# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2022 calendar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 2023	
В	Check if	C Name of organization	D Employer identific	cation number
а	pplicable	.		
Г	Addres	MALABAR FARM FOUNDATION, INC.		
	Name change		34-17680	61
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/si		
Г	Final	PO BOX 551	419.892.	
	⊸return/ termin- ated		G Gross receipts \$	81,551.
	Amend		H(a) Is this a group re	
	return Applica			? Yes X No
L	Ition pendin	SAME AS C ABOVE	H(b) Are all subordinates in	
	Toy ove			list. See instructions
***********	Websit			
			H(c) Group exemption	n number • State of legal domicile: OH
	art I	Summary	ear of formation. 1993 N	A State of legal dofficile: On
<u></u>	T		זווז או אמאה מאמ	בא האדרות בי
õ		Briefly describe the organization's mission or most significant activities: THE MALA		
Jan	1	FOUNDED IN 1993 TO PROVIDE RESOURCES IN SUPP		
Governance		Check this box if the organization discontinued its operations or disposed of n	1	
ĝ		Number of voting members of the governing body (Part VI, line 1a)		12
જ		Number of independent voting members of the governing body (Part VI, line 1b)		12
Activities		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		0
ίŽ		Total number of volunteers (estimate if necessary)		20
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	28,358.	25,412.
ē	9	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4.	3,248.
_	11 4	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,738.	52,891.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,100.	81,551.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
άx	b.	Total fundraising expenses (Part IX, column (D), line 25)		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	74,624.	25,325.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	74,624.	25,325.
	19	Revenue less expenses. Subtract line 18 from line 12	-44,524.	56,226.
o s			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	566,418.	622,644.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	0.	0.
캺	22	Net assets or fund balances. Subtract line 21 from line 20	566,418.	622,644.
Pa	art II	Signature Block		
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	ın	Signature of officer	Date	
Hei		THOMAS BACHELDER, PRESIDENT		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d		A09/20/23 if self-employ	P00084366
	parer	Firm's name BANKS & ASSOCIATES CPA'S, LLC		0-2915114
	Only	Firm's address 406 MARION AVENUE	, , , , , , , , ,	
	•	MANSFIELD, OH 44903	Phone no. 4.1	9.525.2828
—— Ma	v the IF	RS discuss this return with the preparer shown above? See instructions	1, 1,010 110, 2 2	X Yes No

Form 990 (2022)

MALABAR FARM FOUNDATION, INC. 34-1768061 Page 2

# Form 990 (2022) MALABAR FARM FOUNDATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		7.7	
0	If "Yes," complete Schedule A	1	X	77
2		2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
,	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	,		-v-
5	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-5		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	,		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
O				x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		1
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,	10		22
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	ı ıa		- 23
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	7.10		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X

22   March   Anna   March   March   Anna   March   March   Anna   March   Ma			-	Yes	No
22 Dit the organization answer "Yes" to Part VII, Section A, Iris 3, 4, or 5, about compensation of the organization scurrent and forms officies, decircles, tustees, key employees, and highest compensation of the organization have a tax-exempt bond issue with an outstanding principal anount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Scheduble K. If "No." ye or line 25a and the compensation invest any proceeds of fax-exempt bonds are supported as the program of the organization invest any proceeds of fax-exempt bonds are supported as the program of the organization and the area of the organization and the transaction with a disqualified person using the year? If "Yes," complete Scheduble L, Part I and the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization year of the organization and the three transaction than or the property of the organization and the transaction than to the property of the organization and the transaction than or the organization and the transaction than or the organization provide and the transaction than or the organization provide and the transaction than or the organization and the transaction than or the organization and the transaction of the organization report or organization report or 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 former officer, director, trustee, key and complete schedule L, Part III and the organization receive or the assistance to any current o	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
and former officers, direction, fustless, key employees, and highest component of more than \$100,000 as of the Institute of the organization have a tax exampt bond issue with an outstanding principal amount of more than \$100,000 as of the Institute of the Institute of the Institute of the Institute of I		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / Water and the search of the year, that was issued after December 31, 2002? If "Yes," <i>enswer lines 24b through 24d and complete Schedule K. If "No."</i> go to fine 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest eny proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest eny proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest eny proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization invest eny proceeds of tax-exempt bonds beyond a temporary period exception?  24d   2d   2d   2d   2d   2d   2d   2d	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			İ
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 31,80027 if "Yes," inswive times 22th through 24th and complete Schedule K. If "No." go to fine 25a bit 10 percent of the second principal amount of the second princ					İ
slad day of the year, that was issued after December 31, 2002? If 'Yee,' armser lines 24b through 24d and complete Schedule K. I'Ne,' go to fee per 25a.  b Did the organization invest any proceeds of tex except bonds beyond a temporary period exception?  c Did the organization maintain an escrive vaccount other than a refunding escrive at any time during the year?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  d Did the organization access benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I'.  5 Did the organization access that is engaged in an excess benefit transaction has not been reported on any of the organization's prior forms 950 or 959b E27 If 'Yes,' complete Schedule L, Part II'.  5 Did the organization access that is engaged in an excess benefit transaction for forms of fired, ciferiot, part of the sea o		Schedule J	23		<u>X</u>
Schedule K. If 'No.'' go to fine 25a   X   b Did the organization meast any proceeds of tax exampt bonds beyond a temporary period exception?   24b   c Did the organization maintain an escrow account other than a rofunding secrow at any time during the year to defense any tax exampt bonds?   24d   d Did the organization acts as in 'on behalf or' issuer for bonds outstanding at any time during the year?   24d   d Did the organization acts as in 'on behalf or' issuer for bonds outstanding at any time during the year?   24d   d Did the organization acts as in 'on behalf or' issuer for bonds outstanding at any time during the year?   24d   d Did the organization acts as in 'on behalf or' issuer for bonds outstanding at any time during the year?   24d   d Did the organization acts as in 'on behalf or' issuer for bonds outstanding at any time during the year?   24d   d Did the organization proport any amount on Part X, line 5 or 22, for receivables from or page person in a prior year, and that the transaction has not been reported on any of the organization prior is Porms 990 or 990-E27 if 'Yes,' complete Schedule L, Part I   d Did the organization report any amount on Part X, line 5 or 22, for receivables from or psysteles to any oursett or formation of our organization prior is grant or other assistance to any ourset or formation, discorting, discorting our page of the page of th	24 a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary potide exception?  28 Did the organization maintain an escrow account other than a returning ecror was trany time during the year to defease any tax-exempt bonds?  40 Did the organization account of the second of t					v
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  24d   24	h	Did the organization invost any proceeds of tax-exempt hands beyond a temporary period execution?			
any tax-exempt bonde?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 50 (p(s)), 50 (p(s)), 50 (p(s)), and 50 (p(s)29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule f., Part I   25a			240		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  255 Section 50 (1)(28), 501(4), and 501(4)(29) organizations, bid the organization engage in an excess benefit transaction with a discusified person during the year? If "Yes," complete Schedule I, Part I	Ŭ		24c		
25a Section 50 (to(3), 50 (to(4), and 50 (to(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I 25b Is the organization aware thet 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 sprior Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part I 25b X X 2 10 the organization report any amount on Part X, line 5 or 22, for receivables from or psyables to any current or former officer, director, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persona? If "Yes," complete Schedule I., Part II 27b X 2 10 the organization provide a grant or other assistance to any current or former officer, furector, trustee, key employee, creator or rounder, substantial contributor or employee thereof) or family member of any of these persona? If "Yes," complete Schedule I., Part III 27b X 2 10 the organization a party to a business transaction with one of the following parties (see the Schedule I., Part III 27b X 2 10 the organization aparty to a business transaction with one of the following parties (see the Schedule I., Part III 27b X 2 10 the organization aparty to a business transaction with one of the following parties (see the Schedule I., Part III 27b X 2 10 the organization or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I., Part III 28b X 2 10 the organization receive more than \$25,000 in non-eash contributions? If "Yes," complete Schedule III 27b X 2 10 the organization receive more than \$25,000 in non-eash contributions? If "Yes," complete Schedule III 27b X 2 10 the organization organization receive orthitistic not affine the organization under Regulations and that is contained, and that is contained to the organization engage contributions of a	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
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-E27 if "Yes," complete Schedule I, Part I   25b   X    25 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 contribution, or 35% controlled entity for family member of any of these persons? If "Yes," complete Schedule I, Part II   26					
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I   25b   X    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 of reality member of any of these persons? if "Yes," complete Schedule L, Part II   27   X    27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? if "Yes," complete Schedule L, Part III   27   X    28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III   27   X    28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part III   27   X    28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part III   27   X    28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part III   28   X   X   X   X   X   X   X   X   X		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
Schedule L, Part I	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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 of family member of any of these persons? If "Yes," complete Schedule L, Part III 26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof), a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions;  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  29 Did the organization dentity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I .  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1  33 Did the organization conduct more than 6% of its activities t		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
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 III 27			25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   26   X    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 55% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schadule L, Part IV, instructions for applicable flinig thresholds, conditions, and exceptions?  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   28b   X    b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   28b   X    c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? II "Yes," complete Schedule L, Part IV   28c   X    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I., Part IV   28c   X    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I   31   X    30 Did the organization includate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   31   X    31 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, III, or IV, and Part V, Ilne 1   34   X    35a Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ilne 1   34   X   X    35 Did the organization have a controlled entity within the meaning of section 512(b)(13) If "Yes," complete Schedule R, Part V, Ilne 2   35b   X    36 Section 501(c)(3) organizations. Did the organization medie as a partnership for foderal income tax purposes? If "Yes," complete Sc	26				
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (fincluding an employee) tehreof or family member of any of these persons? If "Yes," complete Schedule L, Part III.   27					4.5
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  27 X  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 filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 If "Yes," complete Schedule R, Part I.  31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iline 2  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iline 2  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iline 2  35 Did the organization conduct more than 5% of its act	07		26		X.
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  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):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28a X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II  31 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 II  31 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 II, III, or IV, and Part V, line 1  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization own 100% of the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organiza	21				
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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II  "Yes," complete Schedule L, Part IV. 28a X  b A family member of any individual described in line 28a? II "Yes," complete Schedule L, Part IV. 28b X  c A 3556 controlled entity of one or more individuals and/or organizations described in line 28a or 28b? II  "Yes," complete Schedule L, Part IV. 28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? II "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? II "Yes," complete Schedule N, Part II. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? II "Yes," complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sell, exchange, dispose of, or transfer more than 25% of its net assets? II "Yes," complete Schedule R, Part I. 32 Did the organization related to any tax-exempt or taxable entity? II "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1 33 Did the organization related to any tax-exempt or taxable entity? II "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iline 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iline 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		· · ·	27		x
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV  28b X  b A family member of any inclividual described in line 28a? If "Yes," complete Schedule L, Part IV  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  32 A 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  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Did the organization of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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 Section 501(c)(3) organizations. Did the organization on schedule O for Part VI, lines 11b and 19?  Note: All Form 990 fliers are required to complete S	28				
"Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  31 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  31 Did 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  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  33 Did the organization base a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization base a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 If "Yes," complete Schedule R, Part V, line 2  38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization?  38 If "Yes," complete Schedule R, Part V line 2  39 Did the organization conduct more than 5% of its activities through an entity that is not a related organization?  39 Did the organization conduct more than 5% of its activiti					
b A family member of any individual described in line 28a° / If "Yes," complete Schedule I., Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b7!!  "Yes," complete Schedule I., Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  31 Did the organization one 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.  32 X  33 Did 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 X  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V in 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 V in the Organization complete Schedule O and provide explanations on Schedule O for Part VI,	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
b A family member of any individual described in line 28a° / If "Yes," complete Schedule I., Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b7!!  "Yes," complete Schedule I., Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  31 Did the organization one 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.  32 X  33 Did 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 X  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V in 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 V in the Organization complete Schedule O and provide explanations on Schedule O for Part VI,		"Yes," complete Schedule L, Part IV	28a		X
"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 X  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 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 W  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  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 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  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  37 Did the organization conduct more than 59% 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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter 0- if not applicable  1b 0 0  c Did the organization comply with backup withholding rules for repor	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30	С				
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 30 S X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 S X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 Schedule N, Par					
contributions? If "Yes," complete Schedule M  30			29		X
131 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Schedule N, Part I Schedule N, Part I Schedule N, Part I Schedule N, Part I Schedule N, Part I Schedule N, Part I Schedule N, Part I Schedule N, Part I Schedule N, Part I Schedule N, Part I Schedule N, Part I Schedule N, Part I Schedule N, Part I Schedule N, Part I Schedule N, Part I Schedule N, Part I Schedule N, Part I Schedule R, Part I Schedule	30		00		- v
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  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 II.  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, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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, Iine 2  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, Iine 2  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, Iine 2  36 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 X  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.  38 X  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  4 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  4 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  5 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	31		1		
Schedule N, Part II  32  X  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  X  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  X  35a  Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a  X  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  35b  35b  35b  35b  35b  35b  35			31		- 23
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 X  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, Iine 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  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, Iine 2 35b 55b 75b 75b 75b 75b 75b 75b 75b 75b 7	-		32		x
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  35b X  35a X  35b	33				
Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  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 X  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 V 37 X  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Yes No  11 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  12 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  13 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  36b  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	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
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 X  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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			34		
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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			35a		X
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	b				
If "Yes," complete Schedule R, Part V, line 2  36 X  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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  38 X  Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	00		35b		
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 X  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 In Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	36		200		v
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 The Inter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable payments to vendors and reportable gaming	37		36		
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The initial part of Forms V and the initial part of Forms V and the initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a. Enter -0- if not applicable  The initial part of Forms W-2G included on line 1a.	0,	· · · · · · · · · · · · · · · · · · ·	37		x
Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	38		"		<u> </u>
Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Telephone  The Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Between the number of Forms W-2G included on line 1a. Enter -0- if not applicable  C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		· · · · · · · · · · · · · · · · · · ·	38	Х	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 1	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       1         b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-	Check if Schedule O contains a response or note to any line in this Part V	·····	·····	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		1 1		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		1		
			4		
	С		10	x	

Form 990 (2022) MALABAR FARM FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
<b>2</b> a	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 2a0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		X
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		X
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?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			-
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)			
	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	-		
13	Is the organization licensed to issue qualified health plans in more than one state?	100		
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a	<del> </del>	<del> </del>
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand 13c	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a	†	1 47
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	<del> </del>	
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		122
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	10		1 43
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069	<b>—</b>		<b>†</b>

MALABAR FARM FOUNDATION, INC. 34-1768061 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 ..... 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 b Enter the number of voting members included on line 1a, above, who are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X 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? X 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done \_\_\_\_\_\_ 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website X Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

44843

MALABAR FARM FOUNDATION, INC. - 419.892.2784

PO BOX 551, LUCAS, OH

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

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

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

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

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

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

(A)	(B)			(C Posi	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than	one	Reportable compensation	Reportable compensation	Estimated
	hours per week	offi	cer an	d a d	irecto	is bot or/trus	n an tee)	from	from related	amount of other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	ordi	eg			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	truste	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1099-14E0)	organization and related
	below	idual	tution	Pi .	Key employee	est co loyee	ler ler	1		organizations
	line)	iği	ınsti	Officer	Key	E E	Former			
(1) JIM REED	4.00									
SECRETARY		X		Х				0.	0.	0
(2) DAVID CRAWFORD	4.00							_	_	
TREASURER		X		X		_		0.	0.	0
(3) THOMAS BACHELDER	4.00	ļ							_	
PRESIDENT		X		X	_	<u> </u>		0.	0.	0
(4) VICTORIA COCHRAN	3.00	┦					E		•	_
BOARD MEMBER		X						0.	0.	0
(5) DAVID CULLER	3.00	-								•
BOARD MEMBER	4 00	X			_	-	-	0.	0.	0
(6) FRED MALONE	4.00	٦,							_	0
VICE PRESIDENT	2 00	X						0.	0.	0
(7) CHARLES WINGER	3.00	x						0.	0.	0
BOARD MEMBER	3.00	<u>^</u>	<u> </u>	<u> </u>	<del> </del>	╁		U •	<b>U</b> •	U
(8) PAUL SUKYS	3.00	x						0.	0.	0
BOARD MEMBER (9) LOUIS ANDRES	3.00	77			<b>-</b>	-	-	0.	0.	0
BOARD MEMBER	3.00	X						0.	0.	0
(10) DEVON HARDWICK	3.00	1	<del>                                     </del>							
BOARD MEMBER		$\mathbf{x}$						0.	0.	0
(11) KENNY LIBBEN	3.00			<u> </u>		1				
BOARD MEMBER		x						0.	0.	0
(12) DR. GREGG GASCON	3.00									
BOARD MEMBER		X						0.	0.	0
		<u> </u>								
		1								
		ļ	<u> </u>	L	<u> </u>		_			
		1								
		_	<u> </u>	<u> </u>		-	ļ			
		]								

Par	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (ké ambionse fulliplest comben sate fulliplest s		Compensated Employer (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	es (continued) (E) Reportable compensatior from related organizations (W-2/1099-MISI 1099-NEC)		am comp fro orga and	(F) timate tount co ther censat om the anizati f relate nizatic	of cion on ed				
С	Subtotal  Total from continuation sheets to Part V  Total (add lines 1b and 1c)  Total number of individuals (including but i	II, Section A							0. 0. 0. eceived more than \$100	0,000 of reportable	0.			0.
3 4 5	compensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for 3 For any individual listed on line 1a, is the s and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," constion B. Independent Contractors	such individual um of reportab 0,000? If "Yes, accrue compe	 le co " co nsat	omp omple ion t	ensa ete s	atior Scho	n and e <i>dul</i> e y uni	d otl e <i>J t</i> elat	her compensation from for such individual ed organization or indiv	the organization		3 4 5	Yes	
1	Complete this table for your five highest control the organization. Report compensation for (A)  Name and business	the calendar y	ear		ing v					year.		(C		n
2	Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	ed to		ose li O	stec	d above) who received n	nore than				

Form 990 (2022) MALABAR
Part VIII Statement of Revenue

L		Check if Schedule O contains a response or note to any lin	a in this Part VIII			
		Check if Schedule O contains a response of flote to any in	(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 7,100.				
G E	c	Fundraising events 1c				
iifts ar A		Related organizations 1d				
S, G	e	Government grants (contributions) 1e				
Sign	f	All other contributions, gifts, grants, and				
hei	•	similar amounts not included above 1f 18,312.				
E O	g	Noncash contributions included in lines 1a-1f				
a So	_	Total. Add lines 1a-1f	25,412.			
		Business Code				
e l	2 a					
ξ.	b					
Se	С					
eve	d					
Program Service Revenue	е		···········			
4	f	All other program service revenue				
		Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)	3,248.		;	3,248.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	50.			50.
		(i) Real (ii) Personal				
	6 a	Gross rents6a				
	d	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a				
. [	b	Less: cost or other basis				
une		and sales expenses 7b				
her Revenue		Gain or (loss)7c				
Ä.		Net gain or (loss)				
Othe	8 a	Gross income from fundraising events (not				
0		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18 8a				
		Less: direct expenses 8b				
		Net income or (loss) from fundraising events				
	9 а	Gross income from gaming activities. See Part IV, line 19 9a				
		Part IV, line 19       9a         Less: direct expenses       9b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
	IU a	and allowances 10a				
	h	Less: cost of goods sold 10b		,		
		Net income or (loss) from sales of inventory			1011	
		Business Code				
snc	11 0	CHANGE IN ASSETS HELD 900099	42,027.			42,027.
nec	ll a		10,814.			10,814.
ella	C	<u> </u>	, 01.4.			<u> </u>
Miscellaneous Revenue	l	All other revenue				
Σ		Total. Add lines 11a-11d	52,841.			
	12	Total revenue. See instructions	81,551.	0.	0.	56,139.

	990 (2022) MALABAR FAR	M FOUNDATION es	, INC.	34-17	768061 Page <b>10</b>
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must c	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	oot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		•		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				······································
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	4,448.		4,448.	
d	Lobbying	1,110.		1,110.	
e e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)				
40	i				
12	Advertising and promotion	7,334.		7,334.	
13	Office expenses	1,334.		1,334.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
<b>ء</b> د	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				······································
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 252		1 252	
23	Insurance	1,252.		1,252.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	OTHER PROGRAM EXPENSES	12,221.	12,221.	,	
h	BANK CHARGES	70.	are non y Bril ded also	70.	
c	DIENT CIMITOLIS	, 0		, 0	
d	0.000,000,000,000,000,000,000,000				
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	25,325.	12,221.	13,104.	0.
26	Joint costs. Complete this line only if the organization	23,323	<u> </u>	10,1040	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X Balance Sheet

Par	τχ	Balance Sheet				
		Check if Schedule O contains a response or no	ote to any line in this Part X	(A)	·····	
				Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		6,483.	1	6,971
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use	2,180.	8	1,739 1,071	
⋖	9	Prepaid expenses and deferred charges		979.	9	1,071
	10a	Land, buildings, and equipment: cost or other	1 1			
		basis. Complete Part VI of Schedule D	10a			
	b				10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line	415,768.	12	457,795	
	13	Investments - program-related. See Part IV, line	e 11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		141,008.	15	155,068
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33)	566,418.	16	622,644
	17	Accounts payable and accrued expenses	i i		17	
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete		***************************************	21	
es	22	Loans and other payables to any current or fo				
ij		trustee, key employee, creator or founder, sub				
Liabilities		controlled entity or family member of any of th			22	
	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate	I		24	
	25	Other liabilities (including federal income tax, p	•			
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
					25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0
S		Organizations that follow FASB ASC 958, cl	neck here X			
ű		and complete lines 27, 28, 32, and 33.		E <i>CA</i> E10	0.7	620 744
3ala	27	Net assets without donor restrictions		564,518. 1,900.	27	620,744 1,900
Ā	28	Net assets with donor restrictions		1,900.	28	1,900
Ξ		Organizations that do not follow FASB ASC	958, cneck nere			
ö	00	and complete lines 29 through 33.	lo.			
ets	29	Capital stock or trust principal, or current fund			29	
1SS	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		566,418.	31	622,644
Z	32	Total liabilities and not peed found balances		566,418.	32	
	33	Total liabilities and net assets/fund balances		200,410.	33	622,644

Form **990** (2022)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

#### **SCHEDULE A**

(Form 990)

**Total** 

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

		MALA	BAR FARM FO	DUNDATION, I	NC.			3.	4-1768061				
Pa	rt I	Reason for Public C	Charity Status.	All organizations must co	omplete th	is part.) S	e instructions	<del></del>					
The	organ	ization is not a private found:											
1	$\overline{\Box}$	A church, convention of chu		_	-		)(A)(i).						
2		A school described in secti				(-)( .	76 -76-7-						
3	Ħ	A hospital or a cooperative				/b\/.4\/.\\/iii	i)						
_		A medical research organiza					-	(iii) Entart	the hospital's name				
4		city, and state:	ation operated in cor	ijuriction with a nospital	described	iii sectioi	1 170(b)(1)(A)	(III). LITTET	ine nospitai s name,				
_													
5													
	section 170(b)(1)(A)(iv). (Complete Part II.)												
6													
7		An organization that normal		ntial part of its support f	om a gove	ernmental	unit or from th	ne general	public described in				
		section 170(b)(1)(A)(vi). (Co											
8	Щ	A community trust describe	d in section 170(b)(	1)(A)(vi). (Complete Part	11.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	d in conju	nction with a l	and-grant	college				
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or				
		university:											
10	X	An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from o	ontributio	ns, membersh	nip fees, ar	nd gross receipts from				
		activities related to its exem											
		income and unrelated busin	•						-				
		See section 509(a)(2). (Cor		(	.,,,			,					
11		An organization organized a	•	vely to test for public sa	fety See s	section 50	19(a)(4)						
12		An organization organized a						rny out the	nurnoses of one or				
12.	L	more publicly supported org						-					
			=						HECK THE DOX OH				
		lines 12a through 12d that o	•			•		-	at take				
а			•	•					•				
		the supported organization			majority o	of the direc	ctors or truste	es of the s	upporting				
	Γ	organization. You must c											
b	L												
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	introl or mana	ge the sup	ported				
	_	organization(s). <b>You mus</b>	t complete Part IV,	Sections A and C.									
С			grated. A supporting	g organization operated	in connec	tion with, a	and functional	ly integrate	ed with,				
		its supported organization	n(s) (see instructions	). You must complete F	Part IV, Se	ctions A,	D, and E.						
d	l		<b>integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organi	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a dist	ribution red	quirement and	l an attenti	iveness				
		requirement (see instructi	ions). You must con	plete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III					
		functionally integrated, or	Type III non-functio	nally integrated supporti	ng organiz	zation.							
f	Ente	er the number of supported o											
a	Pro	vide the following information	about the supporte	d organization(s).									
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed no document?	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
				1000									
					Ì								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
ale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	İ					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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	Total. Add lines 1 through 3						
	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.						
	etion B. Total Support			<u> </u>	1		
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	\aj zo io	(8) 2010	(O) ZOZO	(u) LOL I	(6) 2022	(i) Total
	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	· ·						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		1			10	
	Gross receipts from related activities,	•		£4 ££4 - 4		[ 12	
13	First 5 years. If the Form 990 is for the	•			•		
Sei	organization, check this box and stop ction C. Computation of Publ			***********			<u>L</u>
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021						
	33 1/3% support test - 2022. If the co						
	stop here. The organization qualifies	-					
ŀ	33 1/3% support test - 2021. If the co						
	and stop here. The organization quali						
172	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			· ·	•	. Vi now the orga	
ŀ	10% -facts-and-circumstances test	-					
•	more, and if the organization meets the	_	=				
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization						
					****		

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

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

Sec	etion A. Public Support	elow, please comp	lete r art II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and			1		, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	49,858.	36,176.	34,121.	27,336.	22,951.	170,442.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	25,921.	24,988.	361.	102.	2,461.	53,833.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	75,779.	61,164.	34,482.	27,438.	25,412.	224,275.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						224,275.
Sec	ction B. Total Support	······································					1
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	75,779.	61,164.	34,482.	27,438.	25,412.	224,275.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,919.	11,357.	41,346.	1,742.	3,298.	67,662.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	9,919.	11,357.	41,346.	1,742.	3,298.	67,662.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	,	,	•	•	•	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	85,698.	72,521.	75,828.	29,180.	28,710.	291,937.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	601(c)(3) organizat	ion,
	check this box and stop here				*************		
	ction C. Computation of Publ						·
	Public support percentage for 2022 (I					15	76.82 %
	Public support percentage from 2021				***********	16	77.53 %
	ction D. Computation of Inves						02.10
	Investment income percentage for 20					17	23.18 %
	Investment income percentage from					18	22.47 %
198	33 1/3% support tests - 2022. If the	_					17 is not
L	more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the						
K	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
	100	140
1		
2		
3a		
3b		
<u> </u>		
3с		
4a		
-14		
4b		
4-		
4c		
5a		
5b 5c		
- 00		
6		
7		
_		
8		
9a	-	
9b		
9c		
10a		
10b		
 מטו		<del></del>

Sched <b>Part</b>	tule A (Form 990) 2022 MALABAR FARM FOUNDATION, INC. 34-17  IV   Supporting Organizations (continued)	<u>6806</u>	1 Pa	ige <b>5</b>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI. ion B. Type I Supporting Organizations	11c	<u> </u>	
Jeci	ion b. Type i Supporting Organizations		1	
		Γ	Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i>			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
,	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			1
	71 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	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			
		1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	<u> </u>	
Sect	ion 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 yea(see instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	T
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	1	
	Parent of Supported Organizations. Answer lines 3a and 3b below.		1	1
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	and any disparaneous mate the potter to regularly appoint of clock a majority of the dillected, allected, of	1	i	1

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

За

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu-			•
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	· · · · · · · · · · · · · · · · · · ·	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	janization (see
	instructions).			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A	(Form 990) 2022	MALABA	R FARM	FOUNDATION,	INC.	34-1768061 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D, l	<b>mation.</b> Pro 2, 3b, 3c, 4b, lines 2 and 3; l	vide the exp 4c, 5a, 6, 9 Part IV, Sec	olanations required by P a, 9b, 9c, 11a, 11b, and tion E, lines 1c, 2a, 2b, 3	art II, line 10; Part II, line 17a o I 11c; Part IV, Section B, lines 3a, and 3b; Part V, line 1; Part Implete this part for any additio	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
-						
					***************************************	
		<u></u>				
Name of the last o						
•						

### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

MALABAR FARM FOUNDATION, INC.

Employer identification number 34-1768061

Pai			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a	
	historic structure listed in the National Register	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	<u> </u>
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing co	nservation easements during the year
	<del></del>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserv	ration easements during the year
_	Decree de la constant de la Constant		0/1.)/(4)/(7)/(7)
8	Does each conservation easement reported on line 2(d) abo		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's linancial stater	nents that describes the
Pa	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	of Art. Historical Treasures, or 0	Other Similar Assets
	Complete if the organization answered "Yes" on Form	•	other chimar / tooctor
	If the organization elected, as permitted under FASB ASC 9		and balance sheet works
14	of art, historical treasures, or other similar assets held for pu	•	
	service, provide in Part XIII the text of the footnote to its fina	,	'
b	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for publi		
	provide the following amounts relating to these items:		and an passion control,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB		g, p101100
а	Revenue included on Form 990, Part VIII, line 1	_	\$
	Assets included in Form 990, Part X		

		FARM FOUN				<u>1-1768061</u>	
Par	t III   Organizations Maintaining C	collections of A	rt, Historical Ti	reasures, or Oth	er Similar	Assets(continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	following that make	significant us	e of its	
	collection items (check all that apply):						
а	Public exhibition	c	Loan or exc	change program			
b	Scholarly research	e	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explai	in how they further	the organization's ex	empt purpose	in Part XIII.	
5	During the year, did the organization solicit of						
	to be sold to raise funds rather than to be ma					Yes	☐ No
Par	t IV Escrow and Custodial Arran						
L	reported an amount on Form 990, Pa	- '	3		, .	,,	
1a	Is the organization an agent, trustee, custod	*	diary for contributio	ns or other assets no	nt included		
Iu	on Form 990, Part X?		-			Yes	No
b	If "Yes," explain the arrangement in Part XIII			***************************************		163	L INU
b	ii ree, explain the arrangement iiir at xiii	and complete the re	mowning table.			Amount	
_	Paginning balance				4_		
C C	Beginning balance						
u	Additions during the year						
e	Distributions during the year						
ī	Ending balance						П.
	Did the organization include an amount on F						⊢ No
	If "Yes," explain the arrangement in Part XIII.					*******	
Par	t V   Endowment Funds. Complete		T		· · · · · · · · · · · · · · · · · · ·	b1. /	
		(a) Current year	(b) Prior year	(c) Two years back	(a) Three year	rs back (e) Four	years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column	(a)) held as:			
а	Board designated or quasi-endowment		%				
b	Permanent endowment	%					
С	Term endowment	%					
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.					
За	Are there endowment funds not in the posse	•	zation that are held	and administered for	the		
	organization by:					-	Yes No
	(i) Unrelated organizations					3a(i)	
	(ii) Related organizations						
h	If "Yes" on line 3a(ii), are the related organization						
4	Describe in Part XIII the intended uses of the			*			
Par	t VI Land, Buildings, and Equipn		o mioni tando				
	Complete if the organization answere		0. Part IV. line 11a.	See Form 990. Part 2	X. line 10.		
	Description of property	(a) Cost or o			Accumulated	(d) Book	
	Description of property	basis (invest	1 ' '	1	epreciation	(a) BOOK	value
	Land		mond basis	S (Strict) U	ορισσιατίστι		
_	Land	1					
b	Buildings						
	Leasehold improvements	i i					
	Equipment						
	Other						
<u>Tota</u>	, Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, column (B), line	10c.)			<u> </u>

Schedule D (Form 990) 2022

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) BENEFICIAL INTEREST -			
(A) BENEFICIAL INTEREST - (B) RICHLAND COUNTY			
(C) FOUNDATION	457,795.	END-OF-YEAR MARKE	יי זאד.דוב
(D)	±37,733•	HID OF THAN MARKE	I AVIOR
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	457,795.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	Description		(b) Book value
(1) INVESTMENT - STIFEL, NICC	LAUS & COMPAN	Y	155,068
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		155,068
Part X Other Liabilities.  Complete if the organization answered "Yes"			
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		***************************************	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			.
2. Liability for uncertain tax positions. In Part XIII, provide		_	· · · · · · · · · · · · · · · · · · ·
organization's liability for uncertain tax positions unde	TI AOD AOU 740, CHECK N	<u>ere ii riie rexr ol riie looruore uge deeu</u>	provided in Part XIII L

١	M 7	T.7	<b>\ D</b> 7	١D	T A D M	FOUNDATTON.	TNC
	IVI A	11/	4 H /	٩ĸ	PARM	PODNIJAT ION.	. INU.

Part	XI F	Reconciliation of Revenue per Audited Financial Staten	nents With Reve	nue per Return.	
	C	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total rev	venue, gains, and other support per audited financial statements		1	
2	Amount	s included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unre	ealized gains (losses) on investments	2a		
b	Donated	services and use of facilities	2b		
С	Recover	ies of prior year grants	2c		
		escribe in Part XIII.)			
е	Add line	s 2a through 2d		2e	
3	Subtrac	t line 2e from line 1		3	
4	Amount	s included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investm	ent expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (D	Pescribe in Part XIII.)	4b		
		s 4a and 4b			
		venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Par		Reconciliation of Expenses per Audited Financial State		enses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
		penses and losses per audited financial statements		1	
		s included on line 1 but not on Form 990, Part IX, line 25:	1 1		
		d services and use of facilities			
b	Prior yea	ar adjustments	2b		
	Other lo				
		Describe in Part XIII.)			
		es 2a through 2d			
		t line 2e from line 1		3	
		s included on Form 990, Part IX, line 25, but not on line 1:	1 1		
		ent expenses not included on Form 990, Part VIII, line 7b			
b	()ther (		4b		
	•	Describe in Part XIII.)			
С	Add line	es 4a and 4b			
с 5	Add line Total ex	es <b>4a</b> and <b>4b</b> penses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			
c 5 Par	Add line Total ex t XIII	es 4a and 4b penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.		5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es 4a and 4b penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	
5 Par	Add line Total ex t XIII S de the de	es <b>4a</b> and <b>4b</b> spenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>Supplemental Information.</b> escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5	

### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

MALABAR FARM FOUNDATION, INC.

Employer identification number 34-1768061

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRAMMING OF MALABAR FARM STATE PARK. IN ADDITION, THE FOUNDATION
PRESERVES, EDUCATES, PROMOTES AND EXTENDS THE LEGACY OF LOUIS BROMFIELD
IN THE FIELDS OF AGRICULTURE, CONSERVATION AND LITERATURE. THE LOUIS
BROMFIELD SOCIETY IS THE MEMBERSHIP PROGRAM ESTABLISHED TO RAISE FUNDS
IN SUPPORT OF THIS MISSION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONSERVATION AND LITERATURE. THE LOUIS BROMFIELD SOCIETY IS THE
MEMBERSHIP PROGRAM ESTABLISHED TO RAISE FUNDS IN SUPPORT OF THIS
MISSION.
FORM 990, PART VI, SECTION B, LINE 11B:
REVIEWED AND SIGNED BY THE TREASURER AND BOARD MEMBERS REVIEWED AND
APPROVED THE 990.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION C, LINE 18:
AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print MALABAR FARM FOUNDATION, INC. 34-1768061 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your PO BOX 551 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. LUCAS, OH 44843 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 Application Return | Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF Form 5227 04 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) MALABAR FARM FOUNDATION, INC. Telephone No. ► 419.892.2784 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until MAY 15, 2024 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar vear or ► X tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 \_\_ Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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

Form 8868 (Rev. 1-2022)

30

instructions.

## Form 8879-TE

## IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning  $\underline{JUL} \ 1$  , 2022, and ending  $\underline{JUN} \ 30$  , 20  $\underline{23}$ 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN MALABAR FARM FOUNDATION, INC. 34-1768061 THOMAS BACHELDER Name and title of officer or person subject to tax PRESIDENT Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ 1b \_\_\_\_\_81,551. 1a b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_\_ 2b \_\_\_\_\_ Form 990-EZ check here ... 2a b Total tax (Form 1120-POL, line 22) \_\_\_\_\_\_ 3b \_\_\_ За Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here b Balance due (Form 8868, line 3c) \_\_\_\_\_\_ 5b \_\_\_\_ Form 8868 check here 5a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) \_\_\_\_\_\_ 6b \_\_\_\_ 6a Form 4720 check here ..... 7a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🗶 I am an officer of the above entity or 🔲 I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) , (EIN) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying scriedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to the account. To revelle a payment I must contact the U.S. Treasury Einancial Agent to 1.888.353.4537 po financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1.888.353.4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X Lauthorize BANKS & ASSOCIATES CPA'S, LLC to enter my PIN 22951 Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 34176484366 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 09/20/23 ERO's signature Date

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE** (2022)