efile	e GR		print	Submission Da	ate - 20	024-05-10					D	LN: 9	3493131021204	
Form	9	90		section 501(c), 52	27, or 494	7(a)(1) of th	-	enue Co	de (except	private f		(-	2022	
Treas	ury	nt of the		► Go to <u>www.</u>						•	1.		Open to Public Inspection	
9 erv f e	ar R	evenue le 2022 c	alendar	year, or tax year	beginnir	ng 08-01-202	22 ,and end	ing 07	-31-2023					
_		applicable:									Employer	identifi	ication number	
		change hange								8	35-01961	15		
O Init		-		business as A PREPARATORY SCHOC	OL									
_		rn/terminated	Numbe	Number and street (or P.O. box if mail is not delivered to street address) Room/suite							elephone	number		
Amended return Application			532 05	SUNA NE										
(plend	ing			town, state or province QUERQUE, NM 87113	ce, country,	and ZIP or fore	ign postal code	-		`	(505) 338-3000			
			ALDOQ							G	Gross rec	eipts \$ 1	5,300,420	
				ne and address of pr	rincipal of	ficer:			H(a) is	s this a gr	oup retui	n for		
				ER MOCK SUNA NE						ubordinat			🗌 Yes 🗹 No	
			ALBUQ	UERQUE, NM 87113	.3					Are all sub ncluded?	ordinates	5	□ Yes □No	
lax	-exer	mpt status:	V 501(c)(3) 🗌 501(c) () ◀ (insert	no.) 🗌 49	47(a)(1) or	527		-			structions.	
We	ebsit	te: 🕨 WW	W.SAND	IAPREP.ORG					H(c) G	Group exe	mption n	umber	•	
)		-		L Year of t	formation: 3	1965	1 State	of legal domicile: NM	
N Form	of o	rganızation:	🛀 Corp	poration 🗌 Trust 🗌	 Association 	on 🖵 Other 🖡								
Ра	rt I		mary	e organization's mis										
Governance		ACADEMIC INNOVATI\	CS ARE O /E PROGI	UR TOP PRIORITY, B RAM PREPARES EACI ER PURPOSE IN THE	BALANCE	IS OUR CORE	VALUE, AND CO							
over														
5			ck this box • if the organization discontinued its operations or disposed of more than 25% of its net assets.										21	
S												4	21	
anu			In umber of individuals employed in calendar year 2022 (Part V, line 2a)									5	266	
Acumues		6 Total number of volunteers (estimate if necessary)							· · ·		6	75		
A				isiness revenue from								7a	0	
		Net unrel	lated bus	siness taxable incom	ne from F	orm 990-T, Pa	rt I, line 11 🔒					7b	0	
	b	Prior Year									Current Year			
g	8									1,403,50	0	689,464		
Revenue	9								12	2,662,35	7	13,679,350		
Rev			vestment income (Part VIII, column (A), lines 3, 4, and 7d)								436,49	-	295,622	
			r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							1.	401,83		574,556	
			tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) ants and similar amounts paid (Part IX, column (A), lines 1-3)								4,904,18		15,238,992	
				r amounts paid (Par r for members (Part							2,946,08	0	2,830,687	
				mpensation, employ							7,075,75	~	7,611,615	
Exp enses		-		raising fees (Part IX								0	,,011,012	
0 GN				enses (Part IX, colum				-				-		
EX				Part IX, column (A),			e)				4,382,03	0	4,649,476	
	18	Total exp	enses. A	dd lines 13–17 (mus	st equal P	art IX, colum	n (A), line 25)			14	4,403,86	6	15,091,778	
	19	Revenue	less exp	enses. Subtract line	e 18 from	line 12					500,31	6	147,214	
or ces									Begin	ning of Cu	rrent Yea	r	End of Year	
alan	20	Total acc	ate (Dart	X, line 16)							7,571,49	0	22 012 245	
Net Assets or Fund Balances				X, line 16)				•			0,075,33		27,017,345	
Net-				d balances. Subtract				• •			7,496,15	_	18,208,947	
 Par			ature E					-		-	,,,		10,200,017	
Under	pen	alties of p	erjury, I	declare that I have e ue, correct, and com	examined nplete. De	l this return, i claration of p	ncluding accom preparer (other	panying than off	g schedules ficer) is base	and state	ements, a nformatio	nd to t on of wl	he best of my hich preparer has	
any ki									,			-	- p - p	
										2024-05-0	08			
Sign		Signati	ure of offic	er		_	_			Date				
Here			IA VALLES											
		Туре о	r print nan	ne and title										
		Р	rint/Type p	preparer's name	F	Preparer's signa	ture		Date 2024-05-08	Check] if PT	IN 0317845	;	
Pai			"							self-emple	oyed			
	-	rer												
Use Only			ïrm's addr	m's address 🕨 6501 AMERICAS PARKWAY NE SUITE 500 Phone no. (505)							. (505) 84	2-8290		
				ALBUQUERQUE, I	NM 87110)				1				
				rn with the preparer					<u></u> .	<u>.</u>		🗹 Ye	es 🗌 No	
or D	anei	rwork Re	duction	Act Notice, see th	he separ	ate instruct	ions.		Cat	. No. 1128	32Y		Form 990 (202	

Form	ז 990 (2022)	Page 2								
Pa	art III Statement of Program Service Accomplishments									
	Check if Schedule O contains a response or note to any line in this Part III	🗹								
1										
SEE S	SCHEDULE O									
2	Did the organization undertake any significant program services during the year which were not listed on									
	the prior Form 990 or 990-EZ?	🗌 Yes 🛛 No								
	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									
	ervices? • • • • • • • • • • • • • • • • • • •									
	"Yes," describe these changes on Schedule O.									
4	Describe the organization's program service accomplishments for each of its three largest program services, as me Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others and revenue, if any, for each program service reported.									
4a	(Code:) (Expenses \$ 8,652,264 including grants of \$) (Revenue \$	13,410,832)								
	INSTRUCTION - SANDIA PREP IS AN INDEPENDENT PRIVATE SCHOOL THAT SERVES APPROXIMATELY 515 DAY STUDENTS IN GRADES 6- REMARKABLE OPPORTUNITIES FOR INTELLECTUAL AND PERSONAL GROWTH WITHIN A CHALLENGING AND BALANCED PROGRAM. OUF CURRICULUM PREPARES STUDENTS FOR SUCCESS IN COLLEGE AND BEYOND, AND INSPIRES EACH TO FIND AND ACHIEVE HIS OR HER	R INNOVATIVE COLLEGE PREP								
4b	(Code:) (Expenses \$ 2,830,687 including grants of \$ 2,830,687) (Revenue \$)								
	FINANCIAL ASSISTANCE - SANDIA PREP PROVIDES TUITION REMISSION AND FINANCIAL ASSISTANCE TO STUDENTS WHO WOULD NOT THE FINANCIAL ASSISTANCE EXPENSES HELP FAMILIES PAY FOR THEIR STUDENTS TO ATTEND SANDIA PREP AND COMPRISE 40% OF T									
4c	(Code:) (Expenses \$ 523,554 including grants of \$) (Revenue \$	832,234)								
	SUMMER PROGRAMS - SANDIA PREP OFFERS A SUMMER PROGRAM THAT PROVIDES A SAFE AND EDUCATIONALLY CHALLENGING ENVIL STUDENTS AND OUR CURRENT STUDENTS. THE SUMMER PROGRAM RECENTLY SERVED 500 STUDENTS FROM AGES 5 TO 16.	RONMENT FOR YOUNGER								
4d	Other program services (Describe in Schedule O.)									
	(Expenses \$ including grants of \$) (Revenue \$)								
4e	Total program service expenses 12,006,505									

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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 .	_		No
		5		No
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D</i> ,Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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	Yes	
	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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		No
	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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
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</i> "Yes," <i>complete Schedule G, Part II</i>	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No

Form **990** (2022)

Page **3**

Par	t IV Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No				
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		No				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No				
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? <i>If</i> "Yes," <i>complete Schedule L</i> , Part I	25b		No				
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II							
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? <i>If "Yes," complete Schedule L</i> , Part III	27		No				
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		No				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		110				
		28b		No				
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV							
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29	Yes					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No				
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		No				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No				
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	Yes					
Pai	t 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	•						
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 30		Yes	No				
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a30Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b1							

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Yes

1c

Form	990 (2022)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 266	;		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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	4a		No
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			
b	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?		ļ	
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	7a		No
	provided to the payor?		 	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	70 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
2	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		
		/11		
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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	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		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
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? If "Yes," complete Form 6069.	17		

Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Ne 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" resp	onse to	lines
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management			
_			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	L
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	L
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	L
13	Did the organization have a written whistleblower policy?	13	Yes	L
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
_		16b		
	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed►			
17	List the states with which a copy of this form 990 is required to be filed MD , NH			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			

✓ Own website □ Another's website ✓ Upon request □ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 19

State the name, address, and telephone number of the person who possesses the organization's books and records: CLAUDIA VALLES 532 OSUNA RD NE ALBUQUERQUE, NM 87113 (505) 338-3000 20

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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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	uny related of	gannzaci		mp	51150	iccu u	iiy c			
(A) Name and title	(B) Average hours per week (list any hours for		ne bo	ox, u n off	che nles	s pers	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations
(1) LAURA CALKINS	5.00									
PAST CHAIR		х		х				0	0	0
(2) STAN HUBBARD	5.00									
CHAIR		Х		х				0	0	0
(3) TODD SANDOVAL VICE-CHAIR	5.00 			х				0	0	0
(4) FAITH BEGAY-HOLTROP SECRETARY	5.00 	х		х				0	0	0
(5) JOSEPH KINNEY TREASURER	5.00 			x				0	0	0
(6) ED STREET TRUSTEE		х						0	0	0
(7) ALEXANDRA VAVRUSKA TRUSTEE	5.00 ••	х						0	0	0
(8) ALI HASHEMIAN TRUSTEE		х						0	0	0
(9) AVERY VOLKMAN TRUSTEE	5.00							0	0	0
(10) BRONSON DURAN TRUSTEE	5.00 ••	х						0	0	0
(11) CHARLES BECKNELL TRUSTEE	5.00 ••							0	0	0
(12) DALE MAXWELL TRUSTEE	5.00 ••	х						0	0	0
(13) DAVID CHAVEZ	5.00							0	0	0
TRUSTEE	E AA									
(14) DOMINIC SERNA TRUSTEE	5.00 ••	х						0	0	0
(15) DOUG CLARK TRUSTEE	5.00 	х						0	0	0
(16) ED MANZANARES TRUSTEE	5.00 	х						0	0	0
(17) KELLY ROSS	5.00							0	0	0
TRUSTEE										Form 990 (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any hours fo related	than is or	tion (d one b both a direc	ox, ι an of tor/t	t che unles ficer rust	ss per r and a	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	Estin amount compe from	of other
	organization below dotte line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	rela	ated zations
(18) KRISTOFOR KITE	5.	00 X						0	0		0
TRUSTEE (19) LESLIE THOMPSON	5.	00		-							
TRUSTEE		x						0	0		0
(20) LISA MITCHELL	5.	00 X						0	0		0
TRUSTEE (21) LORNA WIGGINS	5.										
TRUSTEE		х						0	0		0
(22) PATRICK WESTERFIELD	5.	00 X						0	0		0
TRUSTEE (23) ROBERT DEL CAMPO	5.	00		-							
TRUSTEE		х						0	0		0
(24) STEPHANIE MOORE-COMBS		00 X						0	0		0
TRUSTEE (25) SUSAN PRZEKURAT EPSTEIN	5,0			_							
TRUSTEE		x						0	0		0
(26) TODD SANDOVAL	5.	00 X						0			0
TRUSTEE								0	0		0
(27) TROY WEISLER	5.	x						0	0	l l	0
TRUSTEE (28) VAHID STAPLES	5.	00									
TRUSTEE		х						0	0		0
(29) RACHAEL MILETKOV	5.							0	0		0
TRUSTEE (30) KENNETH R TEKIN	5.	00									
TRUSTEE		х						0	0		0
(31) AL PARK		00 X						0	0		0
TRUSTEE (32) HEATHER MOCK	40.	00		-							
HEAD OF SCHOOL				х				120,386	0		29,167
(33) DACIA CARD CPA	40.			x				109,833	0		25,592
BUSINESS MANAGER (34) CLAUDIA VALLES	40.		_								20,002
CFO				х				0	0		0
(35) BILL SINFIELD	40.			x				132,396	0		18,535
HEAD OF SCHOOL THRU 6/2022				Â				132,390	0		18,333
(36) JULIE COOK	40.					х		117,937	0	l l	19,676
DIRECTOR OF DEVELOPMENT (37) LAURA FITZPATRICK	40.			-							
ASSISTANT HEAD OF SCHOOL						Х		102,263	0		5,113
1b Sub-Total					•						
c Total from continuation sho d Total (add lines 1b and 1c)	•			•		. —		582,815	0		98,083
	(including but not limited to			oove) wh	no rec	eive	d more than \$100,0	000 of		
										Yes	No
	y former officer, director or t Schedule J for such individual		-	nplo	-		ghes •	st compensated em	ployee on		No
4 For any individual listed on	line 1a, is the sum of reporta	ible com	pensa	ition	and	lothe	r cor	mpensation from th			140
	ganizations greater than \$15								. 4	Yes	
	e 1a receive or accrue comp ganization? <i>If</i> " <i>Yes,</i> " complete										No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calendar year ending with or within the organization's tax year.								
	(A) Name and business address	(B) Description of services	(C) Compensation					
_								
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 0							

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Part						in a in this Dort VIII			
	Check if Sche	edule	<u>O contains</u>	a respo	nse or note to any l	ine in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ຮົອ	1a Federated campa	aigns		1a			revenue		512 - 514
ant	b Membership due		Ļ	1b					
Contributions, gifts, grants, and other similar amounts	c Fundraising ever	nts .	. İ	1c	99,971				
ifts ar a	d Related organiza	tions		1d					
aiig Diig	e Government grants	(contr	ributions)	1e					
Si O	f All other contribution and similar amount	ons, gif	fts, grants,						
the	above			1f	589,493				
dot	g Noncash contributio lines 1a - 1f:\$	ons inc	cluded in	1g	200,991				
a C	h Total. Add lines	1a-1f				600.464			
]				Business Code	689,464			
	2a STUDENT TUITION &	FEES			611710	12,847,116	12,847,116		
e					611710				
vent	b SUMMER PROGRAM				611710	832,234	832,234		
Program Service Revenue					-				
<i>li</i> ce	c								
Serv	d								
E	"				-				
uBo	е								
Ϋ́									
	f All other program								
	g Total. Add lines				13,679,350	1	_		T
	3 Investment income similar amounts)				nterest, and other	205,331	L		205,331
	4 Income from inves	tmen	t of tax-exe	mpt bo	nd proceeds				
	5 Royalties		<u> </u>	•••					
			(i) Re	al	(ii) Personal	4			
	6a Gross rents	6a		32,668	3				
	b Less: rental								
	expenses	6b		26,131		4			
	c Rental income or (loss)	6c		6,537	7				
	d Net rental incom	e or ((loss) .		•	6,537	7		6,537
			(i) Secur	rities	(ii) Other				
			90,291						
	assets other than inventory								
	b Less: cost or					-			
	other basis and sales expenses	7b		C)				
		7.		00.001					
	c Gain or (loss) d Net gain or (loss	7 c		90,291	-	90,291			90,291
	8a Gross income from f		ising events		••••		-		50,251
ne	(not including \$ contributions report		99,971 of						
ven	See Part IV, line 18		• • •	8a	0				
Other Revenue	b Less: direct expe	nses		8b	28,072	1			
er	c Net income or (lo			ing eve	ents 🕨	-28,072	2		-28,072
						1			
	9a Gross income from See Part IV, line 1			9a	39,600				
	b Less: direct expe	ncec		9b	7,225	-			
	c Net income or (lo				es 🕨	32,375	5		32,375
					-				
	10aGross sales of inv returns and allow								
	b Less: cost of good			10a 10b		4			
	c Net income or (lo								
	Miscellane			invento	ory 🕨 Business Code				
	11aOTHER INCOME				611710	563,716	563,716		
	b								
	c						1		
	d All other revenue								
	e Total. Add lines				•				
	12 Total revenue.	See in	structions			563,716			_
				-		15,238,992	14,243,066		0 306,462

0 306,462 Form **990** (2022)

Pa	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must c	complete all columns. A	All other organization	s must complete colui	
	Check if Schedule O contains a response or note to a	ny line in this Part IX			
	not include amounts reported on lines 6b, 8b, 9b, 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	2,830,687	2,830,687		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	433,638	90,748	252,143	90,747
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	Other salaries and wages	5,923,505	4,313,459	1,540,091	69,955
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	237,056	170,293	64,857	1,906
9	Other employee benefits	528,774	366,506	151,454	10,814
10	Payroll taxes	488,642	331,767	145,230	11,645
11	Fees for services (non-employees):				
а	a Management				
	oLegal	16,641		16,641	
	Accounting	75,078		75,078	
	Lobbying				
	e Professional fundraising services. See Part IV, line 17	43.482		42,402	
	Investment management fees	-, -		43,482	
_	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and expension	138,209		124,388	13,821
	Advertising and promotion	158,209		124,300	13,821
	Office expenses	249,849	169.637	74,258	5,954
	Information technology	243,045	103,037	74,250	5,354
	Royalties	355.868	342,608	12,326	934
	Occupancy		542,000	12,320	554
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	223,339	215,017	7,736	586
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	1,033,491	997,319	31,005	5,167
23	Insurance	166,763	160,549	5,776	438
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a SUMMER PROGRAMS	523,554	523,554		
	b INSTRUCTIONAL EXPENSE	463,086	463,086		
	c STUDENT ACTIVITIES	419,900	419,900		
	d CAFETERIA EXPENSES	357,503	344,182	12,383	938
	e All other expenses	582,713	267,193	236,293	79,227
25	Total functional expenses. Add lines 1 through 24e	15,091,778	12,006,505	2,793,141	292,132
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 Git following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

		Check if Schedule O contains a response or not	o to any line in this Part IX			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		2,951	1	2,946
	2	Savings and temporary cash investments .		4,531,888	2	3,911,322
	3	Pledges and grants receivable, net	[396,548	3	223,785
	4	Accounts receivable, net	[101,319	4	105,596
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of the	tantial contributor, or 35%		5	
	6	Loans and other receivables from other disqualit section 4958(f)(1)), and persons described in se			6	
S	7	Notes and loans receivable, net	[7	
ssets	8	Inventories for sale or use		146,397	8	132,067
Ass	9	Prepaid expenses and deferred charges	[145,978	9	197,691
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,980,134			
	b	Less: accumulated depreciation	10b 18,476,756	13,913,632	10c	13,503,378
	11	Investments—publicly traded securities .		8,329,404	11	8,865,081
	12	Investments-other securities. See Part IV, line		12		
	13	Investments—program-related. See Part IV, line		13		
	14	Intangible assets	[14	
	15	Other assets. See Part IV, line 11		3,373	15	75,479
	16	Total assets. Add lines 1 through 15 (must equ	ual line 33)	27,571,490	16	27,017,345
	17	Accounts payable and accrued expenses	351,850	17	420,262	
	18	Grants payable		18		
	19	Deferred revenue	4,204,696	19	3,607,017	
	20	Tax-exempt bond liabilities		5,031,806	20	4,505,340
S	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated	· ·		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables to related third parties,	486,983	25	275,779
	26	Total liabilities. Add lines 17 through 25 .		10,075,335	26	8,808,398
Net Assets or Fund Balances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	1eck here 🕨 🗹 and	9,551,907	27	9,997,410
Bal			· · · · · · L			
d F	28	Net assets with donor restrictions	· · · · · · · · [7,944,248	28	8,211,537
r Fur	20	Organizations that do not follow FASB ASC complete lines 29 through 33.			20	
S 0	29 20	Capital stock or trust principal, or current funds	L		29	
set	30	Paid-in or capital surplus, or land, building or equ	·		30	
Ass	31	Retained earnings, endowment, accumulated inc			31	
et	32			17,496,155	32	18,208,947
Z	33	Total liabilities and net assets/fund balances .		27,571,490	33	27,017,345 Form 990 (2022)

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101111	556 (2622)				raye 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	5,238,992
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	5,091,778
3	Revenue less expenses. Subtract line 2 from line 1	3			147,214
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		1	7,496,155
5	Net unrealized gains (losses) on investments	5			312,299
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			253,279
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		1	8,208,947
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				~
				Yes	No
1	Accounting method used to prepare the Form 990: Cash 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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:	na			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate ba consolidated basis, or both:	asis,			
	Separate basis Consolidated basis Doth 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?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Unifo Guidance, 2 C.F.R. Part 200, Subpart F?	orm	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d audit	3b		

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SCHEDULE A (Form 990) Department of the Treasury internal Revenue Public Charity Status and Public Support Complete if the organization is a section 301(c)(3) organization or a section 9437(a)(1) nonexempt charitable trust. A tack to Form 990. To do to <u>www.irs.gov/Form990</u> for instructions and the latest information. The organization support identification number gathered by the organization support identification number (and the section 170(b)(1)(A)(i). Sett Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(iii). A church, convention of churches, or association of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Enter the hospital man, city, and state. A organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	efi	le GR	APHIC pri	nt Subi	mission Date	e - 2024-05-10			DLN:	93493131021204
Treasury Internal Revenue ► Go to www.irs.gov/form990 for instructions and the latest information. Opent be 70 (a) pactition is not a governmental on the second of the	(Fo	rm 9	990)			organization is a sec	tion 501(c)(3)	organization or		OMB No. 1545-0047
SANDB. SCHOOL B5-0196115 2Rt1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). 7 An organization that normally reacleves a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(V). 7 A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) 8 A companization that normally reacleves a substantial part of its support from college or university: 10 A organization that normally reacleves: (1) more than 310.4% of its support from college or university: 10 A norganization at more stable income (less section 511 ta) from businesse acquired by the organization area oreach organizatian athage income (less s	Trea	sury		►	Go to <u>www.ir</u>				rmation.	Open to Public Inspection
The organization is not a private foundation because it is: (for lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital mane, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). 7 A norganization that normally receives a subtantial part of its support from a governmental unit or from the general public describ section 170(b)(1)(A)(V). 8 A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An agricultural research organization described in 170(b)(1)(A)(V): porteat in conjunction with a land-grant college or university non-land grant college or university. 10 An organization that normally receives: (1) more than 331/0 (15) support form contributions, membership fees, and gracs receiption agricultural research organization described in section 511 tax) from businesses acquire by the organization of grans realot by agrin tax normally receives: (1) more than 331/	Nam SAND	e of th A SCHO	ne organizat DOL	on						ation number
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). 2 A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital mame, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public describes citon 170(b)(1)(A)(V). 8 A community trust described in section 170(b)(1)(A)(V). 9 An agricultural research organization described in 170(b)(1)(A)(V). 10 An organization that normally receives: (1) more than 33u ³ / ₂ of its support from contributions, membership fees, and gross receipt income and unrelated business taxable income (less section 509(a)(2) norme than 33u ⁴ / ₂ of its support from gross inves income and unrelated business taxable income (less section 509(a)(2) norme than 33u ⁴ / ₂ of its support from gross receipt income section 509(a)(2). 11 An organization organizad and operated exclusively to test for public safety. See section 509(a)(4).										
2 A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital mane, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit of from the general public describe section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in 170(b)(1)(A)(v). (Complete Part II.) 10 An organization that normally receives: (1) more than 3120% of its support form contributions. membership fees, and gross receiptication end grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: non-land grant college of agriculture. See instructions, and (2) no more than 33 10% of its support form gross inve income and unrelated business taxable income (less section 509(a)(2). 10 An organization organized and operated exc		organiz					5			
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organization (described on lines 1- 10 above (see instructions)) in your governing document? monetary support (see instructions) (see instructions) instruction			Provide the	following int	formation abou					
Yes No	(i) 1	Name o	of supported	organization	(ii) EIN	organization (described on lines 1- 10 above (see			monetary support	(vi) Amount of other support (see instructions)
							Yes	No		
	·				<u> </u>			+		
Total Cat. No. 11285F Schedule A (Form 990			work Reduc	tion Act No	tice, see the l	nstructions for	Cat No 1129	35F	Schedul	 e Δ (Form 990) 2022

Sch	edule A (Form 990) 2022						Page 2
P	art II Support Schedule for	Organization	s Described i	n Sections 17	0(b)(1)(A)(iv) a	and 170(b)(1)(A)(vi)
	(Complete only if you ch						
	the organization failed to						
S	ection A. Public Support				-		
	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	fiscal year beginning in) 🕨	(a) 2010	(b) 2019	(C) 2020	(u) 2021	(e) 2022	
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
2	include any "unusual grant.") Tax revenues levied for the						
2	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from						
	line 4.						
	ection B. Total Support						
	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(or 7	fiscal year beginning in) Amounts from line 4.						
8	Gross income from interest.						
0	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources.						
9	Net income from unrelated business						
	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.).						
11	Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	etc. (see instruct	ions)			12	
13	First 5 years. If the Form 990 is for th	ne organization's	first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orgai	nization, check
	this box and stop here	-			-		
5	ection C. Computation of Public	<u></u>	rcentage				
	Public support percentage for 2022 (lir		-	column (f))			
						14	
	Public support percentage for 2020 Scl					15	
16 a	33 1/3% support test—2022. If the o						
	and stop here. The organization quali	fies as a publicly	supported organ	nization			🕨 🗆
b	33 1/3% support test—2021. If the	organization did	not check a box	on line 13 or 16a,	and line 15 is 33	1/3% or more, chec	k this
	box and stop here. The organization						
17a	10%-facts-and-circumstances test	-2022. If the or	ganization did no	ot check a box on	line 13, 16a, or 16	b, and line 14 is 10	0% or more, and
	if the organization meets the "facts-an	d-circumstances	" test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation meets the
	"facts-and-circumstances" test. The or	ganization qualif	ies as a publicly s	supported organiz	ation	• [
b	10%-facts-and-circumstances test	t—2021. If the c	organization did n	ot check a box on	i line 13, 16a, 16b	, or 17a, and line 1	5 is 10% or more,
-	and if the organization meets the "fac	ts-and-circumsta	ances" test, chec	k this box and sto	p here. Explain ir	n Part VI how the o	rganization meets
	the "facts-and-circumstances" test. Th	ne organization o	qualifies as a pub	licly supported or	ganization		\blacktriangleright
18	Private foundation. If the organizatio						
	instructions						
			<u></u>				🖛 🖵

Schedule A (Form 990) 2022

Schedule A	Form	990)	2022
Scheudie A		330)	2022

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.)

Se	ction A. Public Support						
	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	iscal year beginning in) Gifts, grants, contributions, and						
-	membership fees received. (Do not						
2	include any "unusual grants.") . Gross receipts from admissions,						
2	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 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						
h	received from disqualified persons Amounts included on lines 2 and 3						
b	received from other than disgualified						
	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						
- 50	from line 6.) ction B. Total Support						
-	ndar vear	1				1	
	iscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
c	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, and 12.).						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3) organi	zation, check this
	box and stop here .						. ►
Se	ction C. Computation of Public						
15	Public support percentage for 2022 (lin					15	
16	Public support percentage from 2021 S					16	
Se	ction D. Computation of Invest						
17	Investment income percentage for 202					17	
18	Investment income percentage from 2					18	
19a	33 1/3% support tests-2022. If the o						
b	than 33 1/3%, check this box and stop 33 1/3% support tests—2021. If the	nere. The organization did r	zation qualifies as	a publicly suppor	ted organization . Ia. and line 16 is m		□ and line 18 is not
U	more than 33 $_{1/3}$ %, check this box and	-					
20	Private foundation. If the organization	-	•				
	i invate foundation. If the organization		, 50X 011 IIIIe 14, 1				. F 🖵 (Form 990) 2022
							•

Part IV Supporting Organizations

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

Section 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.			
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	1		
	in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
		3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	Зc		
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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to			
_	the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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 ElN 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		
c	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 (defined in	6		
,	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 .			
h	Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
b	organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"			
	answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		

Part IV 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?	11a					
b	A family member of a person described on 11a above?	11b					
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c					
Section B. Type I Supporting Organizations							

- Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

			Yes	No
1	rganization provide to each of its supported organizations, by the last day of the fifth month of the organization's (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 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).			
	mantanca a close ana continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times			
	during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - a 🕥 The organization satisfied the Activities Test. Complete line 2 below.

 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)
- 2 Activities Test. Answer lines 2a and 2b below.

З

			 -
a	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.		
	involvement.	2b	
	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b	

Yes No

Yes No

Yes

No

1

2

Schedule A (Form 990) 2022

	dule A (Form 990) 2022			Page 6			
Par	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	Janiza	ations				
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.						
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
	Section B - Minimum Asset Amount		(A) 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):	1					
а	Average monthly value of securities	1a		Τ			
b	Average monthly cash balances	1b		Τ			
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt use assets	2		<u>Γ</u>			
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		T			
	Section C - Distributable Amount	<u> </u>		Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally-int	tegrate	d Type III supporting orga	anization (see instructions)			

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting Oi	rganizations (co	ontinue	d)
Section D - Distributions		<u> </u>		Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		1	
 Amounts paid to perform activity that directly furthers e 		organizations in		
excess of income from activity			2	
3 Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)		5	
6 Other distributions (<i>describe in Part VI</i>). See instruction	IS		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	sive (<i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations	(i)	(ii)		(iii) Distribute bla
(see instructions)	Excess Distributions	Underdistributi Pre-2022	ons	Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020 e From 2021				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2022 distributable amount				
 Carryover from 2017 not applied (see instructions) 				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D, line 7: \$				
a Applied to underdistributions of prior years				
b Applied to 2022 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 				
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.				
7 Excess distributions carryover to 2023. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020. . . d Excess from 2021. . .				
d Excess from 2021				
			S	chedule A (Form 990) (2022)
			3	

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).

Facts And Circumstances Test					
Return Reference	Explanation				

Schedule A (Form 990) 2022

efi	le GRAPHIC pr	int	Submission Date - 2024-	05-10				DLI	1: 9349 3	3131021204
	HEDULE D rm 990)		Supplement	al F	inancial Sta	atement	ts			b. 1545-0047
Depa Trea Inter Serv	artment of the sury rnal Revenue ice		► Complete if the or Part IV, line 6, 7, 8, 9, 1	 Complete if the organization answered "Yes," on Form 990, IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. www.irs.gov/Form990 for instructions and the latest information. 					2022 Open to Public Inspection	
	me of the organiz	ation					-	oyer identi	fication n	umber
Pa	art I Organi	zatio	ns Maintaining Donor Advi	sed Fu	Inds or Other Sim	nilar Funds o		.96115 ounts.		
			he organization answered "Ye							
_					(a) Donor advised f	unds		(b) Funds a	and other a	accounts
1			year							
2 3			tributions to (during year) nts from (during year)							
4		•	l of year							
5			form all donors and donor adviso	rs in wri	ting that the assets he	eld in donor adv	ised fu	nds are the		
6	Did the organiza charitable purpo private benefit?	ition in oses an	y, subject to the organization's ex form all grantees, donors, and do nd not for the benefit of the donor	nor adv or donc	isors in writing that gr r advisor, or for any o	ant funds can b ther purpose co	e used		sible	Yes 🗌 No Yes 🗌 No
Pa			n Easements. he organization answered "Ye	s" on F	orm 990. Part IV. lin	ie 7.				
1	•		ition easements held by the organ							
	Preservation	on of la	and for public use (e.g., recreation	or educ	ation) 🗌 Pres	servation of an l	historic	ally importa	ant land a	rea
	Protection	of natu	ural habitat		Pres	servation of a co	ertified	historic str	ucture	
	Preservatio	on of or	pen space							
2			hugh 2d if the organization held a	qualified	l conservation contrib	ution in the forr	n of a c	conservatio	n	
			day of the tax year.			J				f the Year
а			vation easements			-	2a			1
b	-		by conservation easements				2b			34.00
C			n easements on a certified histori		. ,	-	2c			
d 3	historic structure	listed	n easements included in (c) acqui in the National Register on easements modified, transferre			L	2d he orga	inization du	ring the	
	tax year 🕨									
4	Number of state	s wher	re property subject to conservatio	n easen	ent is located >		1			
5	Does the organiz enforcement of t	zation the cor	have a written policy regarding the near second s	ne perio	lic monitoring, inspec	tion, handling o	f violat	_	Yes	🗆 No
6	Staff and volunte	eer hoi	urs devoted to monitoring, inspec	ting, ha	ndling of violations, ar	nd enforcing cor	nservat	ion easeme	ents during	g the year
7	Amount of exper	nses in	ncurred in monitoring, inspecting,	handlin	g of violations, and en	forcing conserv	ation e	asements d	luring the	year
8			n easement reported on line 2(d) B)(ii)?				0(h)(4)		Yes	🗆 No
9	balance sheet, a the organization	nd inc 's acco	ow the organization reports conse lude, if applicable, the text of the ounting for conservation easemer	footnot Its.	e to the organization's	financial state	ments t	that describ		
Pa			ns Maintaining Collections he organization answered "Ye				er Sin	nilar Ass	ets.	
la b	If the organization historical treasure Part XIII, the text If the organization historical treasure	on elec res, or t of the on elec res, or	cted, as permitted under FASB AS other similar assets held for publ e footnote to its financial stateme cted, as permitted under FASB AS other similar assets held for publ iting to these items:	C 958, n ic exhib nts that C 958, te	ot to report in its reve ition, education, or res describes these items o report in its revenue	nue statement search in furthe s. statement and	rance o balanc	of public ser e sheet wo	vice, prov rks of art,	ide, in
(-		Form 990, Part VIII, line 1				. ►	\$		
			m 990, Part X					·		
2	If the organization	on rece	eived or held works of art, historic uired to be reported under FASB A	al treas	ures, or other similar a	assets for finance			he	
а	Revenue include	ed on F	orm 990, Part VIII, line 1				►	\$		
b			n 990, Part X							
For			Act Notice, see the Instruction						dulo D (E	orm 990) 202

Sche	edule D (Form 990) 2022						Page 2
Pai	rt III Organizations Maintaining Co	ollections of Art, I	listorical Trea	sures, or	Other Similar	Assets (co	ntinued)
3	Using the organization's acquisition, accessio items (check all that apply):	n, and other records, o	check any of the f	ollowing tha	t are a significant	use of its col	lection
а	Public exhibition		d 🗌 Loai	n or exchang	ge programs		
b	Scholarly research		e 🗌 Oth	er			
с	Preservation for future generations						
4	Provide a description of the organization's col Part XIII.	llections and explain h	ow they further th	ne organizat	ion's exempt purp	oose in	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to					🗌 Yes	🗆 No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ line 21.		990, Part IV, lii	ne 9, or rep	ported an amou	int on Form	990, Part X,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?					🗌 Yes	🗆 No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	wing table:	Г		Amount	
с	Beginning balance	·	5		lc		
d				. 1	Ld		
е	Distributions during the year				le		
f	Ending balance				1f		
2a	Did the organization include an amount on Fo				ount liability?	Yes	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expla	anation has been	provided in I	Part XIII ••••		
Pa	art V Endowment Funds.	· · · · ·					
	Complete if the organization answ						
1-		(a) Current year 8,429,061	(b) Prior year 9,564,910	(c) Two year		/ears back (e) 7,253,705	Four years back 7,063,318
	Beginning of year balance	239,435	373,652		100,759	527,874	245,708
	Contributions	546,251	-1,080,056		960,520	480,567	243,708
	Net investment earnings, gains, and losses	540,251	1,000,030	1,	500,520	400,507	201,745
	Grants or scholarships						
e	Other expenditures for facilities and programs	457,479	429,445		401,387	357,128	337,066
f	Administrative expenses						
g	End of year balance	8,757,268	8,429,061	9,	564,910	7,905,018	7,253,705
2 a	Provide the estimated percentage of the curre Board designated or quasi-endowment	ent year end balance (18.966 %	line 1g, column (a	i)) held as:			
b	Permanent endowment 🕨 66.435 %						
с	Term endowment 🕨 14.599 %						
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.					
3a	Are there endowment funds not in the posses organization by:	sion of the organizatio	on that are held ar	nd administe	ered for the		Yes No
	(i) Unrelated organizations					3a(i)	No
	(ii) Related organizations					3a(ii)) No
b	···· J ···· J ····	•				. 3b	
4	Describe in Part XIII the intended uses of the	5	nent funds.				
Pa	ITT VI Land, Buildings, and Equipme Complete if the organization answ		000 Part IV li		o Form 000 Por	t V lina 10	
	Description of property (a) Cost or oth (investme	ner basis (b) Cost o	r other basis (other)		ulated depreciation		Book value
							1 6 12 225
	Land		1,643,329			<u> </u>	1,643,329
b	Buildings		23,777,29	5	13,969,486	, 	9,807,809
с	Leasehold improvements						
d	Equipment		3,502,902	2	2,628,465	;	874,437
е	Other		3,056,608	3	1,878,805	ذ	1,177,803

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . 13,503,378

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	(Form 990) 2022					Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, P	art IV. lir	າe 11b.See Form	990, Part	: X, line 1	.2.
	(a) Description of security or category	(b) Boo	ok	(c) Method	d of valuat	tion:
	(including name of security)	value	Cost	t or end-of-	year mark	et value
(1) Financial(2) Closelv-h	l derivatives					
(A)						
(B)						
		_	<u> </u>			
(C)						
(D)			1			
(E)		+	+			
(F)		_	+			
			<u> </u>	,	,	
(G)						
(H)						
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.)	•				
Part VIII	Investments - Program Related.		1.1 -			
	Complete if the organization answered 'Yes' on Form 990, P (a) Description of investment	art IV, lir	ne 11c. See Form			13. of valuation:
]	, JUUK VAIUE			of valuation: ear market value
(1)		Ī	Ŧ			
(2)		\longrightarrow				
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 13.)	•				
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV 16-	e 11d Soc Form	990 Pa	· X line 1	5
	(a) Description			550, rdi		(b) Book value
(1)	<u>.</u>					
(2)					-+	
(3)						
(4)						
(5)						
(6)					+	
(7)						
(8)		_		_		
(9)						
			<u></u>	· · ·	•	
Part X	Other Liabilities.	vrt N / "	0 110 07 110	Form of)	line 25
1.	Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability	arcıv, lin	e iie or 11t.See	1-01m 990		line 25.) Book value
(1) Federal i	income taxes			<u> </u>		
STUDENT DE						73,437
INTEREST RA	ATE SWAP CONTRACTS RIPS					126,160 4,076
LEASE LIABI						72,106
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•		275,779
	or uncertain tax positions. In Part XIII, provide the text of the footnote					
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Check h	ere if the	text of the footnot			
						D (Form 990) 2022

Schedule D (Form 990) 2022

Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.		
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	15,194,14
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 312,299		
b	Donated services and use of facilities		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-62,79
3	Subtract line 2e from line 1	3	15,256,93
ļ	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 43,482		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	-17,94
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,238,99
Pa	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return.	
L	Total expenses and losses per audited financial statements	1	14,481,34
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2 28,534		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	89,96
	Subtract line 2e from line 1	3	14,391,38
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 43,482		
b	Other (Describe in Part XIII.)		
_	Add lines 4a and 4b	4c	700,39
С	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,091,77
с 5			

Return Reference	Explanation
PART II, LINE 5:	THE SCHOOL COMPLETED A POLICY AFTER 7/31/11 FOR MONITORING, INSPECTION, AND ENFORCEMENT OF THE CONSERVATION EASEMENTS IT HOLDS.
PART II, LINE 9:	THERE IS NO REVENUE ASSOCIATED WITH THE EASEMENT. THE EXPENSES ARE RECOGNIZED AS THEY ARE INCURRED. THE ESTIMATED VALUE OF THE LAND SUBJECT TO A CONSERVATION EASEMENT IS CARRIED AS AN ASSET (NON-DEPRECIABLE LAND) ON THE BALANCE SHEET OF THE SCHOOL. THE ORGANIZATION RECEIVED THE EASEMENT PROPERTY IN TWO INSTALLMENTS IN DECEMBER 2007 AND JUNE 2008.
PART V, LINE 4:	THE SCHOOL'S ENDOWMENT PRIMARILY COMES FROM DONOR GIFTS, SO IT IS THE SCHOOL'S POLICY TO USE THE FUNDS IN ACCORDANCE WITH THE DONOR INTENT. FUNDS ARE INVESTED TO YIELD BOTH CASH INCOME AND APPRECIATE IN VALUE. ANNUAL DISTRIBUTIONS, 5% OF THE THREE YEAR AVERAGE BALANCE, SUPPORT THE VARIOUS PROGRAMS OF THE SCHOOL AS SPECIFIED BY THE DONOR, OR GENERAL SCHOOL OPERATIONS, IF THE GIFT WAS UNRESTRICTED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	UNREALIZED GAIN (LOSS) ON INTEREST RATE SWAP AGREEMENT 253,279. TUITION REMISSION & DISCOUNTS DEDUCTED FROM TUITION REVENUE -644,179. GRACE FUND & ALUMNI LEGACY FUND DEDUCTED FROM TUITION REVENUE -12,730.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSES DEDUCTED FROM RENTAL INCOME ON 990 -26,131. SPECIAL EVENT EXPENSES DEDUCTED FROM REVENUES ON 990 -35,297.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES DEDUCTED FROM RENTAL INCOME ON 990 26,131. SPECIAL EVENT EXPENSES DEDUCTED FROM REVENUES ON 990 35,297.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	TUITION REMISSION & DISCOUNTS DEDUCTED FROM TUITION REVENUE 644,179. GRACE FUND & ALUMNI LEGACY FUND DEDUCTED FROM TUITION REVENUE 12,730.
PART II, LINE 2A:	THE ORGANIZATION HELD 1 PROPERTY WITH CONSERVATION EASEMENTS ATTACHED THAT THEY HAD OBTAINED ON THE PROPERTIES.

efile	e GRAPHIC pr	int	Submission Date - 2024-05-10		DLM	N: 934931	3102	1204
	IEDULE E		Schools			OMB No. 1	.545-00)47
(For	m 990)		► Complete if the organization answered			20	7	7
			Part IV, line 13, or Form 990-EZ, Pa			20	2	
Donar	rtment of the		► Attach to Form 990 or Form	990-EZ.		Onond	o Dubi	lie
Treasu			► Go to www.irs.gov/Form990EZ for the	latest information.		Open t Inspec		lic
NAME	of the organizat	tion			Employer identi	fication num	nber	
-					85-0196115			
Par	rt I						YES	NO
1	Does the organi	zation	have a racially nondiscriminatory policy toward student	s hy statement in its ch	aarter bylaws		125	NO
-			ment, or in a resolution of its governing body?			. 1	Yes	
2			include a statement of its racially nondiscriminatory po , and other written communications with the public deal					
	programs, and s		•			2	Yes	
3	Has the organiza	ation p	ublicized its racially nondiscriminatory policy on its prin			je at		
			able year in a manner reasonably expected to be notice	•				
			st media during the period of solicitation for students, on a way that makes the policy known to all parts of the o					
	1 5		se explain. If you need more space use Part II	, ,			Yes	
4	Does the organi	zation	maintain the following?					
	•		racial composition of the student body, faculty, and ad	ministrative staff? .		. 4a	Yes	
b		-	that scholarships and other financial assistance are awa	arded on a racially nonc	discriminatory			
			s, brochures, announcements, and other written comm			4b	Yes	
Ľ	•		ns, programs, and scholarships?		-	4c	Yes	
d	Copies of all ma	terial u	used by the organization or on its behalf to solicit contri	butions?		. 4d	Yes	
	If you answered	"No" t	o any of the above, please explain. If you need more sp	ace, use Part II.				
5	Does the organi	zation	discriminate by race in any way with respect to:					
а	Students' rights	or priv	/ileges?			5a		No
b	Admissions polic	cies?				5b		No
ſ	Employment of	faculty	v or administrative staff?			5c		No
		-						
a	Scholarships or	otheri	ïnancial assistance?			5d		No
e	Educational poli	cies?				5e		No
f	Use of facilities?	? .				5f		No
g	Athletic program	ns?.				5g		No
h	Other extracurri	cular a	activities?			5h		No
	If you answered	"Yes"	to any of the above, please explain. If you need more sp	oace, use Part II.				
6a	Does the organi	zation	receive any financial aid or assistance from a governme	ental agency?		. 6a	Yes	
	Has the organiza	ation's	right to such aid ever been revoked or suspended? .	• •				No
-			to either line 6a or line 6b, explain on Part II.	ants of sostions 4 01 t	brough 4 05			
,	•				•			
_			No," explain on Part II.			7	Yes	
b 7	Has the organiza If you answered Does the organi of Rev. Proc. 75- nondiscriminatio	ation's "Yes" zation 50, 19 on? If "	right to such aid ever been revoked or suspended? . to either line 6a or line 6b, explain on Part II. certify that it has complied with the applicable requiren 75-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019	nents of sections 4.01 t -22 I.R.B. 1260, coverin	hrough 4.05 g racial	· 6b	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	SANDIA PREPARATORY SCHOOL COMMUNICATES ITS NONDISCRIMINATORY POLICY ON ITS WEBSITE, IN THE ADMISSION BROCHURE, IN THE STUDENT HANDBOOK, THROUGH PAID ADVERTISING IN LOCAL NEWSPAPERS AND ALL NEWS RELEASES AND MEDIA ALERTS.
SCHEDULE E, PART I, LINE 6	THE SCHOOL RECEIVES A REIMBURSABLE GRANT FOR THE SCHOOL NURSE FROM DOH (29,346). THE SCHOOL RECEIVES A REIMBURSABLE GRANT FOR INFORMATION TECHNOLOGY FROM ECF (\$44,549).

efile GRAPHIC print	Subi	mission Date - 2	2024-05	-10			DL	N: 93493131021204
SCHEDULE G		Supplem	enta	l Info	ormation Reg	ibrat	na	OMB No. 1545-0047
(Form 990)					Gaming Activ	-	-	2022
	Co	mplete if the organiza	tion answe	ered "Yes"	on Form 990, Part IV, lines 1	7, 18, or 19), or if the	
Department of the		organizati			n \$15,000 on Form 990-EZ, li 990 or Form 990-EZ.	ne 6a.		Open to Public
Treasury Name of the organization		Go to www.i	rs.gov/For	m990 for i	nstructions and the latest in	formation.	Employerida	Inspection ntification number
SANDIA SCHOOL								itification number
							85-0196115	
	-	•			answered "Yes" on Fo	orm 990,	Part IV, line 17	7.
		re not required to	-	-				
_	•	tion raised funds thr	ough any	of the fo	llowing activities. Check	•		
a () Mail solicitations				e	e 📋 Solicitation of non	-governm	ent grants	
b Internet and ema	ail solicitat	tions		1	Solicitation of gov	ernment	grants	
c 🗌 Phone solicitation	ns			ç	🛛 🗌 Special fundraisin	g events		
d 🗌 In-person solicita	ations							
2a Did the organization	havo a wr	ritton or oral agroom	oont with	any indiv	vidual (including officers,	directors	trustoos	
					with professional fundra			
				raisers) p	oursuant to agreements u	nder whic		
to be compensated a	at least \$5	,000 by the organiz	ation.					
(i) Name and address of in		(ii) Activity) Did ser have	(iv) Gross receipts		nount paid to	(vi) Amount paid to
or entity (fundraise	er)		custo	ody or	from activity		etained by) aiser listed in	(or retained by) organization
			contrib	trol of outions?			col. (i)	
1			Yes	No				
2								
2								
3								
4								
5								
6								
7								
0								
8								
9								
10								
Total			►					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	dule G (Form 990) 2022 rt II Fundraising Events. Comple than \$15,000 of fundraising ev				
	gross receipts greater than \$5	,000.	-		T
		(a)Event #1 GIVING TUESDAY	(b) Event #2 SPRING GIVING	(c)Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue					
	1 Gross receipts	48,588	51,383		99,971
	 2 Less: Contributions 3 Gross income (line 1 minus line 2)	48,588	51,383		99,971
	4 Cash prizes				
ses	5 Noncash prizes				
Direct Expenses	 6 Rent/facility costs 7 Food and beverages 				
Ā	8 Entertainment				
Direc	9 Other direct expenses	13,644	14,428		28,072
	10 Direct expense summary. Add lines 4 th	rough 9 in column (d)		🕨	28,072
	11 Net income summary. Subtract line 10 f			🕨	-28,072
Pa	rt III Gaming. Complete if the orga on Form 990-EZ, line 6a.	inization answered "Ye	s" on Form 990, Part IV	/, line 19, or reported r	nore than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Re	1 Gross revenue			39,600	39,600
Direct Expenses	2 Cash prizes				
ă	3 Noncash prizes				
rect	4 Rent/facility costs				
ā	5 Other direct expenses			7,225	7,225
	6 Volunteer labor	☐ Yes% ☐ No	Yes% No	☐ Yes% ✓ No	
	7 Direct expense summary. Add lines 2 th	rough 5 in column (d)		🕨	7,225
	8 Net gaming income summary. Subtract	line 7 from line 1, columr	(d)		32,375
9 a b	Enter the state(s) in which the organizatio Is the organization licensed to conduct ga If "No," explain:	ming activities in each of	these states?		
10a b		enses revoked, suspended	d or terminated during the	e tax year?	☐ Yes ☑ No

Schedule G (Form 990) 2022

Sche	dule G (Form 990) 2022						Page
11	Does the organization conduct gam	ning activities with nonmemb	ers?			🗸 Yes	
12	Is the organization a grantor, benef formed to administer charitable ga		a member of a partnership or other	entity 		☐ Yes	
13	Indicate the percentage of gaming	activity conducted in:					
а	The organization's facility				13a		100.000 %
b	An outside facility				13b		%
14	Enter the name and address of the	person who prepares the org	ganization's gaming/special events b	ooks and re	cords:		
	Name DACIA CARD CPA						
15a b	Does the organization have a contr revenue?	ng revenue received by the or	hom the organization receives gami 			□ Yes	
	amount of gaming revenue retaine		·				
с	If "Yes," enter name and address of	^t the third party:					
	Name 🕨 🛛						
	Address						
16	Gaming manager information: Name JULIE COOK DIRECTO	R OF DEVELOPMENT					
	Gaming manager compensation	\$					
	Description of services provided		S ANY FUND RAISING RAFFLES OF TL R. SHE IS NOT PAID ADDITIONAL CON				
	Director/officer	Employee	Independent contr	actor			
17	Mandatory distributions:						
а			distributions from the gaming proce	eds to		🗆 Yes	
b	Enter the amount of distributions re	equired under state law distri	ibuted to other exempt organization:	s or spent			
	in the organization's own exempt a	u ,					
Pa			ations required by Part I, line 2b able. Also provide any additiona				
	Return Reference		Explanation				

Schedule G (Form 990) 2022

efile GRAPHIC pri	nt Su	Ibmission Date	- 2024-05-10					DLN: 93493131021204	
	he full c	ontent of this d	ocument, please s	elect landscape mod	e (11" x 8.5") whe	en printing.			
Schedule I		C .	ants and Ot	har Accistan	a ta Araza	izations		OMB No. 1545-0047	
(Form 990)									
	Governments and Individuals in the United States								
		Ca	omplete if the organiz	ation answered "Yes," o		, line 21 or 22.		Open to Public	
Department of the Treasury			E Go to ww	Attach to Form w.irs.gov/Form990 for t		n.		Inspection	
Internal Revenue Service			F 66 10	<u>initioget/refinition</u> fer t					
Name of the organization SANDIA SCHOOL							Employer ider	ntification number	
SANDIA SCHOOL							85-0196115		
Part I General	Informa	ation on Grants	and Assistance						
1 Does the organiza	ation main	tain records to subs	stantiate the amount of	the grants or assistance. t	he grantees' eligibility	for the grants or assistance	e. and		
							-,	🗹 Yes 🗌 No	
2 Describe in Part IN	V the orga	nization's procedure	es for monitoring the us	e of grant funds in the Uni	ted States.				
					ents. Complete if the c	organization answered "Yes	" on Form 990, Part IV,	line 21, for any recipient	
that receiv	ved more t	han \$5,000. Part II o	can be duplicated if add	itional space is needed.					
(a) Name and addr	ess of	(b) EIN	(c) IRC section	(d) Amount of cash grant		(f) Method of valuation	(g) Description of		
organization or government	t		(if applicable)		cash assistance	(book, FMV, appraisal, other)	noncash assistance	e or assistance	
or government	c .				ussistance	othery			
(1)									
(1)									
(2)									
(3)									
(4)									
(5)									
(5)									
(6)									
(-)									
(7)									
(8)									
(0)									
(9)									
(10)									
(10)									
(11)									
(12)									
Cotor total association	or of cost	on E01(a)(2) and ar	vorpmont organizations	listed in the line 1 table			•		
			•	listed in the line 1 table .			· · · · [_	0	
3 Enter total number	er of other	organizations listed	a in the line I table .					0	

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistar	nce	(b) Number of recipients	(c) Amount of cash grant	f (d) Amount of noncash assista		(e) Method of valuation (FMV, appraisal, other		Description of noncash assistance		
(1) TUITION REMISSION & DISCOU	JUNTS	8	644,179		ı <u> </u>		REDUCTION OF T			
(2) FINANCIAL AID		163	2,173,778		·		REDUCTION OF T	TUITION		
(3) GRACE FUND		4	5,730				REDUCTION OF TUITION			
(4) ALUMNI LEGACY FUND		7	7,000				REDUCTION OF T	TUITION		
(4)										
(5)					,					
(6)										
(7)										
Part IV Supplemental	I Informati	ion. Provide the informa	ation required in Part '	I, line 2; Part III, col	iumn (ⁱ	b); and any other addi	cional informat	tion.		
Return Reference	Explanatio	ion								
Return Reference Explanation PART I, LINE 2: APPLICANTS FOR FINANCIAL AID MUST SUBMIT CERTAIN FINANCIAL INFORMATION TO AN OUTSIDE SERVICE (SCHOOL & STUDENT SERVICE IN PRINCETON, NJ) WHICH ESTABLISHES A LEVEL OF NEED FOR AID, BASED ON THE FAMILY'S TOTAL FINANCIAL SITUATION. WITH THIS BASIC INFORMATION, THE SANDIA PREPARATORY SCHOOL FINANCIAL AID COMMITTEE, HEREIN "COMMITTEE", CONSIDERS EACH CASE ON ITS MERITS, TAKING INTO ACCOUNT ALL ADDITIONAL AVAILABLE INFORMATION. THE MAIN FACTORS CONSIDERED RELATIVE TO EACH STUDENT ARE FINANCIAL NEED, GRADE LEVEL AND SPACE AVAILABLE IN THAT GRADE, SCHOLASTIC ACHIEVEMENT OF THE STUDENT, THE STUDENT'S CONTRIBUTION TO THE LIFE OF THE SCHOOL, AND THE LENGTH OF TIME THE STUDENT HAS BEEN AT THE SCHOOL. THE COMMITTEE SETS PRELIMINARY GUIDELINES FOR THE AMOUNTS TO BE AWARDED IN EACH GRADE. THESE LIMITS MAY BE ADJUSTED AS THE COMMITTEE PROCEEDS WITH THE DETERMINATION OF FINANCIAL AID GRANTS.										

efil	e GRAPHIC pr	int Submise	ion Date - 2024-05-10	0		DLN: 9	934931	.3102	1204
	nedule J		Compensat	ti	on Information		OMB No	. 1545-	0047
(Foi	rm 990)	For c			rustees, Key Employees, and High	est			
		► Comple			ted Employees /ered "Yes" on Form 990, Part IV,	ine 23.	20)2	2
Dopo	rtment of the	► Go to			to Form 990. nstructions and the latest inform	ation	-	to Pu	
Treas	sury		<u>www.ns.gov/ronnsso</u> rd		instructions and the latest morning			pectio	
Inter Servi	nal Revenue ce								
	ne of the organiz DIA SCHOOL	ation				Employer identifica	tion nur	nber	
5,	2#10011002					35-0196115			
Pa	rt I Questio	ons Regarding	Compensation					1	
1-	Charly the appro	niata hav(ac) if the	organization provided any	of	the following to or for a parson listed	on Form		Yes	No
1a					the following to or for a person listed elevant information regarding these it				
	First-class	or charter travel			Housing allowance or residence for p	ersonal use			
	Travel for	companions			Payments for business use of persona	al residence			
	🗹 🛛 Tax idemn	ification and gross	-up payments 🛛 🗸		Health or social club dues or initiation	n fees			
	Discretion	ary spending acco	unt 🗌		Personal services (e.g., maid, chauffe	eur, chef)			
b	If any of the box	os on Lino 1a aro d	backed did the organization	n f	ollow a written policy regarding paymo	ant or roimbursomo	nt		
					blete Part III to explain		1b	Yes	
2					r allowing expenses incurred by all , regarding the items checked on Line	12	2		No
	directors, truste	es, omcers, incluai	ng the CEO/Executive Direct	tor	, regarding the items checked on Line	18?	_		110
3					to establish the compensation of the				
					ot check any boxes for methods CEO/Executive Director, but explain in	Part III			
		a organization to e			Elo/Executive Director, but explain in	rait iii.			
		ation committee			Written employment contract				
		ent compensation of	_	_	Compensation survey or study				
	□ Form 990	of other organizati	ons 🗸		Approval by the board or compensati	on committee			
4			ted on Form 990, Part VII, Se	ect	ion A, line 1a, with respect to the filing	g organization or a			
	related organiza	tion:							
а							4a		No
b	•				fied retirement plan?		4b		No
c	•				sation arrangement?		4c		No
	I les to ally of	i illes 4a-c, list the	persons and provide the ap	Jhu					
	Only 501(c)(3)	, 501(c)(4), and	501(c)(29) organizations	m	ust complete lines 5-9.				
5				l th	e organization pay or accrue any				
	compensation co	ontingent on the re	venues of:						
a	•						5a		No
b		anization? 5a or 5b, describe i			· · · · · · · · · ·		5b		No
6				l th	e organization pay or accrue any				
Ŭ		ontingent on the n			e organization pay of accrac any				
а	The organizatior	ı?					6a		No
b	Any related orga	anization?					6b		No
	If "Yes," on line 6	5a or 6b, describe i	n Part III.						
7					e organization provide any nonfixed		7	Yes	
8					d pursuant to a contract that was				
					section 53.4958-4(a)(3)? If "Yes," desc				
•							8		No
9	If "Yes" on line 8 53.4958-6(c)? .				resumption procedure described in Re		9		
For F			see the Instructions for				-	m 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The sum of columns (b)(i)-(iii) for each insteal individual must equal the	5 1010		550, 1412 11, 5000					
(A) Name and Title		of W-2, 1099-MISC and/or 1099-NEC		and other	(D) Nontaxable benefits	columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
	(i)	98,000	34,396	0	6,175	12,360	150,931	0
HEAD OF SCHOOL THRU 6/2022		0						
l	(ii)	U	0	0	0	0	0	0
	<u> </u>							
						ļ		
							Schedule J (F	Form 990) 2022

Schedule J (Form 990) 2022 Page									
Part III Supplemental Inform	art III Supplemental Information								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.									
Return Reference Explanation									
Return Reference	Explanation								
	Explanation THE HEAD OF THE SCHOOL RECEIVES A VEHICLE ALLOWANCE THAT IS GROSSED UP FOR TAXES.								



ef	ile GRAPHIC prin	it Submi	ission Date - 202	4-05-10									DLN:	93493	13102	1204
		e full conte	ent of this docum	ent, please sel	ect landscape mo	de (11" x 8	.5") whe	n printing								
	hedule K		Supple	montall	nformation	on Tay	Evor	nnt Ba	ndc				OMB	No. 154	5-0047	
(Fe	orm 990)				swered "Yes" to Forr								2	02)7	
			Complete il the		s, and any additiona				descriptions,						- 4	
Depa	artment of the Treasury mal Revenue Service		b C		Attach to Form 99 Form990 for instruct		. latact in	formation						pen to P Inspecti		
	e of the organization		-00	5 to <u>www.irs.gov/i</u>	ror instruct		e latest in	iormation.		E	mploy	er ident		n numbe		
SAN	IDIA SCHOOL									ε	35-019	6115				
Ρ	art Bond Iss	ues														
	(a) Issuer na	me	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	orice	(f) Descr	iption of purpose	. (g) Det	feased	(h)	On	(i) Pool	
													behalf of issuer		financing	
											Yes	No	Yes	No	Yes	No
Α	VILLAGE OF LOS RA	NCHOS DE	85-0236091		08-17-2007	10,0		ONSTRUCTIO				Х		Х		Х
	ALBUQUERQUE							ASSROOMS,	PERFORMING A	RTS,						
Р	art II Proceed	S						SHOCHON								
		_					A		В		с				D	
1	Amount of bonds	retired					5,405,908									
2			ed				5,105,5									
2							10.000.0	0.0								
-			· · · · · · · · · · · · · · · · · · ·				10,000,0	00								
4			eds													
5								_								
6						_										<u> </u>
7							77,0	25								
8			eds													
9	Working capital ex		· · · · · ·													
10	Capital expenditu	res from proce	eds				8,000,0	00								
11	Other spent proce	eds					1,922,9	75								
12	Other unspent pro	ceeds														
13	Year of substantia	l completion .				20	009									
						Yes	No	Yes	No	Yes	;	No		Yes		No
14	Were the bonds is bonds (or, if issue	sued as part o d prior to 2020	of a current refunding 0, a current refunding	issue of tax-exempt issue)? • • •	: 	х										
15	Were the bonds is bonds (or, if issue	sued as part o d prior to 2020	of an advance refundir 0, an advance refundi	ng issue of taxable ng issue)?			х									
16	Has the final alloc	ation of proce	eds been made?			Х										
17			adequate books and r			х										
_					-	-	h NI- 5010					_				1 2022

Schedule K (Form 990) 2022

										Fage Z		
Pa	Part III Private Business Use											
			Α		E	-		С		D		
-			Yes	No	Yes	No	Yes	No	Yes	No		
1	Was the organization a partner in a partnership, or a member of an LLC, which owr financed by tax-exempt bonds?			х								
2	Are there any lease arrangements that may result in private business use of bond- property?	-financed		х								
3a	Are there any management or service contracts that may result in private business bond-financed property?	s use of		х								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other ou counsel to review any management or service contracts relating to the financed pr											
C	Are there any research agreements that may result in private business use of bonc property?			х								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other ou to review any research agreements relating to the financed property?	utside counsel										
4	Enter the percentage of financed property used in a private business use by entitie a section 501(c)(3) organization or a state or local government											
5	Enter the percentage of financed property used in a private business use as a resu unrelated trade or business activity carried on by your organization, another sectio organization, or a state or local government	on 501(c)(3)										
6	Total of lines 4 and 5											
7	Does the bond issue meet the private security or payment test?			Х								
8a 	Has there been a sale or disposition of any of the bond-financed property to a none person other than a 501(c)(3) organization since the bonds were issued?	governmental		х								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed	dof					1			<u> </u>		
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.145-2?	1.141-12 and										
9	Has the organization established written procedures to ensure that all nonqualified issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	d bonds of the	х									
Par	t IV Arbitrage											
		Α			В		С		D			
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty	Yes	No X	Yes	No	Y	es	No	Yes	No		
2	in Lieu of Arbitrage Rebate?			+								
<u>-</u> a	Rebate not due yet?		Х									
a b	Exception to rebate?		× ×	+								
<u>с</u>	No rebate due?	Х	^									
<u> </u>	If "Yes" to line 2c, provide in Part VI the date the rebate	^										
-	computation was performed			<u> </u>								
3		Х										

Schedule K (Form 990) 2022

_										- 5
Par	t IV Arbitrage (Continued)									
			Α			В		c	D)
		Ye	s	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X								
b	Name of provider	COMPAS	S BANK							
с	Term of hedge		200000.00	00000000 %						
d	Was the hedge superintegrated?			Х						
е	Was the hedge terminated?			Х						
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?			Х						
b Name of provider										
с	Term of GIC..........									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6	Were any gross proceeds invested beyond an available temporary period?			Х						
7	Has the organization established written procedures to monitor the requirements of section 148? .			Х						
Pai	t V Procedures To Undertake Corrective Action									
				Α		В		с		D
			Yes	No	Ye:	5 No	Yes	No	Yes	No
Has the organization established written procedures to ensure that viola federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available applicable regulations?			х							
Pa	rt VI Supplemental Information. Provide additional infor	mation f	or respons	es to ques	tions on Sche	edule K. (See i	nstructions).			
	Return Reference				Explanat	ion				
	REBATE COMPUTATION ISSUER NAME: VILLAGE OF LOS RANCH ORMED	IOS DE AL	BUQUERQU	JE DATE THE	REBATE COMP	UTATION WAS P	ERFORMED: 03/3	31/2014		

Schedule K (Form 990) 2022

efil	e GRAPHIC pr	int	Submissi	on Date -	2024-05-10				DL	N: 9349	31310	21204
				Νο	ncash (Contri	butions			OMB N	o. 1545-	0047
(FO	rm 990)									2)2	7
			-	-	ons answered	l "Yes" on F	orm 990, Part IV, lines 2	29 or 3	0.		JZ	Z
			ich to Form		o for the late	st informat	ion					
	artment of the	G 01	.o <u>www.ms.</u> g	<u>JOV/F011199</u>		st mormat	ion.				n to Pu spectio	
Treas Inter	nal Revenue										specifi	
Servi												
	e of the organizat IA SCHOOL	tion						Emplo	yer iden	tification	number	
								85-019	96115			
Pa	rt I Types o	of Pro	perty				-					
				(a)	(b)		(c)			(d)		
				applicable	Number of con items con		Noncash contribution amounts reported on			od of dete contribut		
							Form 990, Part VIII, line 1	.g				
	Art—Works of art											
	Art—Historical tre Art—Fractional in											
3 4	Books and public		•••	х			1.6	15 COM	PARABLE	SALES		
-	Clothing and hou		• •				, -		PARABLE			
	goods			Х						-		
	Cars and other ve		• •					_				
7 8	Boats and planes Intellectual prope											
9	Securities—Public			Х		1	174.8	88 TRAI	DING VAL	UE		
	Securities—Close											
11	Securities—Partn											
12	or trust interests Securities—Misce											
	Qualified conserv		12									
15	contribution—Hi structures	istoric										
14	Qualified conserve contribution—Of											
15	Real estate—Res											
16	Real estate—Con											
17	Real estate—Oth	er .										
	Collectibles .											
	Food inventory			Х		1	. 3	03 COS	Т			
20 21	Drugs and medic Taxidermy											
	Historical artifact											
	Scientific specim											
24	Archeological art	ifacts										
2F	FR EVE			Х		2	8,6	D0 FMV				
23	Other ► (ITEMS) PROPER		JIPMENT	Х		4	6.0	70 COM	PARABLE	SALES		
	Other ► (<u>)</u>						0,0					
	Other ► (
	Other ► (i a canada contra ao tela ao te	6			1			
29	Number of Forms for which the org							29				
	-		·								Yes	No
30a							eported in Part I, lines 1 th					
							ich isn't required to be use		kempt pu	rposes		
		nung p						•		3)a	No
b	If "Yes," describe	e the ar	rangement i	n Part II.								
31	Does the organi	zation h	nave a gift ac	ceptance po	licy that require	es the review	of any nonstandard contr	ibutions	5?	3	1 Yes	
32a	Does the organi	zation h	nire or use th	ird parties or	r related organi	zations to so	licit, process, or sell nonca	sh				
	contributions?	• •	• • •					• •	• •	32	la	No
b	If "Yes," describe											
33	•		't report an a	mount in co	lumn (c) for a ty	ype of prope	rty for which column (a) is	checke	d,			
	describe in Part	11.										

Schedule M (Form 990) (2022)



Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	NUMBER OF DONORS.



efile GRAPHIC p	rint Submission Date - 2024-05-10	DLN: 93493131021204
SCHEDULE C (Form 990) Department of the Treasury	Supplemental Information to Form 990 of Complete to provide information for responses to specific questi Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information.	ons on
Name of the organiza SANDIA SCHOOL	ation	Employer identification number
		85-0196115
Return Reference	Explanation	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	THE JOY OF LIVING AND LEARNING IS AT THE CENTER OF ALL WE DO. S/ PROVIDES REMARKABLE OPPORTUNITIES FOR INTELLECTUAL AND PERS CHALLENGING AND BALANCED PROGRAM. AS AN EXTENSION OF OUR F COMMUNITY INSPIRES STUDENTS TO FIND THEIR ACADEMIC FOCUS, TAL	ONAL GROWTH WITHIN A AMILIES, SANDIA PREP'S DIVERSE
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE CFO, THEN BY THE FINANCE COMM REVISIONS ARE MADE, IT IS PRESENTED TO THE ENTIRE BOARD FOR TH	
FORM 990, PART VI, SECTION B, LINE 12C	ALL TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CO DISCLOSURE FORM EACH YEAR WHICH EXPLAINS THE OCCASIONS THAT AND THE ANSWERS ARE REVIEWED BY THE BUSINESS MANAGER. ANY T CONFLICT OF INTEREST IS INSTRUCTED NOT TO VOTE ON ANY BOARD F THE AREA OF CONFLICT.	MIGHT GIVE RISE TO CONFLICTS
FORM 990, PART VI, SECTION B, LINE 15A	THE HEAD OF SCHOOL'S COMPENSATION IS DETERMINED BY AN INDEPEN KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE HEAD OF SCHOOL INFORMATION DERIVED FROM ITS PROFESSIONAL MEMBERSHIP ORGANIZ PARAMETERS FOR THE HEAD OF SCHOOL'S SALARY. OTHER SALARIES A BUDGETARY CONSTRAINTS AND CLOSELY FOLLOW THE LOCAL MARKET THE DETERMINATION AND APPROVAL OF COMPENSATION FOR THE HEAD DOCUMENTED. THIS PROCESS WAS LAST PERFORMED DURING THE FISC CONDUCTING THE SEARCH FOR A NEW HEAD OF THE SCHOOL.	DL. THE SCHOOL USES ZATIONS FOR USE IN SETTING RE ESTABLISHED WITHIN RATES FOR SIMILAR POSITIONS. D OF SCHOOL IS PROPERLY
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BASED UPON SPECI OR ORGANIZATIONS.	
FORM 990, PART IX, LINE 24E	EQUIPMENT RENTAL AND MAINTENANCE: PROGRAM SERVICE EXPENSES GENERAL EXPENSES 10,553. FUNDRAISING EXPENSES 799. TOTAL EXPE EXPENSES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENER FUNDRAISING EXPENSES 0. TOTAL EXPENSES 225,739. FUNDRAISING: P MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 11: ROUNDING: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENER EXPENSES 0. TOTAL EXPENSES 1. FACILITIES RENTAL EXPENSE TO PG. 9 -26,131. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPE -26,131. FUNDRAISING EXPENSE TO PG. 9: PROGRAM SERVICE EXPENSE GENERAL EXPENSES 0. FUNDRAISING EXPENSES -35,297. TOTAL EXPENSE	ENSES 304,676. ADMINISTRATIVE RAL EXPENSES 225,739. ROGRAM SERVICE EXPENSES 0. 3,725. TOTAL EXPENSES 113,725. RAL EXPENSES 1. FUNDRAISING D: PROGRAM SERVICE EXPENSES ENSES 0. TOTAL EXPENSES ES 0. MANAGEMENT AND
FORM 990, PART XI, LINE 9:	UNREALIZED GAIN (LOSS) ON SWAP AGREEMENT 253,279. ROUNDING	
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE OVERSIGHT A NOT CHANGED SINCE THE PRIOR YEAR.	