efil	e Pu	ublic Visu	al Render ObjectId: 202303149349304605 - Submission: 2023-1	L-10	T)	IN: 22-2515078							
	0		Return of Organization Exempt From Income	Tax	(	OMB No. 1545-0047							
Form	9:	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priv Do not enter social security numbers on this form as it may be made put	ate foundatio	ns)	2022							
		f the Treasury nue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the latest inform			Open to Public Inspection							
A F	or th	ne 2022 ca	lendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022										
B Che	ck if a	applicable:	C Name of organization THE SOUTHLANDS FOUNDATION	D Employer	identif	ication number							
_		change		22-25150	78								
∪ Na O Ini		hange eturn	Doing business as										
O Fina	al retu	rn/terminated		E Telephone r	umber								
_		ed return ion pending	(845) 876										
			City or town, state or province, country, and ZIP or foreign postal code RHINEBECK, NY 12572	<b>G</b> Gross recei	pts \$ 1	,524,290							
		ſ	F Name and address of principal officer: H(a) Is this LYDIA HIGGINSON	a group retu	n for	_							
			2739 SOUTH ROAD subor	dinates? I subordinates		🗌 Yes 🔽 No							
T Tay	x-676	mpt status:	incluc	ed?		🗆 Yes 🔄 No							
		•		," attach a list									
JW	ebsi	te:▶ WW	W.SOUTHLANDS.ORG	exemption n	Imper	•							
K Forr	n of c	organization:	Corporation Trust Association Other L Year of forma	ntion: 1983 🖡	State	of legal domicile: NY							
Pa	art I	Sum	nary										
			cribe the organization's mission or most significant activities:		TDOO								
ce		HISTORICAL AND AGRARIAN CONNECTION TO THE COMMUNITY THROUGH EDUCATION, CONSERVATIVE AND OUTI											
nar													
Governance	2	2 Check this box ►											
	_		3	9									
×ð v	4	Number o	f independent voting members of the governing body (Part VI, line 1b) $\ldots$ .		4	9							
Activities &	5	Total num	ber of individuals employed in calendar year 2021 (Part V, line 2a)		5	24							
ctiv	6		ber of volunteers (estimate if necessary)	•	6								
Ă			lated business revenue from Part VIII, column (C), line 12		7a	0							
	b	Net unrela	ated business taxable income from Form 990-T, Part I, line 11	• •	7b								
				or Year	_	Current Year							
en e			ons and grants (Part VIII, line 1h)	265,64	_	153,476							
Revenue	9	-	service revenue (Part VIII, line 2g)	542,19	-	568,378							
Re			nt income (Part VIII, column (A), lines 3, 4, and 7d )	229,07		75,087							
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,09		87,947 884,888							
			d similar amounts paid (Part IX, column (A), lines 1–3 )	2/000/00	-	0							
			aid to or for members (Part IX, column (A), line 4)			0							
s			other compensation, employee benefits (Part IX, column (A), lines 5–10)	420,25	7	428,100							
Ise			nal fundraising fees (Part IX, column (A), line 11e)	,									
Exp enses	b	Total fundra	sising expenses (Part IX, column (D), line 25) ▶40,064										
ă	17	Other exp	enses (Part IX, column (A), lines 11a–11d, 11f–24e)	618,61	9	632,448							
	18	Total expe	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,038,87	5	1,060,548							
	19	Revenue	ess expenses. Subtract line 18 from line 12	50,12	2	-175,660							
Net Assets or Fund Balances			Beginning	of Current Yea	r	End of Year							
sse Bala	20	Total asse	ts (Part X, line 16)	5,338,87	3	4,601,024							
et A	21	Total liabi	lities (Part X, line 26)	66,57	1	62,696							
Ž.	22	Net asset	s or fund balances. Subtract line 21 from line 20	5,272,30	2	4,538,328							
Pa	art II	Signa	nture Block										

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

						2023-11-08	
Sign	Sig	nature of officer				Date	
Here		ZANNE BATTENFELD TREASURER					
		be or print name and title					
	,	Print/Type preparer's name	Preparer's	signature	Date		PTIN
Pai	Ч				2023-11-07	Check $\cup$ if self-employed	P01226503
	parer	Firm's name 🕨 THOMAS F L	NDGREN CPA PC			Firm's EIN ► 2	26-4101255
	Only						
036	Only	Firm's address 🏲 PO BOX 4236				Phone no. (84	5) 338-1001
		KINGSTON, M	IY 12402				
May	he IPS disc	uss this return with the prepa	arer shown above? (	see instructions)			. 🗸 Yes 🗌 No
		Reduction Act Notice, see					
FOFF	арегмогк	Reduction Act Notice, see	the separate instr	uctions.	Cat. I	No. 11282Y	Form <b>990</b> (2021)
				— Page 2 — — —			
Form	000 (2021)						
	990 (2021)			-			Page <b>2</b>
Pa	rt III Sta	atement of Program Se	rvice Accomplis	hments			
	Che	eck if Schedule O contains a i	esponse or note to a	any line in this Part III .			🗆
1	Briefly des	cribe the organization's miss	on:				
HIST	ORICAL AND	AGRARIAN CONNECTION TO	THE COMMUNITY	THROUGH EDUCATION, O	CONSERVATIVE	AND OUTDO	OR RECREATION.
2	Did the or	ganization undertake any sig	nificant program ser	vices during the year whi	ich were not lis	sted on	
-				vices during the year with			🗌 Yes 🔽 No
							🗆 Yes 💟 No
-	-	escribe these new services or					
3		ganization cease conducting,	or make significant	changes in now it conduc	cts, any progra	m	
	services?					• • • •	. 🗌 Yes 🗹 No
	If "Yes," d	escribe these changes on Sch	edule O.				
4		he organization's program se					
		1(c)(3) and 501(c)(4) organi		to report the amount of	grants and all	ocations to oth	ners, the total expenses,
	and reven	ue, if any, for each program s	ervice reported.				
4.2	(Code:	) (Expenses \$	929,821	including grants of \$		) (Revenue \$	)
4a		,,,,,				) (Revenue \$	)
	FARM AND I	RIDING SCHOOL WHICH PROVIDE	S INSTRUCTIONS IN HO	JRSEMANSHIP AND HUSBAN	IDRY.		
4b	(Code:	) (Expenses \$		including grants of \$		) (Revenue \$	)
4c	(Code:	) (Expenses \$		including grants of \$		) (Revenue \$	)
4d	Other pro	gram services (Describe in Sc	hedule O.)				
	(Expenses		including grants of	\$	) (Revenue s	\$	)
4e		gram service expenses 🕨	929,8				
-72	τοται μιο		525,0	<u></u>			Farma 000 (2021)

	5	0	0	- 5
г	a	u	e	- 2

Pa	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 .	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 "Yes," complete</i>			No
7	Schedule D,Part I 🗐	6 7		No
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		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.			
	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 "Yes," 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 "Yes," complete Schedule D, Part VIII</i> 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <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		No
	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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Xoc	
b	Schedule D, Parts XI and XII <sup>1</sup> 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 <sup>1</sup>	12a 12b	Yes	No
13	If res, and if the organization answered no to the 12a, then completing schedule $D$ , raits x1 and x11 is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12a			
		13	Yes	N.
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		No
D	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? <i>If</i> "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? <i>If "Yes," complete Schedule G, Part I.</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 "Yes," 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		No
	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

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Pa	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		No					
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		No					
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		No					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$	24b							
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d							
25a	<b>5a</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L</i> , Part I								
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 "Yes," 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	26		No					
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No					
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No					
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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes						
Pa	statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10								
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b> 0								

 ${\bm b}~$  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ~ . 1b Г

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

# (gambling) winnings to prize winners?

Form 990 (2021)

Form 990 (2021)

1c

------ Page 5 ----

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Pa	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						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No			
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
	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 solicit any contributions that were not tax deductible as charitable contributions?	6a		No			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? $\cdot$ .	7f		No			
g	<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	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.						
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No			

b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
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	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	F	orm <b>99</b>	<b>0</b> (2021)
				- ()
	Page 6			
Form	990 (2021)			
	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" rocr	onco to	Page 6
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 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
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>		res	NO
	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 <b>1b</b> 9			
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?			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 make any significant changes to its governing documents since the prior rorm 550 was med?	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	Yes	
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		8a	Yes	
	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 Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	<b> </b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
13	Did the organization have a written whistleblower policy?	13	Yes	
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	Yes	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or 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 annlicable federal tax law and take steps to safeguard the organization's exempt

	m joint venture arrangemente ander appir	LUDIC ICUCIDI									
	status with respect to such arrangements				•	•	•	•	•	16	b
Se	ection C. Disclosure										<u> </u>
17	List the states with which a copy of this Fo	orm 990 is requ	ired to	be fil	ed►		NY				
18	Section 6104 requires an organization to r 501(c)(3)s only) available for public inspe										
	🗌 Own website 🛛 Another's website	Upon rec	uest	$\Box$	Othe	er (e	kplain	in S	chedule O)		
19	Describe in Schedule O whether (and if so policy, and financial statements available t	, how) the orga	nizatior	n mae	de it	ts go				of interest	
20	State the name, address, and telephone n ►LYDIA HIGGINSON 2739 SOUTH ROAD	umber of the pe POUGHKEEPS							ization's books and	l records:	
											Form <b>990</b> (2021)
				Page	e 7						
_											
-	990 (2021)										Page <b>7</b>
Pa	t VII Compensation of Officers, D and Independent Contracto	-	stees	, Ke	y E	mpl	oyee	s, H	lighest Comper	nsated Employ	ees,
	Check if Schedule O contains a res		anv li	ne in	this	Par	+ VII				
Se	ection A. Officers, Directors, Truste										
	omplete this table for all persons required to		-	-		-				-	ganization's tax
year.											
	List all of the organization's <b>current</b> officer mpensation. Enter -0- in columns (D), (E),							or o	rganizations), rega	irdless of amount	
	List all of the organization's <b>current</b> key em	.,				•		efinit	ion of "key employ	ee."	
who	ist the organization's five <b>current</b> highest of received reportable compensation (box 5 of nization and any related organizations.										,000 from the
•	List all of the organization's <b>former</b> officers, portable compensation from the organizatio						sated	emp	loyees who receive	d more than \$100	,000
	ist all of the organization's <b>former directo</b> nization, more than \$10,000 of reportable c										
See	he instructions for the order in which to list	the persons ab	ove.								
	Check this box if neither the organization no	or any related o	rganiza	tion o	com	pens	ated a	ny c	current officer, direc	ctor, or trustee.	
(A) Name and title		(B) Average hours per week (list any hours for related organizations	Position (do than one boy is both an directo			unle fficer trust	ss pers r and a ee)	son	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-	(F) Estimated amount of other compensation from the organization and related
		below dotted line)	lividual trustee director	Institutional Trustee	icer	Key employee	hest compensated ployee	rmer	NEC)	NEC)	organizations
(1) A	LLISON KING	40.00			$\vdash$	+					
EVEC	υτινε οι	•••••	Х		х				54,685	0	0

EXECUTIVE DI					,		
(2) LYDIA HIGGINSON EXECUTIVE DI	40.00	х	х		17,805	0	0
(3) ELISE QUASEBARTH PRESIDENT	2.00	х	х		0	0	0
(4) SUZANNE BATTENFELD TREASURER	2.00	х	х		0	0	0
(5) VICKI L HAAK DIRECTOR	2.00	х	х		0	0	0
(6) ROBERT NIEUWENHUIZEN DIRECTOR	2.00	х			0	0	0
(7) DR MICHELE TUGADE DIRECTOR	2.00	х			0	0	0
(8) HENDRIK UYTTENDAELE	2.00	x			0	0	0

VICE PRESIDE		~					-	ř	-
(9) DR EVE D'AMBRA SECRETARY	2.00	х		x			0	0	0
(10) TATIANA SERAFIN DIRECTOR	2.00	х					0	0	0
(11) FLORIEN BOUWMEESTER	2.00	х					0	0	0
		•	-			-	•		Form <b>990</b> (2021)

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Form 990 (2021)

Page **8** 

### 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 for related	Positio than c is b	one b	ox, ι in of	t che unles ficer	ss pers	son	2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
1b Sub-Total						•	1	<u> </u>	<u> </u>	
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)				·				72,490		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes

	line 1a? If "Yes," complete Schedule J		Key employee, or m	ignest compensateu	employee on	3	No
4	For any individual listed on line 1a, is t organization and related organizations individual				n the	4	No
5	Did any person listed on line 1a receiven services rendered to the organization?				ividual for	5	No
S	ection B. Independent Contracto						
1	Complete this table for your five highe from the organization. Report compension					ensation	
		(A) nd business address			(B) cription of services	Com	(C) pensation
	Name a	lu business address		Desc	inpuon of services	Com	pensation
2	Total number of independent contractors compensation from the organization	(including but not limited	d to those listed abo	ove) who received m	ore than \$100,000	of	
						Form 9	<b>990</b> (2021)
			Page 9				
Forn	n 990 (2021)						Page <b>9</b>
P	art VIII Statement of Revenue						
	Check if Schedule O contains	a response or note to any		(B)	 (C)	· ·	. U (D)
			(A) Total revenue	Related or	Unrelated	Rev	venue
				exempt function	business revenue	tax und	ded from er sections
ຜົ	🙀 derated campaigns 1a			revenue		512	- 514
ant							
gifts, grants,	mbership dues 1b						
ifts							
р, "	additional and the second seco						
ntributions,							
in a	alated organizations 1d						
Cont	č –						
f	All other contributions, gifts, grants, and similar amounts not included above						
	107,412						
g	Noncash contributions included in lines 1a - 1f:\$						
	111 <b>1</b> 1 <b>1</b> 1 <b>1</b>						
	20,095						
h	Total. Add lines 1a-1f	• • • 153,476			1		
		Business Code	568,378	568,378			
	2a TRAINING/BOARD/LESSONS	611600		500,570			
7110							
2010							
94	5 -						
arvi							
6							
Drodram Sarvica Bavanua	20.5						
à	-	—					
	<b>f</b> All other program service revenue.						
	<b>9 Total.</b> Add lines 2a–2f		1		[	1	
	<b>3</b> Investment income (including dividen similar amounts)	ds, interest, and other	58,746				58,746

5 Royalties						
		(i) Real	(ii) Personal			
<b>5a</b> Gross rents	6a					
<ul> <li>Less: rental expenses</li> </ul>	6b					
Rental income or (loss)	6c					
d Net rental income	or (loss)		· · · •			
	(	i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a	583,777	50,000			
<ul> <li>Less: cost or other basis and sales expenses</li> </ul>	7b	537,731	79,705			
Gain or (loss)	7c	46,046	-29,705			
<b>d</b> Net gain or (loss)	· · ·	-		16,341	16,341	
<ul> <li>a Gross income from fu (not including \$ contributions reported See Part IV, line 18</li> <li>b Less: direct expen</li> <li>c Net income or (los</li> <li>Gross income from</li> </ul>	d on line 1 ses . s) from f gaming ad	of <b>8a 8b</b> undraising event:	83,419 21,966 S	61,453		61,4
See Part IV, line 19 <b>b</b> Less: direct expen		54				
<b>c</b> Net income or (los			· · •			
<ul> <li><b>0a</b>Gross sales of inverteurns and allowa</li> <li><b>b</b> Less: cost of good</li> <li><b>c</b> Net income or (los</li> </ul>	s sold	. 10a . 10b				
Miscellaneo			Business Code			
L1a <sub>EMPLOYEE</sub> RETEN	ITION CR	EDIT	611600	17,914		17,9
<b>b</b> INSURANCE PROC	CEEDS			5,343		5,3
c OTHER RELATED I	NCOME			3,237		3,2
d All other revenue		-				
e Total. Add lines 1	1a-11d	· · · · ·	•	26,494		
L2 Total revenue. S	ee instru	tions	–	20,707		
<b>10 al levellue</b> . 5	cc motiou			884,888	584,719	146,6

#### \_\_\_\_\_ Page 10 \_\_\_\_

Form 990 (	(2021)				Page <b>10</b>
Part IX	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must	complete all columns	s. All other organization	ons must complete co	olumn (A).
	Check if Schedule O contains a response or note to a	ny line in this Part IX			🗆
	clude amounts reported on lines 6b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	s and other assistance to domestic organizations and stic governments. See Part IV, line 21				
	s and other assistance to domestic individuals. See V, line 22				

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				
5	Compensation of current officers, directors, trustees, and key employees	72,490	61,616	7,249	3,625
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	296,548	252,066	29,655	14,827
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,895	1,611	190	94
9	Other employee benefits	21,996	18,697	2,199	1,100
10	Payroll taxes	35,171	29,895	3,517	1,759
11	Fees for services (non-employees):				
ā	Management				
t	Legal	250	250		
c	Accounting	11,500	11,500		
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,067		20,067	
12	Advertising and promotion	2,727	2,318	273	136
13	Office expenses	14,090	11,975	1,409	706
14	Information technology	2,927	2,488	293	146
15	Royalties				
16	Occupancy	21,027	7,149	6,939	6,939
17	Travel	6,909	6,909		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,853		3,853	
20	Interest	19		19	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	185,984	171,105	9,299	5,580
23	Insurance	38,008	30,406	5,701	1,901
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 0.)				
	a HORSE SUPPLIES & EXPENSES	171,436	171,436		
	<b>b</b> FACILITY SUPPLIES & EXP.	45,531	45,531		
	c REPAIR AND MAINTENANCE	42,781	42,781		
	d VETERINARIANS & FARRIERS	40,099	40,099		
	e All other expenses	25,240	21,989		3,251
25	Total functional expenses. Add lines 1 through 24e	1,060,548	929,821	90,663	40,064
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

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# Form 990 (2021) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX

**(A)** Beginning of year

Page **11** 

**(B)** End of year

	1	Cash-non-interest-bearing			115,676	1	140,058
	2	Savings and temporary cash investments $\ .$			220,000	2	203,288
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			13,972	4	11,424
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, sub- controlled entity or family member of any of th	stantial c	ontributor, or 35%		5	
	6	Loans and other receivables from other disqual section 4958(f)(1)), and persons described in s				6	
s	7	Notes and loans receivable, net				7	
et	8	Inventories for sale or use			8		
Assets	9	Prepaid expenses and deferred charges			4,168	9	8,577
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,205,153			
	b	Less: accumulated depreciation	10b	2,363,263	2,067,559	10c	1,841,890
	11	Investments—publicly traded securities .			2,916,033	11	2,395,787
	12	Investments-other securities. See Part IV, line	11 .			12	
	13	Investments-program-related. See Part IV, lin	e11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		1,465	15		
	16	Total assets. Add lines 1 through 15 (must ec	jual line 3	33)	5,338,873	16	4,601,024
	17	Accounts payable and accrued expenses .			38,257	17	26,435
	18	Grants payable			18		
	19	Deferred revenue		27,855	19	36,261	
	20	Tax-exempt bond liabilities				20	
s	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contr or family member of any of these persons	35% controlled entity		22		
19	23	Secured mortgages and notes payable to unrel	ated third	1 narties	459	23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2 Complete Part X of Schedule D	ayables t			25	
	26	Total liabilities. Add lines 17 through 25			66,571	26	62,696
lances	27	Organizations that follow FASB ASC 958, c complete lines 27, 28, 32, and 33. Net assets without donor restrictions	heck he	re ▶ 🗹 and 	5,182,954	27	4,465,601
Balaı	28	Net assets with donor restrictions			89,348	28	72,727
Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.	: 958, ch	eck here 🕨 🗌 and			
or	29	Capital stock or trust principal, or current funds	;			29	
Assets	30	Paid-in or capital surplus, or land, building or e	quipment	fund		30	
ISS	31	Retained earnings, endowment, accumulated in	icome, or	other funds		31	
	32	Total net assets or fund balances			5,272,302	32	4,538,328
Net	33	Total liabilities and net assets/fund balances			5,338,873	33	4,601,024
_						-	

— Page 12 —

Part XI	Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<u> O</u>
<b>1</b> Tota	I revenue (must equal Part VIII, column (A), line 12)	1	884,888
2 Tota	l expenses (must equal Part IX, column (A), line 25)	2	1,060,548
3 Reve	enue less expenses. Subtract line 2 from line 1	3	-175,660
4 Net	assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4	5,272,302
5 Net	unrealized gains (losses) on investments	5	-554,136
6 Don	ated services and use of facilities	6	

7	Investment expenses	7	1	-12,248
8	Prior period adjustments	8		8,070
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		4,538,328
Pa	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 decrual 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 a separate basis, consolidated basis, or both:			
	Separate basis       Consolidated basis       Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	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 Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Зb		
		F	orm <b>99</b>	<b>0</b> (2021

**Additional Data** 

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

**Return to Form** 

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SCI	HED	ULE A		Public (	Charity Statu	s and Pul	blic Supp	ort	OMB No. 1545-0047
(Forr	n 990)		Con		rganization is a sect	ion 501(c)(3)	organization or		2022
Departi	ment of th	ne Treasury			4947(a)(1) nonexe Attach to Form 9				
Interna	I Revenu	e Service		Go to <u>www.irs</u>	<u>.gov/Form990</u> for ir	nstructions and	I the latest info	ormation.	Open to Public Inspection
		ne organiza						Employer identif	
THE S	OUTHLA	ANDS FOUNDA	TION					22-2515078	
	rt I				us (All organizations it is: (For lines 1 thro			See instructions.	
1 ne c	rganiz				sociation of churches	· <b>J</b>	/ /	(A)(i)	
2					1)(A)(ii). (Attach Sch			(A)(I).	
3					vice organization descr	-			
4		•	•		ed in conjunction with			-	Enter the hospital's
-	$\cup$		, and state:				ibed in Section 1	[/0(D)(1)(A)(III).	
5	$\square$	An organiz	ation operate	d for the benefi	t of a college or univer	sity owned or o	perated by a gov	ernmental unit desc	ribed in <b>section</b>
e		170(b)(1)	)(A)(iv). (Co	mplete Part II.)	-				
6 7				-	governmental unit de				wal autolia descuite ad in
,	$\cup$			(vi). (Complete		s support nom a	governmentaru	filt of from the gen	eral public described in
8		A commun	ity trust desc	ribed in <b>sectior</b>	n 170(b)(1)(A)(vi).	Complete Part I	I.)		
9					escribed in <b>170(b)(1)</b> ee instructions. Enter t				ollege or university or a
10		An organiz	ation that no	rmally receives:	(1) more than 331/3%	o of its support f	rom contribution	s, membership fees	, and gross receipts
		investment	t income and	unrelated busin					organization after June
11	$\square$	-			mplete Part III.) I exclusively to test for	nublic cafety S	an section 509	(2)(4)	
12			•	•					the purposes of one or
	$\cup$	more publi	cly supported	l organizations o	described in section 5	09(a)(1) or se	ction 509(a)(2)	). See section 509	(a)(3). Check the box
а	$\square$		5		the type of supportinated, supervised, or co		•		y giving the supported
	0			er to regularly a tions A and B.	appoint or elect a majo	rity of the direct	tors or trustees o	of the supporting or	ganization. You must
b		<b>Type II.</b> A	supporting c	organization sup	ervised or controlled in				
				porting organiza V, Sections A a	ation vested in the san and C.	ne persons that	control or manag	je the supported or	ganization(s). <b>You</b>
с					supporting organization ons). <b>You must com</b>				rated with, its
d		Type III r	non-function	ally integrate	<b>d.</b> A supporting organi	zation operated	in connection wit	th its supported org	anization(s) that is not
					n generally must satisf <b>t IV, Sections A and</b>			an attentiveness re	quirement (see
е					ved a written determin		RS that it is a Ty	pe I, Type II, Type I	II functionally
f	Enter	<b>.</b> .			integrated supporting				
g	Provi	de the follow	ving informati	ion about the su	pported organization				
	<b>(i)</b> N	lame of supp organization		(ii) EIN	(iii) Type of organization		anization listed ing document?	(v) Amount of monetary support	(vi) Amount of other support (see
					(described on lines 1- 10 above (see	,	5	(see instructions)	
					instructions))				
						Yes	No		
Tota		work Doduc	tion Act No.	tice costhe T	nstructions for	Cat. No. 1128	F	Sahadu	e A (Form 990) 2022
	-	or 990-EZ.		lice, see the h		Cat. NO. 1120.		Schedu	e A (10111 990) 2022
					Pag	ge 2			
Scho	۸ ماینه	(Form 990)	2022						D <b>D</b>
	rt II	. ,		e for Organiz	ations Described	in Sections 1	.70(b)(1)(A)	(iv) and 170(b)	Page 2 (1)(A)(vi)
		(Compl	ete only if y	ou checked th	ne box on line 5, 7,	or 8 of Part I d	or if the organi	zation failed to q	ualify under Part III.
	oction	If the o		failed to quali	ify under the tests l	isted below, pl	ease complete	Part III.)	
	ndar		Sapport	I	I	1	I	I	1

		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(0 1	r fiscal year beginning in) Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
	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						
4	<b>Total.</b> 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.						
	Section B. Total Support	( ) 2010	(1) 2010	( ) 2020	(1) 2024	( ) 2022	
(0	r fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7							
0	dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business		1				
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or		1		1	-	+
	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10						
12			2			12	
13	First 5 years. If the Form 990 is for the						anization, check
	this box and stop here				<u></u>		
	Public support percentage for 2022 (lir		-	column (f))		14	
15						15	
	a 33 1/3% support test-2022. If the						s box
	and <b>stop here.</b> The organization quali						
l	<b>33 1/3% support test—2021.</b> If the	organization did	not check a box	on line 13 or 16a	a, and line 15 is 33	1/3% or more, ch	eck this
	box and <b>stop here.</b> The organization	qualifies as a put	olicly supported of	organization			►
17	a 10%-facts-and-circumstances test and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
t	10%-facts-and-circumstances tes	<b>t—2021.</b> If the o	rganization did r	ot chack a hav a	n lino 12 162 161	4 7 1 1	
	more, and if the organization meets t		5				15 is 10% or
10				, check this box a	ind <b>stop here.</b> Ex	plain in Part VI ho	15 is 10% or w the organization
10	meets the "facts-and-circumstances" <b>Private foundation</b> . If the organization	test. The organiza	ation qualifies as	, check this box a a publicly suppor	ind <b>stop here.</b> Ex	plain in Part VI ho	15 is 10% or w the organization
	Private foundation. If the organization	test. The organization did not check a	ation qualifies as a box on line 13,	, check this box a a publicly suppor 16a, 16b, 17a, o	nd <b>stop here.</b> Ex rted organization . r 17b, check this b	plain in Part VI ho  pox and see	15 is 10% or w the organization
	meets the "facts-and-circumstances" <b>Private foundation.</b> If the organization instructions	test. The organization did not check a	ation qualifies as a box on line 13,	, check this box a a publicly suppor 16a, 16b, 17a, o	nd <b>stop here.</b> Ex rted organization . r 17b, check this b	plain in Part VI ho	15 is 10% or w the organization
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	Private foundation. If the organization instructions	test. The organiza on did not check a	ation qualifies as a box on line 13, 	, check this box a a publicly suppor 16a, 16b, 17a, o 	nd <b>stop here.</b> Ex rted organization . r 17b, check this t	plain in Part VI ho	15 is 10% or w the organization ► □
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	Private foundation. If the organization instructions	test. The organization did not check a	ation qualifies as a box on line 13,  Page <b>ns Described</b> ox on line 10 of	, check this box a a publicly suppor 16a, 16b, 17a, o 	nd <b>stop here.</b> Ex rted organization . r 17b, check this t  <b>9(a)(2)</b> organization fa	plain in Part VI ho box and see <b>Schedule A</b>	15 is 10% or w the organization ► □ ► □ (Form 990) 2022
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Ca (o	Private foundation. If the organization instructions	test. The organization did not check a	ation qualifies as a box on line 13,  Page <b>ns Described</b> ox on line 10 of	, check this box a a publicly suppor 16a, 16b, 17a, o 	nd <b>stop here.</b> Ex rted organization . r 17b, check this t  <b>9(a)(2)</b> organization fa	plain in Part VI ho box and see <b>Schedule A</b>	15 is 10% or w the organization ► □ ► □ (Form 990) 2022
Ca (o	Private foundation. If the organization instructions	test. The organization did not check a	ation qualifies as a box on line 13, 	, check this box a a publicly suppor 16a, 16b, 17a, o 	nd <b>stop here.</b> Ex rted organization . r 17b, check this b <b>99(a)(2)</b> organization fa <u>e complete Part</u>	plain in Part VI ho 	15 is 10% or w the organization ► □ ► □ (Form 990) 2022 Page 3 nder Part II. If
Ca (o	Private foundation. If the organization instructions	test. The organization did not check a	ation qualifies as a box on line 13, 	, check this box a a publicly suppor 16a, 16b, 17a, o 	nd <b>stop here.</b> Ex rted organization . r 17b, check this b <b>99(a)(2)</b> organization fa <u>e complete Part</u>	plain in Part VI ho 	15 is 10% or w the organization ► □ ► □ (Form 990) 2022 Page 3 nder Part II. If
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	not all all clated trade of busiless
	under section 513
4	Tax revenues levied for the
	organization's benefit and either paid
	and a constrained and the back of the

| |

	to or expended on its behair.		1		1				
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								
ь	3 received from disqualified persons Amounts included on lines 2 and 3								
D	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
c	13 for the year. Add lines 7a and 7b.								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ction B. Total Support			I		1			
	ndar year fiscal year beginning in) 🕨	(a) 2018	<b>(b)</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				1				
	businesses acquired after June 30, 1975.				1				
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on.			ļ	1				
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,								
14	11, and 12.) First 5 years. If the Form 990 is for the form 10 is form 10 is for the form 10 is for 10 is form 10 is for 10	he organization's	first second thin	fourth or fifth t	tax vear as a secti	on $501(c)(3)$	organiza	ation ch	heck
14	this box and <b>stop here</b>	-					-		_
Se	ction C. Computation of Public								
	ction c. computation of Fublic	Support Ferce	antage						
15	Public support percentage for 2022 (lir	1e 8, column (f) d	ivided by line 13,	column (f)).		15			
	Public support percentage for 2022 (lin Public support percentage from 2021 S					15			
16	Public support percentage from 2021 S	Schedule A, Part I	II, line 15			15 16			
Se	Public support percentage from 2021 Section D. Computation of Invest	Schedule A, Part I ment Income	II, line 15 Percentage			16			
16 Se 17	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202	Schedule A, Part I ment Income 22 (line 10c, colu	II, line 15 <b>Percentage</b> mn (f) divided by	line 13, column (	f))	16 17			
16 Se 17 18	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2	Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A,	II, line 15 Percentage mn (f) divided by Part III, line 17 .	line 13, column (	f))	16 17 18	d line 17	is not	
16 Se 17 18	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage from 2 Investment income percentage from 2 33 1/3% support tests-2022. If the	Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r	II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box	ine 13, column (	f))	<b>16</b> <b>17</b> <b>18</b> 33 1/3%, an		is not	
16 Se 17 18	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2	Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r I stop here. The	II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali	line 13, column (  on line 14, and lin fies as a publicly	f))	16 17 18 133 1/3%, an ation			18 is
16 Se 17 18	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and	Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did r I stop here. The organization did	II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of	line 13, column (  on line 14, and lin fies as a publicly on line 14 or line :	f))	<b>16</b> <b>17</b> <b>18</b> 1/3%, an ation more than 3	 3 1/3% a		18 is
16 Se 17 18	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 22 (line 10c, colur 021 Schedule A, organization did r I stop here. The organization did and stop here.	II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of	line 13, column ( 	f))	16 17 18 133 1/3%, an ation more than 3 anization	 3 <sub>1/3</sub> % a	▶ □ nd line ▶ □	18 is
16 Se 17 18 19a b	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 31 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the	Schedule A, Part I ment Income 22 (line 10c, colur 021 Schedule A, organization did r I stop here. The organization did and stop here.	II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of	line 13, column ( 	f))	16 17 18 133 1/3%, an ation more than 3 anization	3 1/3% a	► □ nd line ► □	
16 Se 17 18 19a b	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 22 (line 10c, colur 021 Schedule A, organization did r I stop here. The organization did and stop here.	II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of	line 13, column ( 	f))	16 17 18 133 1/3%, an ation more than 3 anization instructions	3 1/3% a	► □ nd line ► □	
16 Se 17 18 19a b	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 22 (line 10c, colur 021 Schedule A, organization did r I stop here. The organization did and stop here.	II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of	line 13, column ( 	f))	16 17 18 133 1/3%, an ation more than 3 anization instructions	3 1/3% a	► □ nd line ► □	
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16 Se 17 18 19a b 20	Public support percentage from 2021 S ction D. Computation of Invests Investment income percentage for 203 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization	Schedule A, Part I ment Income 22 (line 10c, colur 021 Schedule A, organization did r I stop here. The organization did and stop here.	II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, :	line 13, column ( 	f))	16 17 18 133 1/3%, an ation more than 3 anization instructions	3 1/3% a	nd line	2022
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16 Se 17 18 19a b 20	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 203 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2022 t IV Supporting Organization (Complete only if you checked a	Schedule A, Part I ment Income (line 10c, colur 021 Schedule A, organization did r stop here. The organization did and stop here. on did not check a s a box on line 12 o	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, : Page 4 f Part I. If you ch	line 13, column ( 	f))	16 17 18 133 1/3%, an ation more than 3 anization instructions . Schedule	3 1/3% a	nd line nd line P	<b>2022</b> age <b>4</b> ked
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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 <b>Part VI</b> what controls the organization put in place to ensure such use.

		50	L
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	<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections		
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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		
Ju	and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
	5 5 7		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> " <i>Yes</i> ," <i>provide detail in</i> <b>Part VI</b> .		
	organization's supported organizations, in res, provide detail in <b>Part VI.</b>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial		
	contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
		8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
		9a	
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>		
		9b	
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets		
	in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"		
	answer line 10b below.	10a	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether		
	the organization had excess business holdings).	10b	

Schedule A (Form 990) 2022

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#### — Page 5 —

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	······································			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
с	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	11c		
	VI.			

# Section B. Type I Supporting Organizations

Section C. Type II Supporting Organizations

1	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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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.</i>
	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 <b>Part VI</b> how providing such benefit
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting
	organization.

1 2

Yes

No

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the

Yes No

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
	organization maintaineu a close and 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 investment policies and in directing the use of the organization's income or assets at all times			
	during the tax year? If "Yes," describe in <b>Part VI</b> 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):
  - The organization satisfied the Activities Test. Complete line 2 below. а  $\square$
  - b The organization is the parent of each of its supported organizations. Complete line 3 below.  $\square$
  - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С  $\square$

#### 2 Activities Test. Answer lines 2a and 2b below.

- 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.
- **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.

#### з Parent of Supported Organizations. Answer lines 3a and 3b below.

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

3h Schedule A (Form 990) 2022

2a

2b

Зa

Schedule A (Form 990) 2022

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Ра	rt v Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgan	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	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		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors			

Page 6

(explain in detail in Part VI)

1

Yes

No

			1 1
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

Schedule A (Form 990) 2022

#### - Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Schedule A (Form 990) 2022

Part V

Se	ection D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers e excess of income from activity	exempt purposes of supported	organizations, in	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval require	d - provide details in <b>Part VI</b> )	)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructio	ns		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respon	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 (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				

10 Line 8 amount divided by Line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
<ol> <li>Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.</li> </ol>			
<b>3</b> Excess distributions carryover, if any, to 2022:			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019 <b>.</b>			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
<ul> <li>Carryover from 2017 not applied (see instructions)</li> </ul>			
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>b</b> Applied to 2022 distributable amount			

Page 7

\_\_\_\_\_

<b>c</b> Remain	nder. Subtract lines 4a and 4b from line 4.				
2022, i If the a	ing underdistributions for years prior to if any. Subtract lines 3g and 4a from line 2. amount is greater than zero, <i>explain in <b>Part VI</b>.</i> structions.				
lines 3	ing underdistributions for 2022. Subtract h and 4b from line 1. If the amount is greater ero, <i>explain in <b>Part VI</b></i> . See instructions.				
7 Excess 3j and 4	distributions carryover to 2023. Add lines 4c.				
B Breakdo	own of line 7:				
a Excess	s from 2018				
	s from 2019				
	s from 2020				
	s from 2021				
e Excess	s from 2022				edule A (Form 990) (2022)
	(Form 990) 2022	Page 8 ———			Page <b>8</b>
chedule A					
Schedule A Part VI	<b>Supplemental Information.</b> Provide the explanations Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1: Part IV, Section D, lines 2 and 3; Part IV, Section E, lines Section D, lines 5, 6, and 8; and Part V, Section E, lines instructions).	la, 11b, and 11c; 1c, 2a, 2b, 3a ar	Part IV, Section B, nd 3b; Part V, line 1;	lines 1 and 2; ; Part V, Section	Part IV, Section C, line 1; on B, line 1e; Part V
	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 Part IV, Section D, lines 2 and 3; Part IV, Section E, lines Section D, lines 5, 6, and 8; and Part V, Section E, lines	la, 11b, and 11c; 1c, 2a, 2b, 3a ar	Part IV, Section B, nd 3b; Part V, line 1;	lines 1 and 2; ; Part V, Section	Part IV, Section C, line 1; on B, line 1e; Part V
	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 Part IV, Section D, lines 2 and 3; Part IV, Section E, lines Section D, lines 5, 6, and 8; and Part V, Section E, lines instructions).	la, 11b, and 11c; 1c, 2a, 2b, 3a ar	Part IV, Section B, nd 3b; Part V, line 1; complete this part fo	lines 1 and 2; ; Part V, Section	Part IV, Section C, line 1; on B, line 1e; Part V
	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 Part IV, Section D, lines 2 and 3; Part IV, Section E, lines Section D, lines 5, 6, and 8; and Part V, Section E, lines instructions).	La, 11b, and 11c; 1c, 2a, 2b, 3a ar 2, 5, and 6. Also (	Part IV, Section B, nd 3b; Part V, line 1; complete this part fo	lines 1 and 2; ; Part V, Section	Part IV, Section C, line 1; on B, line 1e; Part V
	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 Part IV, Section D, lines 2 and 3; Part IV, Section E, lines Section D, lines 5, 6, and 8; and Part V, Section E, lines instructions).	La, 11b, and 11c; 1c, 2a, 2b, 3a ar 2, 5, and 6. Also (	Part IV, Section B, nd 3b; Part V, line 1; complete this part fo	lines 1 and 2; ; Part V, Section	Part IV, Section C, line 1; on B, line 1e; Part V

Explanation

Return Reference

Schedule A (Form 990) 2022

**Return to Form** 

**Additional Data** 

efile Public Visual Ren	der Objectld: 202303149349304605 - Submission: 2023-11-10		TIN: 22-2515078
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990, 990-EZ, or 990-PF.</li> <li>Go to <u>www.irs.gov/Form990</u> for the latest information.</li> </ul>	2022	
Name of the organizatior THE SOUTHLANDS FOUN		Employer id	entification number
		22-2515078	
Organization type (che	eck one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	ation	
	527 political organization		
Form 990-PF	$\Box$ 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ı	
	501(c)(3) taxable private foundation		

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990) (2022)

Page 2

Schedule B (Form 990) (2022)

Page 2

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
RESTRICTED		\$ RESTRICTED	Person       Payroll       Noncash       (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
-		\$	Person     Payroll     Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$\$\$\$\$\$	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
-		\$	Person     Payroll     Noncash     (Complete Part II for noncash     contributions.)     Schedule B (Form 990) (2022)				

Page 3

Schedule I	B (Form 990) (2022)		Page 3
Name of or THE SOUTH	ganization ILANDS FOUNDATION	Employer identification	n number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
			Schedule B (Form 990) (2022)
	Page 4		
Schedule I	3 (Form 990) (2022)		Page 4
Name of or	ganization	Employer ide	ntification number
THE SOUTH	ILANDS FOUNDATION	22-2515078	

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) • \$\_\_\_\_\_\_

Use duplicate	copies of Part III if	additional space is	s needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, and ZIP		e) Transfer of gift Relationshij	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
· _	Transferee's name, address, and ZIP		e) Transfer of gift Relationshij	o of transferor to transferee
(a)	(h) Durnoos of sift	<u>-</u>	(a) 1100 of aift	(d) Decorintian of how sift is hold

Part I	(b) Purpose of gift		(C) U	se or girt	(a) Description of now gift is neig
.  =					
	Transferee's name, address, and	ZIP 4	(e) Tra	nsfer of gift Relatio	nship of transferor to transferee
-			=  =		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		se of gift	(d) Description of how gift is held
•  =	Transferee's name, address, and	ZIP 4	(e) Tra	nsfer of gift Relatio	onship of transferor to transferee

# Schedule B (Form 990) (2022)

# **Additional Data**

**Return to Form** 

efile Public Visua	l Render	ObjectId: 2023031	49349304605 - Submissio	n: 2023-11	-10	TIN: 22-2515078	
SCHEDULE D		Sunnlamor	tal Financial Stater	nonte		OMB No. 1545-0047	
Complete if the organization answered "Yes Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11c Attach to Form 990.				' on Form 990, <b>2022</b>			
Internal Revenue Service		o to <u>www.irs.gov/Forn</u>	990 for instructions and the l			Inspection	
Name of the organ THE SOUTHLANDS FOUR					• •	ification number	
					2-2515078		
			sed Funds or Other Similar s" on Form 990, Part IV, line		ccounts.		
			(a) Donor advised fund		(b) Funds a	nd other accounts	
1 Total number at	end of year .						
2 Aggregate value	of contribution	ns to (during year)					
<b>3</b> Aggregate value	of grants from	n (during year)					
4 Aggregate value	at end of year						
			rs in writing that the assets held i clusive legal control?		d funds are the	🗆 Yes 🗌 No	
charitable purpo	ses and not fo	or the benefit of the donor	nor advisors in writing that grant or donor advisor, or for any othe	r purpose confe		sible	
	vation Ease						
			s" on Form 990, Part IV, line hization (check all that apply).	/.			
		oublic use (e.g., recreation		ation of an hist	orically importa	ant land area	
$\square$	of natural hab			ation of a certil	fied historic stru	Jcture	
	on of open spa		qualified conservation contributio	n in the form o	faconconvotio		
easement on the						he End of the Year	
a Total number of	conservation e	easements		. 2a			
<b>b</b> Total acreage real	stricted by con	servation easements		2b	)		
c Number of conse	ervation easen	nents on a certified histori	c structure included in (a)	<b>2</b> c	:		
structure listed i	n the National	Register	red after 7/25/06, and not on a h				
3 Number of cons tax year ►	ervation easer	nents modified, transferre	d, released, extinguished, or tern	ninated by the	organization du	ring the	
4 Number of state	s where prope	erty subject to conservation	n easement is located 🕨				
		written policy regarding the rvation easements it holds	e periodic monitoring, inspection	, handling of vi	olations,	Yes 🗌 No	
6 Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and $\epsilon$	enforcing conse	rvation easeme	nts during the year	
7 Amount of expe ► \$	nses incurred	in monitoring, inspecting,	handling of violations, and enford	cing conservatio	on easements d	uring the year	
			above satisfy the requirements o			Yes 🗌 No	
balance sheet, a	and include, if		ervation easements in its revenue footnote to the organization's fin ts.			es	
Comple	te if the orga	anization answered "Ye	of Art, Historical Treasure s" on Form 990, Part IV, line 3	8.			
historical treasu	res, or other s	imilar assets held for pub	C 958, not to report in its revenu ic exhibition, education, or reseatents that describes these items.				
historical treasu following amour	res, or other s its relating to	imilar assets held for pub these items:	C 958, to report in its revenue st ic exhibition, education, or resea	rch in furtheran	nce of public ser	vice, provide the	
(i) Revenue includ	ed on Form 99	90, Part VIII, line 1			. ▶\$		
(ii)Assets included	in Form 990,	Part X			🕨 \$		
following amour	nts required to	be reported under FASB	cal treasures, or other similar ass ASC 958 relating to these items:				
a Revenue include	ed on Form 99	0, Part VIII, line 1			►\$		
<b>b</b> Assets included	in Form 990. I	Part X			Þs		

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

					Page	2 ——					
Scher	lule D	(Form 990) 2021									Daga <b>7</b>
Part		Organizations Ma	aintaining Col	lections of	of Art, Histo	orical Tr	easures,	or Other	Similar As	sets (contin	Page 2
3	Using	the organization's acque (check all that apply):									
а		Public exhibition			d		Loan or ex	change pro	grams		
b	$\square$	Scholarly research			e		Other				
с	$\square$										
4	Provid	Preservation for future de a description of the c	-	lections and	l explain how t	hev furth	or the orga	inization's e	xempt purpo	se in	
•	Part X		i guinzation o coi			incy function			xempt purpt.		
5		g the year, did the orga s to be sold to raise fun								🗌 Yes	🗆 No
Par	t IV	Escrow and Custo Complete if the org line 21.			" on Form 99	90, Part I	V, line 9,	or reporte	ed an amou	nt on Form	990, Part X,
1a		e organization an agent, led on Form 990, Part X								🗌 Yes	🗆 No
b	If "Ye	es," explain the arrange	ment in Part XIII	and comple	ete the followir	na table:			Α	mount	
c		ining balance		•		-		1c			
d		ions during the year						1d			
е	Distril	butions during the year						1e			
f	Endin	ig balance						1f			
2a	Did th	ne organization include	an amount on Fo	orm 990, Pa	rt X, line 21, fo	or escrow	or custodia	al account li	ability?	🗌 Yes	🗆 No
b	If "Yes	s," explain the arranger	ment in Part XIII	. Check her	e if the explan	ation has	peen provi	ded in Part	XIII		
Pa	rt V	Endowment Fund	-		-						
		Complete if the org	anization ansv	vered "Yes (a) Curre		0, Part I Prior year		). o years back	(d) Three yea	ars back (a) F	our years back
1a	Beainni	ing of year balance		(a) curre	int year (D	<b>J</b> FIIOI year		o years back	(u) mee yee		Jul years back
	-	outions									
с	Net inv	vestment earnings, gain	s, and losses								
		or scholarships		-							
		expenditures for facilitie	25								
f	Admini	strative expenses .									
g	End of	year balance									
2 a		de the estimated percer I designated or quasi-er	-	ent year end	d balance (line	1g, colum	ın (a)) hele	d as:			
b	Perma	anent endowment 🕨									
с	Term	endowment 🕨									
_		percentages on lines 2a,		-							
3a		here endowment funds nization by:	not in the posses	sion of the	organization ti	nat are he	id and adm	ninistered fo	or the	F	Yes No
	(i) Ur	nrelated organizations								3a(i)	No
	• •	elated organizations								3a(ii)	No
b		s" on 3a(ii), are the rela	-		•					Зb	
4		ibe in Part XIII the inte		-	n's endowmer	it funds.					
Par	t VI	Land, Buildings, a Complete if the org			" on Form 90	0 Part I	V line 11	a See Foi	rm 990 Par	t X line 10	
	Descrij	ption of property	(a) Cost or oth (investme	ner basis	(b) Cost or oth			Accumulated	1		ok value
1a	Land					360	0,000				360,000
b	Building	gs									
с	Leaseh	old improvements									
d	Equipm	nent				3,845	5,153		2,363,263		1,481,890
-	Other	<u></u> .									
Tota	. Add I	lines 1a through 1e. (Co	olumn (d) must e	equal Form	990, Part X, co	olumn (B),	line 10(c)	.)	•		1,841,890

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" on Form 990,	Part IV,	line 11b.See Fo	rm 990, Part X	(, line 12.
(a) Description of security or category	(b)		(c) Method of v	valuation:
(including name of security)	Book		t or end-of-year	market value
	value	2		
(1) Financial derivatives				
(2) Closely-held equity interests				
( <b>3)</b> Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
· ·				
(G)				
<u></u>				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related.				( II 4 0
Complete if the organization answered 'Yes' on Form 990,	Part IV,			
(a) Description of investment		(b) Book value		hod of valuation: -of-year market value
/4				-or-year market value
(1)				
(2)				
(-)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)				
	•			
Part IX Other Assets.	art T// I	ling 11d Son For	m QQA Port V III	no 15
Complete it the organization answered 'Vec' on Form 000 F	art IV, I	inte 110. See ron	11 990, Pdit A, II	(b) Book value
Complete if the organization answered 'Yes' on Form 990, P				
(a) Description				-
(a) Description				-
(a) Description (1)				
(1) (a) Description				
(a) Description (1) (2) (3)				
(1) (2)				

(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	 🕨	

### Part X

 

 Other Liabilities.

 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

 (a) Description of liability

 (b) Book value

 1. (1) Endoral income taxes

		·
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

## Schedule D (Form 990) 2021

	Page 4			
Sche	dule D (Form 990) 2021			Page <b>4</b>
	rt XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990, Part	•	Return.	
1	Total revenue, gains, and other support per audited financial statements		1	884,888
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	884,888
4	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		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		5	884,888
Par	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part		r Return.	
1	Total expenses and losses per audited financial statements		1	1,060,548
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	1,060,548
4	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		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.	)	5	1,060,548
Pa	t XIII Supplemental Information			
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and $4$ s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		art V, line 4; Part	X, line 2; Part XI,
	Return Reference	Explanation		
			Schedule D	(Form 990) 2021

efile Public Visua	l Render	ObjectId: 202303149349304605 - Submission: 2023-11-10	TIN: 22-	2515	078
SCHEDULE E		Schools	OMB No. 1	545-0	047
(Form 990)		Complete if the organization answered "Yes" on Form 990,	20	ງງ	
		Part IV, line 13, or Form 990-EZ, Part VI, line 48.	ZU	LL	
Department of the Treasury		► Attach to Form 990 or Form 990-EZ.	Open t	o Publ	lic
Internal Revenue Service		► Go to <i>www.irs.gov/Form990EZ</i> for the latest information.	Inspec		iic.
Name of the organizati THE SOUTHLANDS FOUND	ion ATION	Employer identifi	cation nu	ımber	1
Part I		22-2515078			
				YES	NO
		racially nondiscriminatory policy toward students by statement in its charter, bylaws, or in a resolution of its governing body?	. 1	Yes	
	ogues, and ot	a statement of its racially nondiscriminatory policy toward students in all its her written communications with the public dealing with student admissions,	. 2	Yes	
	•	d its racially nondiscriminatory policy on its primary publicly accessible Internet homepage		105	
all times during	its taxable yea	ar in a manner reasonably expected to be noticed by visitors to the homepage, or through			
		a during the period of solicitation for students, or during the registration period if it has no			
		that makes the policy known to all parts of the general community it serves? If "Yes," pleas ain. If you need more space use Part II.			
describe. If No,	please expla		. 3	Yes	
			_		
4 Does the organized a Records indication		in the following? composition of the student body, faculty, and administrative staff?	. 4a	Yes	
	5	olarships and other financial assistance are awarded on a racially nondiscriminatory			
			. 4b	Yes	
•		nures, announcements, and other written communications to the public dealing grams, and scholarships?	. 4c	Yes	
		the organization or on its behalf to solicit contributions?		Yes	
If you answered	"No" to any o	of the above, please explain. If you need more space, use Part II.			
		inate by race in any way with respect to:			
<b>a</b> Students' rights	or privileges?	•••••••••••••••••••••••••••••••••••••••	5a		No
<b>b</b> Admissions polic	cies?		5b		No
c Employment of f	faculty or adm	ninistrative staff?	. <b>5</b> c		No
d Scholarships or	other financial	l assistance?	5d		No
e Educational polic	cies?		5e		No
<b>f</b> Use of facilities?			5f		No
g Athletic program	ıs?		. <b>5</b> g		No
h Other extracurrie If you answered		s?	. 5h		No
	-		_		
		any financial aid or assistance from a governmental agency?			No
		o such aid ever been revoked or suspended?	· 6b	<b> </b>	No
•		that it has complied with the applicable requirements of sections 4.01 through 4.05			
of Rev. Proc. 75- nondiscriminatio	-50, 1975-2 C on? If "No," ex	.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial plain on Part II.	. 7	Yes	
Paperwork Reduction A	ct Notice, see t	the Instructions for Form 990 or 990-EZ. Cat. No. 50085D Schedule E (Form	990) (202	2)	

# 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, LINE 3	AVAILABLE AS PART OF ITS MISSION STATEMENT AS AVAILABLE TO ALL PEOPLE OF ALL AGES

Schedule E (Form 990) (2022)

## **Additional Data**

**Return to Form** 

efile Public Visual Ren	der ObjectId: 20	230314934930	)4605 - Submission:	2023-11-10	TIN: 22-2515078
SCHEDULE G	Supple	emental Inf	ormation Rega	rdina	OMB No. 1545-0047
Form 990) Fundraising or Gaming Activities 2022 Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the					2022
Department of the Treasury       organization entered more than \$15,000 on Form 990-EZ, line 6a.         Department of the Treasury       Attach to Form 990 or Form 990-EZ.         Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection
Name of the organization THE SOUTHLANDS FOUNDAT	ION			<b>Employer id</b> 22-2515078	entification number
Part I Fundraising	Activities. Complete if	the organizatior	n answered "Yes" on F		17.
-	filers are not required	-		, ,	
<b>1</b> Indicate whether the o	rganization raised funds t	hrough any of the f	ollowing activities. Check	all that apply.	
a 🗌 Mail solicitations		•	e 🗌 Solicitation of nor	-government grants	
<b>b</b> Internet and email	solicitations		f Solicitation of gov	ernment grants	
c Dhone solicitations		9	g 🗌 Special fundraisin	g events	
<b>d</b> In-person solicitation	ons				
or key employees liste	ave a written or oral agree d in Form 990, Part VII) o	r entity in connection	on with professional fund	raising services?	es 🗌 No
<b>b</b> If "Yes," list the 10 hig to be compensated at I	hest paid individuals or en least \$5,000 by the organ	itities (fundraisers) ization.	pursuant to agreements	under which the fundrais	er is
<ul><li>(i) Name and address of ind or entity (fundraiser)</li></ul>	ividual (ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
Total	 	<u> </u>			
<b>3</b> List all states in which th licensing.	e organization is registere	d or licensed to so	licit contributions or has l	been notified it is exempt	from registration or
For Paperwork Reduction Act	Notice, see the Instructions	s for Form 990 or 99	Cat. No.	50083H S	Schedule G (Form 990) 2022
		Pa	age 2		
Schedule G (Form 990) 2022					Page <b>2</b>
than \$15,000	<b>Events.</b> Complete if the of fundraising event of fundraising event of a greater than \$5,000				
gross receipts	s greater than \$5,000.				

		(a)Event #1 GALA	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue					
	<b>1</b> Gross receipts	83,419			83,419
	<ul> <li><b>2</b> Less: Contributions .</li> <li><b>3</b> Gross income (line 1 minus line 2)</li></ul>	83,419			83,419
	4 Cash prizes	05,115			
ses					
Direct Expenses	<ul> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> </ul>				
ect	<b>8</b> Entertainment				
ā	9 Other direct expenses	21,966			21,966
	10 Direct expense summary. Add lines 4 t				21,966
	<b>11</b> Net income summary. Subtract line 10		· · · · · · ·	· · · · •	61,453
Par	t III Gaming. Complete if the orga on Form 990-EZ, line 6a.	inization answered fre	s" on Form 990, Part I	v, line 19, or reported	i more 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	<b>1</b> Gross revenue				
Expenses	<b>2</b> Cash prizes				
Ě	3 Noncash prizes				
Direct	<b>4</b> Rent/facility costs				
	5 Other direct expenses			<b>N N N N N N N N N N</b>	
	<b>6</b> Volunteer labor	<ul> <li>Yes%_</li> <li>No</li> </ul>	<pre>     Yes%     No </pre>	☐ Yes%_ ☐ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		🕨	
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)	ト	
9 a b	Enter the state(s) in which the organization Is the organization licensed to conduct ga If "No," explain:	ming activities in each of	these states?		Yes No
-					
10a b	If "Yes," explain:	enses revoked, suspende		e tax year?	Yes No
				Schedule G (	Form 990) 2022

Sche	dule G (Form 990) 2022					Р	age <b>3</b>
11	Does the organization conduct g	aming activities with nonmembers	?		🗌 Yes		
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		□ Yes	_	
13	Indicate the percentage of gami	ng activity conducted in:					
а	The organization's facility .			. 13a			%
b	An outside facility			. 13b			%
14	Enter the name and address of t	he person who prepares the organ	nization's gaming/special events books a	nd records:			
	Name 🕨 👘						
	Address 💌						
15a	Does the organization have a co revenue?		m the organization receives gaming		🗌 Yes		
b		ming revenue received by the organized by the third party $\blacktriangleright$ \$	anization 🕨 \$a	nd the			
С	If "Yes," enter name and addres	s of the third party:					
	Name 🕨 👘						
	Address 🕨						
16	Gaming manager information:						
	Gaming manager compensation	▶ \$					
	Description of services provided						
	Director/officer	Employee	Independent contractor				
17 a	Mandatory distributions: Is the organization required und retain the state gaming license?		stributions from the gaming proceeds to		🗌 Yes		
b		s required under state law distribu ot activities during the tax year 🕨	ted to other exempt organizations or sp \$	ent			
Pai	rt IV Supplemental Infor	mation. Provide the explanati	ions required by Part I, line 2b, coluicable. Also provide any additional i				
	Return Reference		Explanation				
		I	s	chedule G (Fo	orm 990) 2	022	

**Additional Data** 

**Return to Form** 

efile Public	Visual	Render ObjectId: 202303149349304605 - Submission: 2023-11-10	TIN: 22-2515078
SCHEDUL Form 990) Department of the Tre nternal Revenue Sen	easury	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
Name of the org			er identification number
		22-25150	178
Return Reference		Explanation	
FORM 990, PAGE 6, PART VI, LINE 7A	THE E	EXISTING BOARD MEMBERS PREPARE A SLATE OF POTENTIAL OFFICERS TO BE VOTE	D ON BY ITS MEMBERS.
FORM 990, PAGE 6, PART VI, LINE 11B	THE B	30ARD REVIEWS FORM 990 PRIOR TO SUBMISSION AND APPROVES OR RATIFIES PRIC	OR TO SUBMISSION.
FORM 990, PAGE 6, PART VI, LINE 12C	COMP	IAL DISCLOSURE AND REVIEW OF RELATIONSHIPS AND APPROVAL BY INDEPENDENT PARATIVE PRICING SOLICITED BY INDEPENDENT BOARD MEMBERS. ANY UNIQUE TRAI FOLLOW DISCLOSURE AND COMPARATIVE PRICING PROCEDURES, INCLUDING ABST	NSACTIONS DURING THE
FORM 990, PAGE 6, PART VI, LINE 15A		DF COMPARATIVE SALARY INFORMATION THROUGH PUBLISHED SALARIES ACCORDIN ESSIONAL RESOURCES. SALARIES ARE REVIEWED AND APPROVED BY THE BOARD.	IG TO THE WEB AND
FORM 990, PAGE 6, PART VI, LINE 15B		DF COMPARATIVE SALARY INFORMATION THROUGH PUBLISHED SALARIES ACCORDIN ESSIONAL RESOURCES. SALARIES ARE REVIEWED AND APPROVED BY THE BOARD.	IG TO THE WEB AND
FORM 990, PAGE 6, PART VI, LINE 19		DRGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FIN E AVAILABLE TO THE PUBLIC UPON REQUEST.	ANCIAL STATEMENTS ARE
or Paperwork Redu	uction Act N	Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K	Schedule O (Form 990) 202
Addition	al Dat	ta	Return to Form