# Public Inspection Copy Change of accounting period Extended to May 15, 2023 Return of Organization Exempt From Income Tax

Inspection

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

A F	or the	2022 calendar year, or tax year beginning $JAN 1$ , $2022$ and endir	ng J	<u>UN 30, 202</u>	<u> 12                                    </u>						
<b>B</b> c	heck if pplicable	C Name of organization		D Employer iden	tificatio	on number					
	Addres										
	Name change			26-4269	<del>)</del> 918						
LX	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  PO Box 33248	n/suite	E Telephone num 2025529							
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		724,093.					
	Ameno return		Ī	H(a) Is this a grou	p returr	า					
	Application	F Name and address of principal officer: Bradley T. Deatherage		for subordina							
	pendin	g same as C above		H(b) Are all subordinat							
ΙT	ax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or	527	If "No," attac	h a list.	See instructions					
	Vebsit			H(c) Group exemp							
K F	orm of		_ Year c			ate of legal domicile: DE					
	art I	Summary				-					
	1	Briefly describe the organization's mission or most significant activities: $\ { t We form}$	COI	nmunities	of I	American					
Activities & Governance		peacemakers across lines of difference, and									
na	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)			3	9					
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			4	8					
وي پ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5	0					
iţie		Total number of volunteers (estimate if necessary)			6	11					
È		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.					
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.					
				Prior Year		Current Year					
ø)	8	Contributions and grants (Part VIII, line 1h)		1,250,446		376,985.					
ž	9	Program service revenue (Part VIII, line 2g)		59,140	).	347,092.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25	5.	16.					
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,309,611		724,093.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	. L			0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)	. L			0.					
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		626,922	2.	333,490.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0.					
g	b ·	Total fundraising expenses (Part IX, column (D), line 25) 65,942.									
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		342,652	2.	553,964.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	. L	969,574		887,454.					
	19	Revenue less expenses. Subtract line 18 from line 12		340,037	/ <b>.</b>	-163,361.					
or			Beg	inning of Current Ye	_	End of Year					
sets	20 21 22	Total assets (Part X, line 16)		610,701		532,296.					
t As	21	Total liabilities (Part X, line 26)		24,388		109,344.					
<u>8</u> E	22	Net assets or fund balances. Subtract line 21 from line 20		586,313	<u> </u>	422,952.					
	art II	Signature Block									
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s			i my kno	wledge and belief, it is					
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer h	nas any knowledge.							
Sig		Signature of officer		Date							
Her	е	Bradley T. Deatherage, Executive Director									
		Type or print name and title	Ln	-1- I		I DTIN					
		Print/Type preparer's name Preparer's signature		ate Check		PTIN					
Paid		Jennica Jardine Whitfield Junca M. Grolin Whifild	_			P01379267					
	arer	Firm's name Kositzka, Wicks and Company		Firm's EIN	<u> 54-</u>	1342298					
Use	Only	Firm's address 5270 Shawnee Road, Suite 250			/ E ^ ^	\ 640 0700					
		Alexandria, VA 22312		Phone no.	(703	) 642-2700					
May	the IF	S discuss this return with the preparer shown above? See instructions				X Yes No					

737,878.

including grants of \$

Total program service expenses

Other program services (Describe on Schedule O.)

## Form 990 (2022) Telos Group 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)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<b> </b>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			\ <del></del>
40	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	v	Δ.
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	446	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	- 71	
15		4.5		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		12
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		1
р 31	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	domestic government on Fart ix, column (A), line 1: If "Yes," complete Schedule I, Parts I and II	41		_ 41

	· (continued)			T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	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%			3,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	$\vdash$	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			. v
00	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 filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	200		X
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		1
·	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<del> </del>
-	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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	igsquare	
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	igsquare	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	$\vdash$	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		,,	
Dat	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u> </u>
	Establish museban use adad in have 0 of Farma 1000. Establish in its activation is a little of the control of t		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Ia  O  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  O			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C		1c		
22200	(gambling) winnings to prize winners?		990	(2022)

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			ugo -					
	- Commissed,		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return  2a  0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	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		х					
b	If "Yes," enter the name of the foreign country								
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b									
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		X					
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		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	was and have the described O	6b							
7	Organizations that may receive deductible contributions under section 170(c).	- OD							
a	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		х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 15							
·	to file Form 8282?	7с		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
_	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g									
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h							
Ū	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
excess parachute payment(s) during the year?									
If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

232005 12-13-22

The fine Bit, 8b, or 10 th below, discorbe the circumstances, processes, or changes on Schedule O. See instructions.  Check (Schedule Coorbina a response or toot to any line in his Part VI)  Section A. Governing Body and Management  1a Enter the number of voting members of the governing body, at the end of the tax year  If these are material differences in voting rights among members of the governing body, at if the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, at if the governing body of the governing body?  5 Did the organization became aware during the year of a significant diversion of the governing body of the governing body?  5 Did the organization become aware during the year of a significant diversion of the governing body?  5 Did the organization bade governers or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization becames or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization became that the governing body?  6 Did the organization becames of the governing body?  7 Did to govern the governing body?  8 Did the organization becames of the governing body?  9 Did the governing body?  10 Did the governing body?  10 Did the governing body?  10 Did the governing body?  11 Did the governing body?  12 Did the governing body?  13 Did the governing body?  14 Did the governing body?  15 Did the governing body?  16 Did the governing bo	Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I	No" re	spon	se
1a Enter the number of voting members of the governing body at the end of the tax year  1a Enter the number of voting members of the governing body at the end of the tax year  1b there are related differences in voting rights among members of the governing body, of it the governing body debt and authority to an exacture committee or similar committee, update on Standard Debt and authority to a necessary or the government of the governing body. If the government of the control over management dubles customarily performed by or under the direct supervision of officers, director, trustees, or key employee?  2					
A Enter the number of voting members of the governing body at the end of the tax year   If there are natural differences in voting rights among members of the governing body, or if the governing body elegated broad authority to an executive committee or similar committee, explain on Schedule 0.		Check if Schedule O contains a response or note to any line in this Part VI			X
a Enter the number of voting members of the governing body at the end of the tax year	Sec				
If the are am painted inflaments on the governing body at the end of the tax year  If the are are makerial difference is voiting rights aming members of the governing body, or if the governing body delegated troad authority to an executive committee or similar committee, explain on Schedule 0.  b Firster the number of voting members included on line 1s, above, who are independent  2 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duffies outstornarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duffies outstornarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3 Did the organization bare of the sporeming body and the properties of the povernities or the programmation and the properties of the povernities or the programmation and the power of elector or appoint one or more members of the governing body?  5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  5 Did the organization have members, stockholders, or other programmation and the power of the powe				Ves	Nο
If there are makerial differences in voling rights among members of the governing body, or if the governing body of deliquide broad authority on a recomber committee or similar committee, explain on Schedule 0.  10 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees a management duties customary performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3 Did the organization make any significant changes to its governing documents since the prior Form 900 was filed?  4 Did the organization have members or stockholders or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  6 Did the organization have members of the governing body?  7 Did the organization have the power to the organization of the organization and the organization have written policies and procedures governing the activities of such chapters, affiliates, and by another the organization have written policies and procedures governing the activities of such chapters, affiliates, and by another process, if any, used by the organization to review this Form 900.  10 Did the organization have a written organization to disclose annually interests that could governed the organization and the organization	1a	Enter the number of voting members of the governing body at the end of the tax year 9			140
be Enter the number of voting members included on line 1a, above, who are independent	·u	Enter the manifest of veiling members of the governing body at the one of the tax year.			
b Enter the number of voting members included on line 1a, above, who are independent   1b   8   2   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  3   Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, frectors, trustees, or key employees to a management company or other person?  4   Did the organization make any significant changes to it is governing documents since the prior From 990 was filed?  5   Did the organization have members or stockholders?  6   Did the organization have members or stockholders?  7   Did the organization have members or stockholders?  8   Did the organization have members or stockholders?  9   DA rea any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  9   DA rea any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  9   Da read to organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  1   The governing body?  8   Decent organization than authority to act on behalf of the governing body?  9   Stehe any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the governing body?  9   Stehe any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the governing body?  9   Stehe any officer, director, or governing body?  10   Did the organization have local chapters, branches, or affiliates?  10   Did the organization have local chapters, branches, or affiliates?  10   Did the organization have local chapters, branches, or affiliates?  10   Did the organization have written policies and procedures governing the activities of such chapters, affili					
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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?  10a lat she organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a 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  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written whistleblower policy?  15 Did the organization have a written document retention and destruction policy?  16 Did the organization regularly and constending ormpensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a 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?  16a X  16b X  16c X  16b X  16c	10a	Did the organization have local chapters, branches, or affiliates?	10a		X
11a					
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.    Did the organization have a written conflict of interest policy? If "No," go to line 13   Did the organization have a written conflict of interest policy? If "No," go to line 13   C Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
12a   Note organization have a written conflict of interest policy? If "No," go to line 13   12a   X    b   Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   12b   X    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   X    13   Did the organization have a written whistleblower policy?   13   X    14   Did the organization have a written document retention and destruction policy?   14   X    15   Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   15a   X    16   The organization's CEO, Executive Director, or top management official   15a   X    17   Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   15a   X    b   If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?   16b      Section C. Disclosure	11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
12a   Note organization have a written conflict of interest policy? If "No," go to line 13   12a   X    b   Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   12b   X    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   X    13   Did the organization have a written whistleblower policy?   13   X    14   Did the organization have a written document retention and destruction policy?   14   X    15   Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   15a   X    16   The organization's CEO, Executive Director, or top management official   15a   X    17   Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   15a   X    b   If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?   16b      Section C. Disclosure	b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
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on Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  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  17 List the states with which a copy of this Form 990 is required to be filed  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.  Own website Another's website X Upon request 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  The Organization - 2025529661					
13		, and the second	12c	х	
14	13		13	Х	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed None  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.  Own website Another's website Upon request Other (explain on Schedule O)  19 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  The Organization - 2025529661			14	х	
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Own website Another's website X Upon request Other (explain on Schedule O)  19 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.  20 State the name, address, and telephone number of the person who possesses the organization's books and records  The Organization - 2025529661			, u		
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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  The Organization - 2025529661	19	(	inanci	al	
20 State the name, address, and telephone number of the person who possesses the organization's books and records  The Organization - 2025529661	13		141101	ui	
The Organization - 2025529661	20				
	20				

### 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.

X Check this box if neither the organization	on nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and title	Average	(do				<b>າ</b> than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson is both an lirector/trustee)			compensation	compensation	amount of
	week	-			110010	1711 03		from	from related	other
	(list any hours for	director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or	In stit utio nal tru stee		yee	mper		1099-NEC)	10001120)	and related
	below	idual	ution	la la	Key employee	est co	ler	,		organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Form			
(1) Gregory Khalil	40.00									
President				Х		<u> </u>		0.	0.	0.
(2) Bradley T. Deatherage	40.00									
Executive Director		Х		Х		<u> </u>		0.	0.	0.
(3) Bishop Ronnie Crudup	5.00									
Board Member		Х						0.	0.	0.
(4) Dr. Daniel Wehrenfennig	5.00	1						_		_
Board Member		Х						0.	0.	0.
(5) Mary Kay Turner	5.00	ļ								
Board Member		Х				_		0.	0.	0.
(6) Annie Kate Pons	5.00	ļ								
Board Member		Х				_		0.	0.	0.
(7) Carolyn Weimer	5.00	ļ								
Board Member		Х				_		0.	0.	0.
(8) Dr. Bretta Warren-Kim	5.00	ļ								
Board Member		Х						0.	0.	0.
(9) Toks Malik Ashiru	5.00	ļ								
Director	F 00	Х				_		0.	0.	0.
(10) Ainka Sanders Jackson	5.00	٠,,							_	_
Director		Х	_			┢		0.	0.	0.
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Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	ΙΗις	gnes	t C	ompensated Employee	s (continued)				
(A)	(B) (C) Average Position			(D)	(E)		_	(F)					
Name and title	Average hours per		not cl	heck r	more '	than d s both		Reportable compensation	Reportable compensation			timate nount (	
	week					r/trust		from	from related	- 1		other	J1
	(list any hours for	rector						the	organization			pensa	
	related	e or di	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om the anizati	
	organizations	truste	nal trus		yee	om per		1099-NEC)	10001120)		•	d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
	iii ie)	<u>=</u>	lns	100	Key	Hig	요						
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.		0.			0.
Total number of individuals (including but n									000 of reportable				
compensation from the organization												<b>V</b>	0
3 Did the organization list any <b>former</b> officer,	director trust	ee k	ev e	mnl	OVE	e or	hia	hest compensated empl	ovee on	1		Yes	No
line 1a? If "Yes," complete Schedule J for si	-		•	•	•		•	·	•		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150			•								4		<u>X</u>
5 Did any person listed on line 1a receive or a											_		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e <i>J t</i> o	or su	ich r	perso	on .		······			5		Λ
Complete this table for your five highest contains the second secon	mpensated inc	lepe	nder	nt cc	ntra	actor	s th	nat received more than \$	100,000 of comp	oensat	ion fro	om	
the organization. Report compensation for	he calendar ye	ear e	ndin	ig w	ith o	or wit	thin T		ear.			••	
(A) Name and business	address	NC	ONE	3				( <b>B</b> ) Description of s	ervices	С	ompe	nsation	า
							$\dashv$						
							$\dashv$						
O Total number of independent control.	aduadia e Je e t	a+ I*	n:4 -	14- '	- h - ·	n !!-	+c -!	abaya) yaka maraksa d	ave the				
2 Total number of independent contractors (ii \$100,000 of compensation from the organiz		ut IIN	IIITEC	ı tO 1	tnos 0		rea	above) who received mo	ore than				

Ра	rt V	111	_		=			
			Check if Schedule O contains a response	or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
					Total Teveride	function revenue	business revenue	from tax under
								sections 512 - 514
t t	1 :	а	Federated campaigns 1a					
ra z	ı	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	,	С	Fundraising events 1c					
			Related organizations 1d					
ੂੰ ਵ			Government grants (contributions) 1e					
Sin	Ì		All other contributions, gifts, grants, and					
ē Ę	'	٠		376,985.				
들 된			similar amounts not included above 1f	370,303.				
t d	!	_	Noncash contributions included in lines 1a-1f 1g \$		276 005			
<u>0</u> 8		h	Total. Add lines 1a-1f		376,985.			
				Business Code				
ė	2 :	а	Pilgrimages and Other	900099	347,092.	347,092.		
هٍ ≤َ	ı	b						
S Ž	,	С						
E Š	,	d						
gg		e						
Program Service Revenue			All other program service revenue					
			Total. Add lines 2a-2f		347,092.			
		y	Investment income (including dividends, interest		347,032.			
	3		,	<i>'</i>	16.			16.
	_		other similar amounts)		10.			10.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
	1	b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7 :	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		h	Less: cost or other basis					
Φ								
Revenue		_						
eve			, , , , , , , , , , , , , , , , , , , ,					
			Net gain or (loss)					
ther	8 :	а	Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	1				
	ı	b	Less: direct expenses 8b					
		С	Net income or (loss) from fundraising events					
	9 :	а	Gross income from gaming activities. See					
			Part IV, line 19 9a	,				
		h	Less: direct expenses 95					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	10	а	-					
			and allowances 10					
			Less: cost of goods sold 10	•				
		С	Net income or (loss) from sales of inventory					
<u>0</u>				Business Code				
on e	11 :	а						
ane	ı	b						
e e		С						
Miscellaneous Revenue		d	All other revenue					
_			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		724,093.	347,092.	0.	16.

## Form 990 (2022) Telos Group Inc Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</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,	107 207	126 052	27 501	22 64
_	trustees, and key employees	187,287.	136,052.	27,591.	23,64
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
,	persons described in section 4958(c)(3)(B)	114,185.	75,362.	13,702.	25,12
7 2	Other salaries and wages	117,100.	13,302.	13,102.	45,14.
8	Pension plan accruals and contributions (include	2,445.	1,614.	293.	53
9	section 401(k) and 403(b) employer contributions)  Other employee benefits	6,952.	4,588.	834.	1,53
		22,621.	15,617.	3,127.	3,87
)	Payroll taxes	22,021.	15,017.	3,127.	3,01
1	Fees for services (nonemployees):				
a		6,148.		6,148.	
b		0,140.		0,140.	
c					
	Lobbying				
e •	Investment management fees				
f					
g	column (A), amount, list line 11g expenses on Sch O.)	110,037.	110,037.		
2	Advertising and promotion	8,147.	110,0374		8,14
3	Office expenses	12,046.	9,820.	2,217.	0,11
ļ	Information technology	7,808.	699.	7,109.	
5	Royalties	.,,,,,,	777	.,=001	
, 3	Occupancy	8,755.	2,550.	6,205.	
,	Travel	379,985.	376,497.	412.	3,07
3	Payments of travel or entertainment expenses	, , , , , , , , , , , , , , , , , , , ,	,		
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
)	Interest				
ĺ	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,045.		1,045.	
}	Insurance	5,946.		5,946.	
Ļ	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 0.)				
а	TT	8,347.	2,919.	5,428.	
b	Bank charges	4,060.	1,148.	2,912.	
С	Training and developmen	1,640.	975.	665.	
d					
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	887,454.	737,878.	83,634.	65,94
;	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

### Form 990 (2022) Part X Balance Sheet

Part	t A	Balance Sneet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			228,957.	1	140,480
	2	Savings and temporary cash investments			361,005.	2	265,020
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	13,326.	4	122,016		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of the	nese perso	ns		5	
	6	Loans and other receivables from other disqu	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
ဖွ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	B			4,753.	9	1,038
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	26,081.			
	b	Less: accumulated depreciation	10b	22,339.	2,660.	10c	3,742
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lir	ne 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	qual line 3	3)	610,701.	16	532,296
	17	Accounts payable and accrued expenses			24,388.	17	109,344
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
jab		controlled entity or family member of any of the	-	·····		22	
	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24).	Complete Part X			
		of Schedule D			24 200	25	100 244
+	26	Total liabilities. Add lines 17 through 25			24,388.	26	109,344
S		Organizations that follow FASB ASC 958, o	heck here	X			
) Se		and complete lines 27, 28, 32, and 33.			210 616		242 577
alar I	27				310,616.	27	343,577 79,375
ĕ	28	Net assets with donor restrictions			275,697.	28	19,313
<u>Ĕ</u>		Organizations that do not follow FASB ASC	958, che	ck here			
卢	00	and complete lines 29 through 33.	-1-			-	
<u>ş</u>	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			E06 212	31	422 DE2
	32	Total net assets or fund balances			586,313.	32	422,952
L	33	Total liabilities and net assets/fund balances			610,701.	33	532,296

Pa	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,4			
3	Revenue less expenses. Subtract line 2 from line 1	3	-16				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58	6,3	<u>13.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	42	2,9	<u>52.</u>		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2022)		

#### **SCHEDULE A**

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

			s Group Ind					6-4269918					
Pa	ırt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.						
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)							
1		A church, convention of chi	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).						
2		A school described in secti											
3		A hospital or a cooperative				(b)(1)(A)(ii	i).						
4	一	A medical research organization	. •				•	the hospital's name,					
		city, and state:					CARA 7	,					
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in					
_		section 170(b)(1)(A)(iv). (C		,		, 5							
6				nental unit described in	section 17	70(h)(1)(A)	(v)						
	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
•				itiai part of its support if	om a gove	minentari	unit of from the general	public described in					
		section 170(b)(1)(A)(vi). (C		4VAVvi) (Complete Day	. II \								
8	$\vdash$	A community trust describe					and the second second						
9		An agricultural research org				-	-	-					
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	eor					
		university:											
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from					
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment					
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.					
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to carry out the	purposes of one or					
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r <b>section</b> :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on					
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.						
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving					
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-							
		organization. You must o			, ,			11 3					
b		Type II. A supporting org			ion with it	s sunnorte	d organization(s) by hav	vina .					
~		control or management o	•					-					
		organization(s). You mus			arric perso	110 11141 001	inor or manage the supp	501100					
_		Type III functionally inte			in connoct	ion with a	and functionally intograte	od with					
С			=				• •	with,					
		its supported organization						t:(-)					
d		☐ Type III non-functionally	•					* *					
		that is not functionally int	-	* *	-		='	veness					
		requirement (see instructi	•	-									
е		☐ Check this box if the orga					Type I, Type II, Type III						
		functionally integrated, or											
f		er the number of supported o											
g		vide the following information  i) Name of supported	n about the supporte	d organization(s).  (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other					
	,	organization	(II) EIIV	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)					
		organization		above (see instructions))	Yes	No	Support (See motractions)	Support (See motifications)					

#### 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						
Cale	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	, ,	` ,	` ,	` ,	` ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	650,760.	711,092.	742,876.	1250446.	376,985.	3732159.
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	650,760.	711,092.	742,876.	1250446.	376,985.	3732159.
	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)						951,644.
6	Public support. Subtract line 5 from line 4.						2780515.
	ction B. Total Support						
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 4	650,760.	711,092.	742,876.	1250446.	376,985.	3732159.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	25.	69.	11.	25.	16.	146.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						3732305.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th	-		ourth, or fifth tax y	ear as a section 5	D1(c)(3)	
	organization, check this box and stop						
Sed	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	74.50 <u>%</u>
15	Public support percentage from 2021	Schedule A, Part I	II, line 14			15	71.30 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- <b>2021.</b> If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·
_						Cabadula A	(Form 990) 2022

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

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

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	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 membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	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	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

#### 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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
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10a		
iva		
10b		

Pa	rt IV Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
<u> </u>	11c below, the governing body of a supported organization?	11a		
h	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	110		
·	detail in Part VI.	11c		
Sec	etion B. Type I Supporting Organizations	110		
	10.1.21.1,po.1.0upporumg 01gum=uuon0		Yes	No
4	Did the governing hady members of the governing hady officers eating in their official conseits, or membership of one or		res	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction 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		
Sec	etion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b				
c		o inatruation	201	
2	Activities Test. Answer lines 2a and 2b below.	e iristruction	Yes	No
a			163	140
а				
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
р	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If IVon II describe in Part VI the vale played by the experiencies in this regard	3h	1	I

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 ( explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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 orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509(		nizations (continu		0-4209910 Page 7
Secti	on D - Distributions	1	(CONUNC	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f_	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Part VI	Part IV line 1; Section	, Sectior Part IV, S	Tal Into n A, lines Section D s 5, 6, and ns.)	1, 2, 3b, 3 , lines 2 a	3c, 4b, 4 and 3; Pa	c, 5a, 6 art IV, S	6, 9a, 9b Section I	o, 9c, 11a E, lines 1	a, 11b, a c, 2a, 2b	nd 11c; P o, 3a, and	art IV, So 3b; Part	ection E V, line	3, lines 1 1; Part V	and 2; /, Section	Part IV, on B, line	Section ( e 1e; Part	C, V,
Part	II, S	hort	Year	Expl	lanat	cion	. :										
Entit	y has	cha	nged	its	year	end	to	June	30.	The	curr	ent	retu	rn i	s a		
short	year	cov	ering	Janı	uary	1,	2022	thr	ough	June	30,	202	2.				

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

Telos Group Inc

**Employer identification number** 26-4269918

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.  (a) Donor advised funds	(b) Funds and other accounts
	Takel assessed as and of season	(a) Donor advised funds	(b) Fullus and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year)  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 v	writing that the assets held in donor advis	ead funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	•	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		□ v □ v.
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		
O	Stall and volunteer riours devoted to monitoring, inspecting,	rianding of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
	э,		<b>,</b>
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treatments		al gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022

### 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Complete if the organization answered Tes on Form 990, Part IV, line TTa. See Form 990, Part X, line TO.								
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a Land								
<b>b</b> Buildings								
c Leasehold improvements								
d Equipment		12,491.	8,749.	3,742.				
e Other		13,590.	13,590.	0.				
Total. Add lines 1a through 1e. (Column (d) must equa	3,742.							

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Telos Group	Inc	26	-4269918 <sub>Page</sub> 3
Part VII Investments - Other Securities.	F 000 Dt IV Ii	11h Coo Forms 000 Port V line 10	
Complete if the organization answered "Yes"			l of year market yelve
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
· · · · · · · · · · · · · · · · · · ·	(b) DOOK value	(5) Method of Valuation. Cost of end	or your market value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1)			(b) Dook raids
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	: 10.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			(-,
(2)			
(3)			
(3) (4)			
(4) (5)			
(5) (6)			
<u>(7)</u>			
(8) (9)			
	. 05 )		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide	,		at reports the
Liability for unocitality tax positions. In Fart Alli, provide	מוט נפאנ טו נוופ וטטנווטנפ ננ	o uno organization o illianciai statements ti	iai reporte trie

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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Pai	rt XI	Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	nrealized gains (losses) on investments	2a		
b		ed services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е		nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes <b>4a</b> and <b>4b</b>		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial State		nses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total	expenses and losses per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ed services and use of facilities	2a		
b	Prior y	/ear adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes <b>2a</b> through <b>2d</b>			
3	Subtra	act line <b>2e</b> from line <b>1</b>		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
		nes <b>4a</b> and <b>4b</b>			
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
		Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	, i	Part V, line 4; Part X, line 2; Part XI	,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
_					

## SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

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

Department of the Treasury Internal Revenue Service

 $\begin{tabular}{lll} \textbf{Go to} & \textit{www.irs.gov/Form990} & \textbf{for instructions and the latest information.} \end{tabular}$ 

Inspection

Name of the organization					Employer identif	ication number
Telos Group Inc					26-426991	8
Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answered "\	es" on
Form 990, Part I\						
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other a	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance? X	Yes No
•	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and ot	her assistance outs	ide the
United States.						
3 Activities per Region. (TI	ne following Part (b) Number of	(c) Number of	an be duplicated if additional space is ranged (d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) Hogion	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	I independent	gram services, investments, grants to		specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
		<u> </u>		Organizing	trips on the	
				ground, con	necting with	
Middle East and				other peace	makers,	
North Africa	1	1	Program Services	working on	a virtual	149,804.
0 - 0 - 1-1-1	1	1				140 904
3 a Subtotal		1				149,804.
<b>b</b> Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a						, · · · · · ·
and 3b)	1	1				149,804.

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See Part V for Column (e) descriptions

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Schedule F (Form 990) 2022

· · · · · · · · · · · · · · · · · · ·			Outside the United States. Cocated if additional space is nee		rganization answered	d "Yes" on Form	990, Part IV, line 15, for	any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
exempt 501(c)(3) orga	inization by the IRS, o	or for which the grantee	recognized as charities by the for counsel has provided a sect	ion 501(c)(3) equ	uivalency letter			

Part III	Grants and Other Assistant Part III can be duplicated if a			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.		
(a)	Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

_	Weather and the state of the st		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No
		Schedule F (Forr	n 990) 2022

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Part I, Line 2:
The Organizations program service activites outside the U.S are monitored
through regular communication and planning meetings.
Part I, Line 3, Column (e):
Region: Middle East and North Africa
(e) Specific Types of Services in Region: Organizing trips on the
ground, connecting with other peacemakers, working on a virtual trip, and
participating in webinars.

#### **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

**Employer identification number** 

Name of the organization 26-4269918 Telos Group Inc Form 990, Part I, Line 1, Description of Organization Mission: reconcile seemingly intractable conflicts at home and abroad. Form 990, Part III, Line 2, New Program Services: Pastors Cohort - participants travel on one I/P trip and one US South trip, read books , have in depth group discussions and go to a retreat at the end of the program. Form 990, Part VI, Section A, line 8b: The organization did not have any committees authorized to act on behalf of the governing body. Form 990, Part VI, Section B, line 11b: Entire board receives a copy of form 990 and approves submission by a vote. Form 990, Part VI, Section B, Line 12c: The conflict of interest policy covers all board members and their family members. The policy is monitored through written documentation maintained by the executive director. The identified conflict of interest and appropriate recusals are documented in the minutes of each board meeting. The entire baord reviews each transaction that comes before the board for potential or actual conflict of interest. If potential or actual conflicts are identified the conflicted party will refrain from using his or her personal influence to encourage entering into the covered transaction and

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will physically excuse himself or herself from particiation in any

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022		Page :
Name of the organization  Telos Group Inc		Employer identification number 26-4269918
discussions regarding the transaction.		
Form 990, Part VI, Section B, Line 15:		
The process for determining compensation	n of the following	persons includes
a review and approval by members of the	board. Comparabili	ty data used in
the review process is obtained from exte	ernal sources and p	resented at board
of directors meeting. The deliberations	and decisions are	documented in the
minutes of the board.		
The compensation determination process a	applies to the foll	owing
offices/positions and the most recent ye	ear for which this	process was
undertaken for each is identified:		
President 2021		
Executive Director 2021		
Form 990, Part VI, Section C, Line 19:		
Upon request.		
Form 990, Part IX, Line 11g, Other Fees	<u>:</u>	
Private Contractor:		
Program service expenses		94,476.
Management and general expenses		0.
Fundraising expenses		0.
Total expenses		94,476.
Consultants:		
Program service expenses		15,561.
Management and general expenses		0 . Schedule O (Form 990) 202
232212 10-28-22 <b>3.7</b>	,	Schedule O (FORM 990) 202

Schedule O (Form 990) 2022	Page 2
Name of the organization Telos Group Inc	Employer identification number 26-4269918
Fundraising expenses	0.
Total expenses	15,561.
Total Other Fees on Form 990, Part IX, line 11g, Col A	110,037.

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Machinery & Equipment													
1	Projector	01/24/10	200DB	5.00	НУ16	540.				540.	540.		0.	540.
3	Apple Computer	07/16/15	200DB	5.00	нұ16	1,271.				1,271.	1,170.		0.	1,170.
4	Computer	01/02/15	200DB	5.00	ну16	2,464.				2,464.	2,208.		0.	2,208.
5	New Mac Book	04/18/19	200DB	5.00	ну16	1,799.				1,799.	1,008.		158.	1,166.
6	Apple Computer	06/25/19	200DB	5.00	ну16	2,455.				2,455.	1,277.		236.	1,513.
7	Computer	01/25/21	200DB	5.00	НУ16	1,835.				1,835.			367.	367.
8	Computers (2) for Jaffa office	02/24/22	200DB	5.00	НУ16	2,127.				2,127.			284.	284.
	* 990 Page 10 Total Machinery & Equipment					12,491.				12,491.	6,203.		1,045.	7,248.
	Other													
2	Organization Costs	02/01/09	200DB	5.00	ну16	13,590.				13,590.	13,590.		0.	13,590.
	* 990 Page 10 Total Other					13,590.				13,590.	13,590.		0.	13,590.
	* Grand Total 990 Page 10 Depr					26,081.				26,081.	19,793.		1,045.	20,838.
	Current Year Activity													
	Beginning balance					23,954.			0.	23,954.	19,793.			20,554.
	Acquisitions					2,127.			0.	2,127.	0.			284.
	Dispositions/Retired					0.			0.	0.	0.			0.
	Ending balance					26,081.			0.	26,081.	19,793.			20,838.

228111 04-01-22

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Ending accum depr											20,838.			
	Ending book value											5,243.			

228111 04-01-22

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

### Form **4562**

### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

990

2022

OMB No. 1545-0172

Attachment Sequence No. **179** 

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return Business or activity to which this form relates Identifying number Telos Group Inc Form 990 Page 10 26-4269918 Part I Election To Expense Certain Property Under Section 179 Note; If you have any listed property, complete Part V before you complete Part I. 1,080,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 2,700,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 15 Property subject to section 168(f)(1) election 15 1,045 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2022 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery

	(a) Classification of property	year placed in service	(business/investment use only - see instructions)	period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
С	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
	Residential rental property	/		27.5 yrs.	MM	S/L	
h		/		27.5 yrs.	MM	S/L	
	Name of death of the land of the land	/		39 yrs.	MM	S/L	
	Nonresidential real property	/			MM	S/L	
	Section C - Assets P	laced in Service	During 2022 Tax Year Us	ing the Alterna	itive Depreci	ation Syst	tem
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
С	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	
Part	Summary (See instructions.)			•			
<b>21</b> Li	sted property. Enter amount from line	28				21	
22 To	otal. Add amounts from line 12, lines	14 through 17, lin	es 19 and 20 in column (g)	, and line 21.			

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

1,045.

23

Part V

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

_	24b, columns (															
_		Depreciation				ution: S	See the		1					)		
<u>24a</u>	a Do you have evidence to s	support the bu		tment use c	laimed?	Y	es _	No	<b>24b</b> If "Y	es," is th	ne evide	nce writ	ten?	_ Yes ∟	No	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busine investm use perce	ent ,	other basis (business/invest		estment			(g) Method/ Convention		(h) Depreciation deduction		(i) cted on 179 ost		
25	Special depreciation allo	owance for a	ualified liste	ed propert	v placed	in servic	e durino	the ta	x vear and	<u>,                                     </u>						
	used more than 50% in						•	•	•		25					
26	Property used more that											1				
	· ·			%												
				%												
		: :		%												
27	Property used 50% or le	ss in a qualit	fied busines	ss use:		•			•					•		
		: :		%						S/L -						
		: :		%						S/L -						
		: :		%						S/L -						
28	Add amounts in column	(h), lines 25	through 27	. Enter he	re and on	line 21,	page 1				28					
	Add amounts in column												29			
				Section	B - Infor	mation	on Use	of Veh	icles							
	mplete this section for ve															
30	Total business/investment miles driven during the year (don't include commuting miles)				(a) ehicle	1	b) nicle	V				(d) (e) /ehicle Vehicle			(f) Vehicle	
24								+								
	Total commuting miles of Total other personal (nor driver)	ncommuting	) miles													
22	driven Total miles driven during															
33	Add lines 30 through 32															
34	Was the vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
04	during off-duty hours?	•			110	103	140	100	110	103	140	103	110	103	110	
35	Was the vehicle used pr															
-	than 5% owner or relate															
36	Is another vehicle availa															
	use?	•														
		Section C			olovers W	/ho Prov	ride Vel	hicles 1	for Use by	Their E	mplove	es				
An	swer these questions to o			-	-				-				ren't			
mo	re than 5% owners or rela	ated persons	S.	•		· ·				•						
37	Do you maintain a writte employees?			•	-				-	-	by your			Yes	No	
38	Do you maintain a writte employees? See the ins	en policy stat	tement that	prohibits	personal	use of ve	ehicles,	except	t commuti	ng, by yo						
39	Do you treat all use of ve	ehicles by en	nployees as	s personal	use?											
40	Do you provide more that	an five vehicl	les to your	employees												
	the use of the vehicles,	and retain th	e information	on receive	d?											
41	Do you meet the require	ements conce	erning qual	ified auton	nobile dei	monstrat	ion use	?								
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is '	'Yes," don	i't comple	te Secti	on B for	the co	vered veh	icles.						
P	art VI Amortization															
	(a)			(b) Date amortizatio						ntion	(f) Amortization for this year					
				bogino							ponou or por					
42	Amortization of costs th	at begins du	ring your 2		ar:						ponou or por					
<u>42</u>	·	at begins du	ring your 2		ar:						period or por					
42	·	at begins du	ring your 2	022 tax ye	ar:						poriod or por					
=	·			022 tax ye								43				

Form **4562** (2022)