Assets					
2							
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Net assets or fund balances (explain on Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Schedule O and line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant? 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. Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Indicated the sample of 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 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	-						
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
Net unrealized gains (losses) on investments 5 Conated services and use of facilities 6 Conated services and use of facilities 7 Investment expenses 7 Investment expenses 7 Cother changes in net assets or fund balances (explain on Schedule O) 8 Other changes in net assets or fund balances (explain on Schedule O) 9 Check if Schedule O contains a response or note to any line in this Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		·					
6 Donated services and use of facilities 6	4				4	4,4	47.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 28,167. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 X 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 2b X 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. Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X	5		_				
Other changes in net assets or fund balances (explain on Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant? 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. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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. 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 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 Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	6		_				
9 Other changes in net assets or fund balances (explain on Schedule O)	7	Investment expenses					
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Were the organization's financial statements audited by an independent accountant? 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. Separate basis Consolidated basis, or both. 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 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 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		· · · · ·	_				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	-		9				
Check if Schedule O contains a response or note to any line in this Part XII	10						
Check if Schedule O contains a response or note to any line in this Part XII			10		2	28,1	67.
Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Part	·					_
Accounting method used to prepare the Form 990: \(\) Cash \(\) Accrual \(\) Other \(\) If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? \(\) . \(\) 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 b Were the organization's financial statements audited by an independent accountant? \(\) . \(\) 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. \(\) Separate basis \(\) Consolidated basis \(\) Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \(\)		Check if Schedule O contains a response or note to any line in this Part XII					Ц
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?						Yes	No
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Were the organization's financial statements compiled or reviewed by an independent accountant?			plain	on			
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Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?			npiled	or			
b Were the organization's financial statements audited by an independent accountant?							
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□ Separate basis □ Consolidated basis □ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			ed o	n a			
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If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	С						
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b					2c		
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			cpiain	on			
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	•						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b	за						
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . 3b					3a		<u></u>
	b				01-		
		required addit or addits, explain why on Schedule O and describe any steps taken to undergo such a	uuiis	. ;	3D		

REV 05/09/24 PRO Form **990** (2023)

Form 990: Return of Organization Exempt from Income Tax

Part III: Line 4d (continued)

Continuation Statement

(Code:) (Expenses \$0 including grants of \$0) (Revenue \$0)
Other charitable donations raised will be used to continue helping women start their own small businesses in 2024
(now up to 1,090) through our Microloan Program.

(Code:) (Expenses \$0 including grants of \$0) (Revenue \$0)

Also, to-date over 6,200 people have received eyeglasses through our eye care clinic, and over 350 people have received critical dental care for the first time in their lives.

42 people from the USA have participated in our mission trips to serve in Burkina Faso.



SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	Name of the organization Employer identification number							
	Feeding Nations Through Education **-**8347							
Par		Reason for Public Char						ons.
The c	_	zation is not a private founda		,		-	•	
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
	 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 							
3		medical research organization						(iii) Enter the
4	_	ospital's name, city, and state	•	orijuricuori witir a riosi	Jilai uesc	indea in s	section 170(b)(1)(A)(ini). Linter the
5								
6	\square A	federal, state, or local govern	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7	X A	n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8	\square A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	or	n agricultural research organi r university or a non-land-gra niversity:						
10	re su ac	n organization that normally receipts from activities related upport from gross investment cquired by the organization a	to its exempt fur tincome and unr fter June 30, 197	nctions, subject to ce related business taxal 75. See section 509(a	rtain exce ble incom a)(2). (Cor	eptions; a ne (less se mplete Pa	and (2) no more than ection 511 tax) from art III.)	33 ¹ / ₃ % of its
		n organization organized and	•					
12	or	n organization organized and ne or more publicly supported le box on lines 12a through 12	d organizations d	escribed in section 5	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
а		Type I. A supporting organ the supported organization supporting organization. Yo	(s) the power to	regularly appoint or e	lect a ma	ijority of t		
b		Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С		Type III functionally integ its supported organization(ally integrated with,
d		Type III non-functionally i that is not functionally integreguirement (see instructionally integreguirement)	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е		Check this box if the organ functionally integrated, or 1	ization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III
f	Ente	er the number of supported of						
g		vide the following information	•	orted organization(s).				
	(i) Nar	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(A)								
(B)								
(C)								
(D)								
(E)								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 156,493. 142,943. 166,970. 263,150. 420,046. 1,149,602. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 4 166,970. 156,493. 142,943. 263,150. 420,046. 1,149,602. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 1,149,602. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 156,493. 142,943. 166,970. 263,150. 420,046. 1,149,602. Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 1,149,602. Gross receipts from related activities, etc. (see instructions) 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 100 % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. 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 - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

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

Secti	on A. Public Support			, 1		,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				,	,	
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						_
8	Public support. (Subtract line 7c from						
·	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6				(4,)	(2)	()
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
.0	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth.	or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					
Secti	on C. Computation of Public Suppor	rt Percentag	е				
15	Public support percentage for 2023 (line 8						%
16	Public support percentage from 2022 Sch	nedule A, Part	III, line 15 .			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2023 (-			<u>%</u>
18	Investment income percentage from 2022						%
19a	331/3% support tests—2023. If the organ						
	17 is not more than 33 ¹ / ₃ %, check this box		_	-		-	_
b	331/3% support tests—2022. If the organiz						
	line 18 is not more than 33 ¹ / ₃ %, check this	_	=	•	-		_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, (check this box	and see instru	ctions .

Supporting Organizations Part IV

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

S

-	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	4.4		
L		11a 11b		
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	IID		
·	provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations	10		
	71 11 0 0		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		
Section	on C. Type II Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Management of the state of the		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		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	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 supported organizations played in this regard.			
Section	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	<u></u>
a	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		00	-/-
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in	struct	ions).
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. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	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.	3h		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
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					
	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	10					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C—Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	integrated Type III support	ing organization			

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions** Section E—Distribution Allocations (see instructions) Distributable **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 From 2019 **c** From 2020 **d** From 2021 From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

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

Schedule of Contributors

Employer identification number

Feeding Nations Through Education **-**8347								
Organiz	rganization type (check one):							
Filers o	f:	Section:						
Form 99	0 or 990-EZ	⋉ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		☐ 527 politica	organization					
Form 99	00-PF	501(c)(3) ex	empt private foundation					
		☐ 4947(a)(1) n	onexempt charitable trust treated as a private foundar	tion				
		☐ 501(c)(3) tax	able private foundation					
Note: O	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							
X		or property) from a	90-EZ, or 990-PF that received, during the year, cont any one contributor. Complete Parts I and II. See instr					
Special	Rules							
	regulations under se 16b, and that receiv	ections 509(a)(1) a red from any one	ion 501(c)(3) filing Form 990 or 990-EZ that met the 3 and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 contributor, during the year, total contributions of the Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete	90), Part II, line 13, 16a, or greater of (1) \$5,000; or				
	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.							
	contributor, during t contributions totaled during the year for a General Rule applie	the year, contributed of more than \$1,00 an <i>exclusively</i> relig es to this organiza	ion 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that tions exclusively for religious, charitable, etc., purpose 00. If this box is checked, enter here the total contribugious, charitable, etc., purpose. Don't complete any oution because it received nonexclusively religious, charar	es, but no such utions that were received f the parts unless the uritable, etc., contributions				

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name o	if the organization		Employer identification number
Fee	ding Nations Through Education		**-***8347
Par	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ls or Accounts
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Bollot davised failes	(b) i unas ana otner accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject to the	organization's exclusive legal control	$? \cdot \cdot \cdot \cdot \cdot \Box$ Yes \Box No
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefit		
Daw			i les 🗀 NO
Par	t II Conservation Easements		
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o	rganization (check all that apply).	
	Preservation of land for public use (for example, recreation	ation or education) Preservation or	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
_	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		. 2 a
b	Total acreage restricted by conservation easements		. 2b
С	Number of conservation easements on a certified hi		. 2c
d	Number of conservation easements included on line		not
	on a historic structure listed in the National Register		· 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	ninated by the organization during the
	tax year		, ,
4	Number of states where property subject to conserv	vation easement is located	
5	Does the organization have a written policy region		ection handling of
•	violations, and enforcement of the conservation eas		
_			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, nandling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line	2d above satisfy the requirements of s	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · ·
9	In Part XIII, describe how the organization reports co	onservation easements in its revenue a	and expense statement and balance
	sheet, and include, if applicable, the text of the footi	note to the organization's financial sta	tements that describes the
	organization's accounting for conservation easemer	nts.	
Pari	III Organizations Maintaining Collections	of Art Historical Treasures or (Other Similar Assets
ı aı	Complete if the organization answered "		outer chimai Accord
4.	If the organization elected, as permitted under FASI		a statement and balance about wells
ıa	, ,	•	
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote to		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held	for public exhibition, education, or res	earch in furtherance of public service,
	provide the following amounts relating to these item	S.	
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art,		
~	following amounts required to be reported under FA		assets for illiancial gain, provide the
	=	=	•
а	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		\$

Part	III Organizations Maintaining Col	llections of Art, H	istorical [*]	Treasures, or	Other Similar As	sets (continued)
3	Using the organization's acquisition, acce collection items (check all that apply).	ession, and other red	cords, chec	ck any of the fo	llowing that make s	ignificant use of its
а	☐ Public exhibition	c	☐ Loan	or exchange pr	ogram	
b	☐ Scholarly research	e				
С	☐ Preservation for future generations					
4	Provide a description of the organization's XIII.	s collections and ex	plain how t	they further the	organization's exen	npt purpose in Part
5	During the year, did the organization solid					
	assets to be sold to raise funds rather than	n to be maintained a	s part of th	e organization's	s collection?	☐ Yes ☐ No
Part						
	Complete if the organization ans 990, Part X, line 21.					
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?					ot Ves No
b	If "Yes," explain the arrangement in Part X	III and complete the	following t	able.		
					A	mount
С	Beginning balance			- t	1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on				-	
	If "Yes," explain the arrangement in Part X	III. Check here if the	explanatio	n has been pro	vided in Part XIII .	🗆
Par		a "Vaa" an F		Dowl IV line 10	`	
	Complete if the organization ans					1,,,
) Current year (b)	Prior year	(c) Two years ba	ck (d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the c	•	nce (line 1	g, column (a)) he	eld as:	
a	Board designated or quasi-endowment	%				
b	Permanent endowment %					
С	Term endowment%					
0-	The percentages on lines 2a, 2b, and 2c shape the second s		!			_
3a	Are there endowment funds not in the pos	ssession of the orga	ınızation tn	at are neid and	administered for th	
	organization by:					Yes No
	(i) Unrelated organizations?					3a(i)
	(ii) Related organizations?					3a(ii)
b 4	Describe in Part XIII the intended uses of the		•			3b
4 Pari			downlent i	unus.		
rait	Complete if the organization ans		orm 990	Part IV line 11	a See Form 990	Part Y line 10
	Description of property	(a) Cost or other basi			(c) Accumulated	(d) Book value
	Description of property	(investment)	1 ' '	other)	depreciation	(d) Book value
	Land).			0.
b	Buildings					<u>.</u>
C	Leasehold improvements					
d	Equipment			22,231.	19,302.	2,929.
e	Other					_,,,
	Add lines 1a through 1e. (Column (d) must	egual Form 990. Pa	t X. line 10	c. column (B))		2,929.

Part VII	Investments – Other Securities Complete if the organization answered "Yes" on Fo	rm 990 Part IV lin	o 11h Soo Form	000 Part V line 12
	(a) Description of security or category	(b) Book value		hod of valuation:
	(including name of security)	(4, 20011 101100		of-year market value
(1) Financial				
	neld equity interests			
(3) Other		-		
(A)				
(B)		-		
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	 mn (b) must equal Form 990, Part X, line 12, col. (B))	-		
Part VIII	Investments – Program Related			
T GIT VIII	Complete if the organization answered "Yes" on Fo	rm 990 Part IV lin	e 11c. See Form	990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Met	hod of valuation:
(4)			Cost or end	-of-year market value
<u>(1)</u> <u>(2)</u>				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)	(1) 15 000 B 17 (1) 45 1 (B)			
	mn (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities	<u> </u>		
Part X	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal ir	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	, , , , , , , , , , , , , , , , , , , ,		1.6	
	r uncertain tax positions. In Part XIII, provide the text of the footr s liability for uncertain tax positions under FASB ASC 740. Chec			

Faltu	XI Reconciliation of Revenue per Audited Financial Stateme			Retu	rn
	Complete if the organization answered "Yes" on Form 990, F	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		-	
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>			5	
Part				_	turn
ıaıı	Complete if the organization answered "Yes" on Form 990, F			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Carri
1	Total expenses and losses per audited financial statements	arti	v, iiile 12a.	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			ı	
2	·	2a			
a				-	
b	Prior year adjustments	2b		-	
C	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2d		0-	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b		-	
C	Add lines 4a and 4b			4c 5	
5					
_		5 10.)		J	
Part	XIII Supplemental Information				V line 4. Dort V line
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	XIII Supplemental Information	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
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Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	
Part Provid	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Pa	art IV, lines 1b and 2b	; Part	

BAA

Schedule D (For	rm 990) 2023	Page 🕏
Part XIII	Supplemental Information (continued)	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Department of the Treasury

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.

Open to Public Inspection

Internal Revenue Service

Name of the organization **Employer identification number**

	ling Nations Through	Educatio	n		**-**	8347
Par	General Information Form 990, Part IV, line		ties Outside	the United States. Com	nplete if the organization a	nswered "Yes" or
1	For grantmakers. Does the other assistance, the grants award the grants or assistance	es' eligibility		ts or assistance, and the s	selection criteria used to	☐ Yes ☐ No
	awara the grante or accident					
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	ng the use of its grants and	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(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)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	1	1			

1	(a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
	organization	section and EIN (if applicable)	(4) 110g(01)	grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	Education Assistance					
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									

Schedule F (Form 990) 2023

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

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

Part IV Foreign Forms

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

	orm 990) 2023 Pag
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additiona information. See instructions.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

Feeding Nations Through Education	**-***8347
Pt VI, Line 2: Alfred Koala and Ashley Koala are husband and wife.	
Pt VI, Line 11b: The CFO prepares the 990 and then reviews it with	the president
prior to being filed. Copies are then distributed by email to the	rest of the
board members.	
Pt VI, Line 19: All documents are available by email upon request,	or directly
on the organization's website: www.feedingnations.org.	
Other: Currently, FNTE Team and Board members donate themselves towa	rd the organization's
administrative cost so that the donors' contributions go fully toward	rd our sustainable
programs.	
Pt III, Line 4d:	
Expenses: \$0 including grants of: \$0 Revenue: \$0	
Description: Other charitable donations raised will be used to con	ntinue helping
women start their own small businesses in 2024 (now up to 1,090) through	h our Microloan Program.
Expenses: \$0 including grants of: \$0 Revenue: \$0	
Description: Also, to-date over 6,200 people have received eyegla	sses through
our eye care clinic, and over 350 people have received critical dental care for the	e first time in their lives.
42 people from the USA have participated in our mission trips to	serve in Burkina Faso.

Form **8868**

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension

OMB No. 1545-0047

request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I — Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** **-***8347 Feeding Nations Through Education Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for P.O. Box 4509 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. Chico CA 95927 0 1 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application Is For** Return Application Is For Return Code Code Form 990 or Form 990-EZ Form 4720 (other than individual) 01 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 990-T (corporation) 07 Form 5330 (other than individual) 14 08 Form 1041-A After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Year Ending (MM/DD/YYYY) Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of Randy Stark of American Business Service Fax No. Telephone No. (530)895-3919 _____ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until Nov 15 , 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or tax year beginning , 20 , and ending , 20 , 20 . . . If the tax year entered in line 1 is for less than 12 months, check reason:

Initial return

Final return ☐ Change in accounting period

nonrefundable credits. See instructions.

0.

0.

3a

3b

3c

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

estimated tax payments made. Include any prior year overpayment allowed as a credit.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2024)	Page 2
xiii 0000 (i.bii i 202.)	. ugo _

Part	III — Extension of Time To File Form 5330 (see instructions)		·
1	I request an extension of time until, 20, to file Form 5330.		
	You may be approved for up to a 6-month extension to file Form 5330, after the normal due da	te of	Form 5330.
а	Enter the Code section(s) imposing the tax.		
b	Enter the payment amount attached.	1b	\$
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	1c	
2	State in detail why you need the extension.		
	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and corract this application.	nplete,	and that I am authorized
Signat	ture Date		

Form **8868** (Rev. 1-2024)

2023

Tax Year 2023 ► Keep for your records

Page 1 of 1

Name as Shown on Return Feeding Nations Through Education	Identifying Number **-**8347
QuickZoom here to enter assets	

Activity: Form 990	- /	Form 9	90EZ									
		Date	Cost	Land	Bus	Section		Depreciable		Method/	Prior	Current
Asset Description	Code	In Service	(Net of		Use %	179	Depreciation	Basis	Life	Convention	Depreciation	Depreciation
	*		Land)				Allowance					
DEPRECIATION												
MacBook Air 17" laptop		10/25/23			100.00					200DB/MQ		92
DELL Latitude 3540 laptop		11/16/23	1,246		100.00			1,246	5.00	200DB/MQ		62
SUBTOTAL CURRENT YEAR			3,082	0		0	0	3,082			0	154
MacBook Air 13" laptop computer	S	07/15/13	1,530		100.00					200DB/HY	1,530	0
Office computer & accessories	S	08/08/14			100.00					200DB/HY	1,404	
Canon camera & accessories		11/29/16	1,148		100.00					200DB/MQ	1,060	88
2009 Toyota Highlander	A	06/14/18	18,000		100.00			18,000	5.00	200DB/HY	16,963	1,037
SUBTOTAL PRIOR YEAR			22,082	0		0	0	22,082			20,957	1,125
TOTALS			25,164	0		0	0	25,164			20,957	1,279
		!										

TAXABLE YEAR

California Exempt Organization Annual Information Return

202	3 Annual Information Ret	urn					199
	ear 2023 or fiscal year beginning (mm/dd/yyyy)			ling (mm/dd/yyyy			
Corporation	Organization name FEEDING NATIONS THROUGH	H EDUCA	TION	Californi		ation nu	mber
Additional in	nformation. See instructions.			***8 FEIN	257		
Additional ir	normation. See instructions.				**83	47	
Street addre	ess (suite or room)			^ - ^	^^63	PMB n	0
	OX 4509						.
City	1305				State	ZIP cod	le
CHICO					CA	9592	7
Foreign cou	ntry name Foreign	n province/sta	te/county	I.		Foreign	postal code
A First retu	urn	es ×No	Did the organization	have any chang	nes to it	s auidel	ines
	d return	oo XINo	not reported to the F	TB? See instru	ctions		● ∐ Yes 😕 No
	tion 4947(a)(1) trust		If exempt under R&T	C Section 2370	01d, has	s the org	ganization ● □ Yes 🗵 No
	ormation return?		engageu in pontical a	activities? See i	11511 4611	0115	
• 🗆 D	issolved 🔲 Surrendered (Withdrawn) 🗌 Merged/Reorga	ınized	If "Yes," enter the gr	oss receipts fro	om noni	nember	sources\$
	te: (mm/dd/yyyy) •//	L					●□Yes ☒N
	ccounting method: (1) $oxtimes$ Cash (2) $oxtimes$ Accrual (3) $oxtimes$ 0	other	Did the organization	file Form 100 c	or Form	109 to r	report
	return filed? (1) ● □ 990T (2) ● □ 990PF (3) ● □ So	ch H (990)	taxable income?				● □ Yes □ No
` '	ther 990 series	VIII.	I Is the organization u	nder audit by th	ne IRS d	or has th	ne IRS ● □ Yes ⊠ No
G IS this a	group filing? See instructions	es 🔼 NO					
If "Yes,"	what is the parent's name?	62 1110	Date filed with IRS _	, roz i ponanig			
	<u> </u>						
Part I C	omplete Part I unless not required to file this form. See G	eneral Infor	mation B and C.				
	1 Gross sales or receipts from other sources. From Side	2. Part II. lin	e 8			1	0 00
	2 Gross dues and assessments from members and affilia	ates				2	00
	3 Gross contributions, gifts, grants, and similar amounts				(3	420,046 00
Receipts and	4 Total gross receipts for filing requirement test. Add line This line must be completed. If the result is less than			D		4	420,046
Revenues	5 Cost of goods sold			D		00	420,040
	6 Cost or other basis, and sales expenses of assets sold					00	
	7 Total costs. Add line 5 and line 6						00
	8 Total gross income. Subtract line 7 from line 4						420,046 00
Expenses	9 Total expenses and disbursements. From Side 2, Part I 10 Excess of receipts over expenses and disbursements.						437,078 00 -17,032 00
	11 Total payments					11	-17,032 00
	12 Use tax. See General Information K					12	o 00
	13 Payments balance. If line 11 is more than line 12, subti					13	00
Payments	14 Osc lax balance. If fine 12 is more than fine 11, subtrac						00
	15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line						00 0
	Under penalties of perjury, I declare that I have examined this return	rn, including ac	companying schedules a	nd statements, an	nd to the I	pest of m	y knowledge and belief, it is
Sign	true, correct, and complete. Declaration of preparer (other than tax	payer) is based Title	d on all information of which	ch preparer has a Date		edge. D Teleph	one
Here	Signature of officer		ENT/FOUNDER	08-12-2		•))895-3919
	of officer	PRESID	Date	Check if self-		PTIN	7/093-3919
	Preparer's signature		09-28-2024		₹	***	**0210
Paid	F: 1 /		(, _	_	Firm's	
Preparer's Use Only	if self-employed) • AMERICAN BUSINESS	SERVICE	2			**_*	***8049
- ,	and address 83 ARTESIA DR					Teleph	
	CHICO CA 95973))895-3919
	May the FTB discuss this return with the preparer sho	wn above?	See instructions		(Ye:	s 🗌 No

REV 06/05/24 PRO

Organizations with gross receipts of more than \$50,000 and private foundations Part II

	regardless of amount of gross receipts — com	plete Part II or furnish su	bstitute information.			
	1 Gross sales or receipts from all business ac	ctivities. See instructions.			1	00
	2 Interest					00
Receipts	3 Dividends					00
from	4 Gross rents					00
Other	5 Gross royalties					00
Sources	6 Gross amount received from sale of assets					o 00
	7 Other income. Attach schedule				_	00
	8 Total gross sales or receipts from other sour				_	0 00
	9 Contributions, gifts, grants, and similar am					350,750 00
	10 Disbursements to or for members				10	00
	11 Compensation of officers, directors, and tru	istees. Attach schedule	S			0 00
	12 Other salaries and wages	iotoco. Attachi concadio			12	00
Expenses	13 Interest				13	00
and	14 Taxes					00
Disburse-	15 Rents					00
ments	16 Depreciation and depletion (See instruction					2,031 00
	17 Other expenses and disbursements. Attach	schedule	S	ee Stmt	17	84,297 00
	18 Total expenses and disbursements. Add lin	e 9 through line 17. Enter	here and on Side 1. Part I	. line 9	. 18	437,078 00
Schedule	e L Balance Sheet	Beginning of	f taxable year	E	nd of taxable	
Assets		(a)	(b)	(c)		(d)
1 Cach			48,475	, ,		22,569
	counts receivable		10,175			
	ites receivable					
	ories					
	all and state government obligations					
	ments in other bonds					
	ments in stock				•	
8 Mortga	age loans				•	
	investments. Attach schedule				•	
10 a Dep	reciable assets	22,083		22	2,231	
b Less	s accumulated depreciation	20,957	1,126	19	302	2,929
11 Land.			0		•	0
12 Other a	assets. Attach schedule					
13 Total a	assets		49,601			25,498
Liabilities	and net worth					
14 Accou	nts payable		5,154		•	330
	butions, gifts, or grants payable				•	
	and notes payable				•	
	ages payable				•	
	liabilities. Attach schedule					
	I stock or principal fund				•	
	or capital surplus. Attach reconciliation					
	·		44,447			25,168
	ed earnings or income fund					
22 Total I Schedule	iabilities and net worthe M-1 Reconciliation of income per books	with income ner return	49,601			25,498
Scriedule	Do not complete this schedule if the a		e 13. column (d), is less th	nan \$50.000.		
1 Notine	<u> </u>	•				
	come per books		7 Income recorded on	•		
	Il income tax	•	not included in this r			
	s of capital losses over capital gains	•	8 Deductions in this re	turn not charged		
4 Incom	e not recorded on books this year.		against book income	this year.		
	1 11		Attach schedule			
Attach	schedule		_ /tttaoii ooiioaaio			
				line 8		
5 Expens	ses recorded on books this year not		9 Total. Add line 7 and			
5 Expension		•		n.		

Additional Information From 2023 California Exempt Organization Business

Form 199: CA Exempt Organization Annual Information

Part II, Line 9 - Contributions

Continuation Statement

Description	Amount
GRANTS AND OTHER ASSISTANCE TO FOREIGN ORGS., GOVERNMENTS AND INDIVIDUALS	350,750
Total	350,750

Form 199: CA Exempt Organization Annual Information

Part II, Line 11 - Compensation

Continuation Statement

	Description	Amount
ALFRED K. KOALA		0
DEBBIE MORSE		0
RANDY STARK		0
RAYMOND BOYKIN		0
JACKLYN BAILY		0
ASHLEY KOALA		0
FRANCOIS NZE		0
PAUL BERETTA		0
LINDA STARK		0
MARY BOYD		0
	Total	0

Form 199: CA Exempt Organization Annual Information

Part II, Line 17 - Expenses

Continuation Statement

Turtii, Line II - Experiede	• • • • • • • • • • • • • • • • • • • •	aution Clutomoni
Description		Amount
OTHER EXPENSES PROPERTY		0
ACCOUNTING		11,700
ADVERTISING AND PROMOTION		3,502
OFFICE EXPENSES		2,434
INFORMATION TECHNOLOGY		4,023
TRAVEL		42,775
CONFERENCES AND MEETINGS		11,982
BANK CHARGES		3,481
POSTAGE & DELIVERY		308
TELEPHONES & COMMUNICATIONS		1,664
FNTE B.F. GEN ADMIN		2,428
	Total	84,297