	aan	
Form	330	

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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.



AF	or the	e 2022 calendar year, or tax year beginning and en	nding	N. The second	
B C	heck if pplicabl	C Name of organization		D Employer identifie	cation number
	Addre chang				
	Name	Doing business as		41-13302	41
] Initial return] Final	3600 LEVINGEON AVE N	oom/suite 0 1	E Telephone number	
L	Jreturn termin ated		01	651-493- G Gross receipts \$	7,816,428.
	Amen return			H(a) Is this a group re	
	Appile 11on				? Yes 🗶 No
_	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
ĪĨ	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		list, See instructions
JV	Vebsi	te: WWW.CEBUSHELTER.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year o	of formation: 1978	A State of legal domicile: MN
Pa	rt I	Summary	anna Merallane Akkelaata		
ø	1	Briefly describe the organization's mission or most significant activities: MEETIN			HOMELESS,
Governance		NEGLECTED, AND ABANDONED CHILDREN IN CEBU,		- Martin - Ma	
ern		Check this box if the organization discontinued its operations or disposed		1	
Sov	3	Number of voting members of the governing body (Part VI, line 1a)			9
8	4	Number of Independent voting members of the governing body (Part VI, line 1b)			8
Activities &	56	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			36
tiv		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		construction of the second	0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
-				Prior Year	Current Year
1	8	Contributions and grants (Part VIII, line 1h)		2,817,591.	2,573,600.
uue	9	Program service revenue (Part VIII, line 2g)	556500 - P	0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		108,889.	48,688.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-12,285.	-17,234.
2		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	COMPANY AND A DESCRIPTION	2,914,195.	2,605,054.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,344,717.	2,170,598.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		476,247.	470,993.
Expenses	16a	Professional fundralsing fees (Part IX, column (A), line 11e)		0.	0.
xpe		Total fundraising expenses (Part IX, column (D), line 25) 142, 487			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		126,205.	152,057.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,947,169.	2,793,648.
		Revenue less expenses. Subtract line 18 from line 12		967,026.	-188,594.
ts or				ginning of Current Year	End of Year
Bala	20	Total assets (Part X, line 16)		4,614,878.	4,022,401.
Net Assets	21 22	Total liabilities (Part X, Ilne 26) Net assets or fund balances, Subtract line 21 from line 20		21,466. 4,593,412.	17,352.
Pa	Int II	Signature Block	I	4,555,412.	4,005,049.
			nd stateme	ints, and to the best of my	knowledge and helief it is
true,	correc	Itles of periury, I declare that I have examined this return, including accompanying schedules and Decusioned by: t, and complete. Declaration of preparer (other than officer) to based on all information of which	h preparer	has any knowledge.	nito mooga una bonon nito
		tarby Stoll K/ - V-FRI		4/18/2023	
Sigr	1	Signatura auto atticer		Date	
Her		KIRBY STOLL, PRESIDENT/CEO			
		Type or print name and title	12		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pald		JACQUELINE ECKMAN JACQUELINE ECKMAN	1 0	4/14/23 seli-employ	
Prep		Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN 4	1-0746749
Use	Only	Firm's address 20 EAST THOMAS ROAD, SUITE 2300			
·		PHOENIX, AZ 85012		Phone no. (6	
May	the li	RS discuss this return with the preparer shown above? See instructions			X Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Par	990 (2022) CHILDREN'S SHELTER OF CEBU	41-1330241	Page
	t III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: WE EXIST TO GLORIFY GOD BY DEMONSTRATING HIS LOVE TO TH	E PHILIPPINES	
	AS WE PROVIDE A LOVING, CHRIST-CENTERED HOME WITH COMPR		
	MEDICAL, EDUCATIONAL AND PLACEMENT SERVICES FOR HOMELES		
	CHILDREN.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990 EZ?	Yes	XN
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? 🗌 Yes	XNC
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, a	nd
4.0	revenue, if any, for each program service reported_ (Code:) (Expenses \$ 2, 186, 752, including grants of \$ 2,170,598.) (Rev		
4a	(Code:) (Expenses \$ 2,186,752. including grants of \$ 2,170,398.) (Rev GENERAL RESIDENTIAL EXPENSES: MONEY FOR HOUSING, FOOD,		
	COUNSELING, AND SECURITY. CHILDREN'S SHELTER OF CEBU PR		NG.
	HOME TO 75 CHILDREN DURING THE YEAR ENDED DECEMBER 31,		
	LEADERSHIP STAFF, 8 HOUSEPARENTS, 46 HOMELIFE EMPLOYEES		OLIN HOLLING
	WORKERS, 2 COUNSELORS, 1 YOUTH EDUCATOR, AND 1 HOMELIFE	ASSOCIATE ON	
	STAFF.		
4b	(Code:) (Expenses \$136, 292. including grants of \$) (Rev		
	CHILDREN OF HOPE SCHOOL SERVED 48 CHILDREN WITH 1 PRINC CLASSROOM TEACHERS, AND 1 EDUCATIONAL COORDINATOR, WITH STUDENT-TEACHER RATIO. WE ALSO SUPERVISED HIGHER EDUCAT	A 5:1	SED
	STUDENTS THROUGH ALTERNATIVE LEARNING SERVICES.	ION FOR 21	
	STUDENTS THROUGH ALTERNATIVE LEARNING SERVICES.	ION FOR 21	
	STUDENTS THROUGH ALTERNATIVE LEARNING SERVICES.	ION FOR 21	
4c			
	(Code:)(Expenses \$)(Expenses \$) (Rev MEDICAL: MEDICINES, HOSPITALIZATIONS, LAB TESTS, AND ST TEAM OF 1 NURSING SUPERVISOR, 2 CAMPUS NURSES, 3 NURSE PHYSICAL/OCCUPATIONAL THERAPISTS, AND 1 VOLUNTEER SPEEC	enues AFF. OUR MEDI ASSISTANTS, 1	
4c	(Code:)(Expenses \$) (Rev MEDICAL: MEDICINES, HOSPITALIZATIONS, LAB TESTS, AND ST TEAM OF 1 NURSING SUPERVISOR, 2 CAMPUS NURSES, 3 NURSE	enues AFF. OUR MEDI ASSISTANTS, 1	
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	(code:) (Expenses \$101,527. including grants of \$) (free MEDICAL: MEDICINES, HOSPITALIZATIONS, LAB TESTS, AND ST TEAM OF 1 NURSING SUPERVISOR, 2 CAMPUS NURSES, 3 NURSE PHYSICAL/OCCUPATIONAL THERAPISTS, AND 1 VOLUNTEER SPEEC THERAPIST MET THE NEEDS OF THE CHILDREN.	enue S	

Form 990 (2022) CHILDREN'S S Part IV Checklist of Required Schedules CHILDREN'S SHELTER OF CEBU

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		162	110
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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. 98-197 // "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			77
	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,			v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
0	Schedule D, Part III	8		Δ
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		-1111 - 60	Decord Philade
	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			
	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	<u>11d</u>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11</u> 9	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	<u>11f</u>	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business,	140		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? Jf "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I, See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? if "Yes,"			
	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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Form 990 (2022) CHILDREN'S SHELTER OF CEBU

2			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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			v
	Schedule J	23	_	X
24 a	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			Х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u></u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	any tax-exempt bonds?	24c		
e	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	244		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	201311	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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	NELESS	opeope	SHEERE
а		28 a	Y.	х
h	"Yes," complete Schedule L, Part IV	20a		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		-
Ŭ	"Yes," complete Schedule L, Part IV	28c		х
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			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			:
	Schedule N, Part II	32		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		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
d	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		-	
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	Marine Mi
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		- Stateada	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a, Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	ACHIER S	X	10220
232004	(gambling) winnings to prize winners?	Eorm		2022)

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Form	990 (2022) CHILDREN'S SHELTER OF CEBU 41-1330	241	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	
	c		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 2a 7			163000
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	if "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or Is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	()	
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	i i		
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1.1
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		CAMPERS	
'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	28,652,650	X
		7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			<u> </u>
С				x
	to file Form 8282?	7c	ABAAG	
	If "Yes," indicate the number of Forms 8282 filed during the year 74	100000	NCHASE	v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7		-
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Main States	allalant
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1000325	26254	1 ALEAN
	sponsoring organization have excess business holdings at any time during the year?	8	1969DATAOA	100417073
9	Sponsoring organizations maintaining donor advised funds.	SERIES.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Section Materia	
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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
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			
	Did the organization receive any payments for Indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	if "Yes," see the instructions and file Form 4720, Schedule N.	10385	1512-33	Selent
16		16	-7400330	X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		(esperat	WHERE T
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	arear the	are des	
17	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
	If "Yes," complete Form 6069.	17 68080	ingsigan	Salation
000000		Earce	000	(2022)
202005	i 12-13-22	1 0111	000	(2022)

CHILDREN'S SHELTER OF CEBU

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

						X
Sec	tion A. Governing Body and Management					
					Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1 a	9			
	If there are material differences in voting rights antong members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	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?			2		Х
з	Did the organization delegate control over management duties customarily performed by or under the					
				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6				6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap					
74		-		7-		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st			7a		•
D						v
	persons other than the governing body?			7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		36983	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
			Comment of the Comment of Commentation of the		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10 a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			1 2 a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	120	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "y			sin=8		
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?		5	13	Х	
14	Did the organization have a written document retention and destruction policy?		sance warmen and state and state and state and	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva		지수 아파 이번 것 같은 것이 가지 않을 것 같아. 정말 안전이 있는 것 같아. 나는 것			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,, ,				
а	The organization's CEO, Executive Director, or top management official			15 a	Х	
	Other officers or key employees of the organization			15b		Х
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					的出版
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	vith a			
ioa	taxable entity during the year?			16a	distant.	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				No.	(Opposed
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-				
				16b	anime (A)	ossiite
Sec	exempt status with respect to such arrangements?			100		<u>i</u>
	List the states with which a copy of this Form 990 is required to be filedAK, CA, CT, FL, G	λТ	T. MA MD MT	MN	NC	NTT
17	200 Notes					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	10 990	1-1 (section 501(c)(3)s	oniy)	avalla	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntlict	of interest policy, and	finan	cial	
	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 boo	ks an	d records			
	KIRBY STOLL/PETER ARNESON - 651-493-1551	0.0				
	3600 LEXINGTON AVE N, SUITE 201, SHOREVIEW, MN 551	.26			<u> </u>	
232006	12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2022)
	6					

CHILDREN'S SHELTER OF CEBU 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 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A. 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. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (F) (A) (B) (C)(D)(E) Position Name and title Reportable Reportable Estimated Average (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) from related week from other (list any the organizations compensation (W-2/1099-MISC/ hours for organization from the individual trustee or m pensatec related Irustee (W-2/1099-MISC/ 1099-NEC) organization 1099-NEC) and related organizations key employee nstitutional 1 Highest com employee below organizations 19mmer Officer line) (1) KIRBY STOLL 40.00 Х 107,000. 0. PRESIDENT/CEO Х 17,419. 1.50 121 BJORK OSTROM (JAN-SEPT) 0. X BOARD CHAIR Х 0. 0. (3) JOEL LAWRENCE (SEPT-DEC) 1.50 BOARD CHAIR Х Х 0. 0. 0. PETER ARNESON 1.50 (4) TREASURER 0. 0. Х Х 0. 1.50 (5) RUTH LUNDE (JAN-SEPT) Х Х 0. 0. SECRETARY/VICE CHAIR 0. (6) RONALD DEE (SEPT-DEC) 1.50 SECRETARY Х 0. 0. 0. 1.00 (7) TIM DOTEN BOARD MEMBER Х 0. 0. 0. (8) ALLISON NEWMAN 1.00 х 0. BOARD MEMBER 0. 0. (9) 1.50 CHRISTINE OLSEN Х 0. 0. BOARD MEMBER 0. (10) SHERYL RAMSTAD 1.00 BOARD MEMBER х 0. 0. 0.

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Form 990 (2022)

41-1330241

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Form 990 (2022) CHILDREN									41-13	30	241	Page 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Emr (B) Average hours per week (list any	(do) xod affic	not ch unles	(C Posi heck n as per))	than c s both	one I an	ompensated Employee (D) Reportable compensation from the	s (continued) (E) Reportable compensation from related organizations		Estir amo ot	F) nated unt of her ensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS(1099-NEC)		fror organ and r	n the lization related zations
ŝ											-	
A												
Λ					0 0							
					5							
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							107,000. 0. 107,000.		0.0.	- milite)—16-	,419. 0. ,419.
2 Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	d ab	ove)) wh	o re	eceived more than \$100	000 of reportable		Y	1 'es No
 3 Did the organization list any former officer line 1a? <i>If "Yes," complete Schedule J for s</i> 4 For any individual listed on line 1a, is the si 	such individual		••••••		•••••		a			w	3	X
and related organizations greater than \$15 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con-	0,000? If "Yes, accrue comper	" con Isatic	mple on fr	ete S rom a	Sche any i	e <i>dule</i> unre	e <i>J f</i> elate	for such individual ed organization or individ	dual for services	iteen: a	4 5	X
Section B. Independent Contractors 1 Complete this table for your five highest co										ensa		
the organization. Report compensation for (A) Name and business			ndin)NF		ith o	or wit	thin	the organization's tax y (B) Description of s		С	(C) Compens	ation
x							_					
2 Total number of Independent contractors (\$100,000 of compensation from the organ	-	ot lin	nited	i to I	thos 0		ted	above) who received m	ore than			
									Į.		Form 9	90 (2022)

Form \$ (2022)

232008 12-13-22

			2022) CHILDREN'S SHELTER OF	CEBU		41-1330	241 Page 9
Pa							_
			Check if Schedule O contains a response or note to any t	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts st	1	а	Federated campaigns 1a 15,898	•			
Lan		b	Membership dues 1b				
Am G		С	Fundraising events 1c 141,046	• 1			
lar Bit			Related organizations1d	-			
ns,			Government grants (contributions) 1e	-			
utio Ier.		f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,416,656				
Contributions, Gifts, Grants and Other Similar Amounts		a	Noncash contributions included in lines 1a-11 1g \$ 27,889				
Con		-	Total, Add lines 1a-1f	2,573,600.			
			Business Code				RECEIPTION
e e	2	а					
Program Service Revenue		b	2				
Sept		С	· · · · · · · · · · · · · · · · · · ·	n			
Sev		d					
6 or		e	·				
a			All other program service revenue	- (
-	3		Total. Add lines 2a-2f Investment income (including dividends, interest, and	-	beau and a statistic to the article	 March 1997 Access and the second s	
	0		other similar amounts)	103,205.			103,205.
	4		Income from investment of tax-exempt bond proceeds			l	, ,
	5		Royalties		-		
			(i) Real (ii) Personal				
	6	а	Gross rents 6a				
			Less: rental expenses 6b				
			Rental income or (loss) 6c				
			Net rental income or (loss)	ana si kanga kanga kang kang kang kang kang ka		- description of the balance	stationalastaticasta
	7	а	Gross amount from sales of (i) Securities (ii) Other				
			assets other than inventory 7a 5,138,188.	-			
e		a	and sales expenses 7b 5,192,705.				
nua		c	Gain or (loss) 7c -54,517.				
š			Net gain or (loss)	~54,517.		and a second second second	-54,517.
Other Revenue	8		Gross income from fundraising events (not				
0			including \$ 141,046, of contributions reported on line 1c). See				
			Part IV, line 18 8a0				
		b	Less: direct expenses 8b 18,669	the second			
			Net income or (loss) from fundraising events	-18,669.	NE OF COMPANY		-18,669.
			Gross income from gaming activities. See				
			Part IV, line 19 9a	_			
			Less: direct expenses9b				
			Net income or (loss) from gaming activities				
	10	а	Gross sales of inventory, less returns				
			and allowances	-			
			Less: cost of goods sold		and and an additional definitions of	and the second	
-		G	Business Code				
sno	11	а	MISCELLANEOUS REVENUE 812900	1,435.	and a straight of the second se	and the second se	1,435.
Den		b	(001)14-3		-		, · ·
ella		с					
Miscellaneous Revenue		d	All other revenue				
_			Total, Add lines 11a-11d	1,435.			
	12		Total revenue. See instructions	2,605,054.	0.	0.	31,454.
23200	12-	13-	22				Form 990 (2022)

Form 990 (2022) CHILDREN'S SHELTER OF CEBU Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in		nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	10 million 2 mil			
	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	2,170,598.	2,170,598.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	104 400		20 200	
_	trustees, and key employees	124,420.	49,768.	37,326.	37,326.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	247 744			
7	Other salaries and wages	247,744.	113,749.	77,421.	56,574.
8	Pension plan accruate and contributions (include	01 1E0	11 1 / 0	7 (25	E (77
	section 401(k) and 403(b) employer contributions)	<u>24,450.</u> 45,979.	<u>11,148.</u> 24,848.	7,625.	<u>5,677.</u> 8,178.
9	Other employee benefits	28,400.	12,609.	12,953. 8,744.	7,047.
10	Payroll taxes	28,400.	12,009.	8,/44.	/,04/.
11	Fees for services (nonemployees):	4,445.			
a	Management	4,443.		4,445.	
		21,235.		21,235.	
	Accounting	ZI,Z35.		<u>41,435.</u>	
	Lobbying	Ree 10 - 21 - 11 - 11 - 11 - 11 - 11 - 11 -		Terret the state of the terret of the	
e	Professional fundraising services. See Part IV, line 17			NGCONSTRUCTURE CONTRACTOR OF STATE	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	8,014.			8,014.
12	Advertising and promotion	44,744.	13,871.	15,660.	15,213.
13	Office expenses	44,744.	13,071.	T2,000•	15,215.
14	Information technology			A	· · · · · · · · · · · · · · · · · · ·
15	Royalties	9,000.	2 790	3,150.	3,060.
16 17	Occupancy	29,435.	2,790. 23,916.	5,519.	5,0004
18	Travel	20,400.	23,510.	5,515.	alan marina araa ar
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				2
19 20	Thanking and the second s				
20 21	Payments to affiliates			1	
21	Depreciation, depletion, and amortization	1,161.	360.	406.	395.
23	Insurance	2,949.	914.	1,032.	1,003.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	30,897.	Construction and the second	30,897.	2444-0422-04441126214231
a b	TRAINING	177.		177.	
u c		± / / •		±,,,•	
d					
	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	2,793,648.	2,424,571.	226,590.	142,487.
25 26	Joint costs. Complete this line only if the organization	112210401	2/1211/J/110	220,350	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundralsing solicitation.				

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2022.03030 CHILDREN'S SHELTER OF CEB A4850161

Form 990 (2022)

CHILDREN'S SHELTER OF CEBU

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Part X	Balance Sheet
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	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	1,599,655.		1,261,443.
2	Savings and temporary cash investments	236,557.		5,816.
3	Pledges and grants receivable, net	1,713.	3	369.
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
			6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 31,8	<u>LO.</u>	Sing of	
1	b Less: accumulated depreciation 10b 29, 6			2,178.
11	Investments - publicly traded securities		11	2,752,595.
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11	••••	13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)			4,022,401.
17	Accounts payable and accrued expenses	5,474.	17	9,258.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	n
24	Unsecured notes and loans payable to unrelated third parties		24	(r.
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D			8,094.
26	Total liabilities. Add lines 17 through 25	21,466.	26	17,352.
	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	3,982,567.	27	3,448,851.
28	Net assets with donor restrictions	610,845.	28	556,198.
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33,			
27 28 29 30 31 32	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	4,593,412.		4,005,049.
33	Total liabilities and net assets/fund balances	4,614,878.	33	4,022,401. Form 990 (2022

Form 990 (2022)

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Form	990 (2022) CHILDREN'S SHELTER OF CEBU	41-133	0241	Pag	_{le} 12	
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	2,605			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,793			
3	Revenue less expenses. Subtract line 2 from line 1	3	-188			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,593			
5	Net unrealized gains (losses) on investments	5	-399	,76	59.	
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	4,005	,04	19.	
Pa	rt XII Financial Statements and Reporting					
_	Check if Schedule O contains a response or note to any line in this Part XII			222		
				Yes	No	
1	Accounting method used to prepare the Form 990; Cash X Accruai Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
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	b Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both;					
	X Separate basis Consolidated basis Both consolidated and separate basis		SUS			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3 a	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 requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits					
100 m 100 m				000	0000	

232012 12-13-22

SCHEDULE A	,		<u>.</u>		.		I	OMB No. 1545-0047
(Form 990)		Public Charity Status and Public Support					1	2022
	Co	complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						2022
Department of the Treasury Internal Revenue Service		At	tach to Form 990 or Fo	rm 990-EZ	<u>.</u> .			Open to Public
Name of the organizati		Go to www.irs.gov/f	Form990 for instruction	s and the	latest info	ormation.	Employor	Inspection Identification number
Name of the organizati		DREN'S SHEL	LTER OF CEBU				1	1-1330241
Part I Reason	for Public C	Charity Status.	All organizations must c	omplete thi	is part.) Se	e Instructio	1. – 18.	T T T T T T T T T T T T T T T T T T T
The organization is not a							3	
			n of churches described)(A)(i),		
			Attach Schedule E (Form			N ⁻ - N ⁻ P		
			nization described in se		(b)(1)(A)(ili).		
<u> </u>	-	. –	junction with a hospital				A)(iii). Enter	the hospital's name,
city, and stat	e:							
5 🔲 An organizati	on operated fo	or the benefit of a col	lege or university owned	or operate	d by a go	vernmental	init describe	ed in
		Complete Part II.)						
37			ental unit described in			•		
-		-	ntial part of its support fr	om a gove	rnmental u	init or from t	he general p	oublic described in
		omplete Part II.)						
			1)(A)(vi). (Complete Part	-				
			in section 170(b)(1)(A)(-			
	or a non-land-g	rant college of agricu	ulture (see instructions).	Enterthen	iame, city,	and state o	i the college	or
university:	on that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from co	ntribution	s members	hin fees and	d gross receipts from
			t to certain exceptions; a				-	
			(less section 511 tax) fro					
		mplete Part III.)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				J	
		•	vely to test for public sal	ety. See s	ection 50	9(a)(4).		
12 An organizati	on organized a	and operated exclusiv	vely for the benefit of, to	perform th	e functior	is of, or to c	arry out the	purposes of one or
more publicly	/ supported or	ganizations describe	d in section 509(a)(1) o	r section 5	i09(a)(2).	See section	509(a)(3). C	Check the box on
lines 12a thro	ough 12d that o	describes the type of	supporting organization	and comp	lete lines	12e, 12f, an	d 12g.	
		•	upervised, or controlled	• • •	_	• •		
the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority of	f the direc	tors or truste	es of the su	pporting
		omplete Part IV, Se			_			
			or controlled in connect					
	_		inization vested in the sa	ame persor	is that cor	itrol or mana	ige the supp	Dorted
		t complete Part IV,	g organization operated	in connocti	on with a	nd function:	ally integrate	ai suith
	-	~	. You must complete i		•		my integrate	A AAICII.
	-		orting organization oper				orted organiz	zation(s)
	-		ation generally must sat				_	
			nplete Part IV, Sections					
e Check this	box if the orga	nization received a v	written determination fro	m the IRS t	hat it is a	Туре I, Туре	II, Type III	
functionally	/ Integrated, or	Type III non-function	nally integrated supporting	ng organiza	ation.			·1
f Enter the number		0						1
g Provide the follow (i) Name of supp		about the supported (II) EIN	d organization(s), (iii) Type of organization	(iv) is the organ	nization listed	(v) Amount	fmonetany	(vi) Amount of other
organization		(ii) Eilik	(described on lines 1-10	In your savernin	a document?	support (see	-	support (see instructions)
			above (see instructions))	Yes	No			
	**************************************					5		
						1		
B								
					: 			
						1015 No. 112 MIN 25		
23.74-		The second state of the se	The second statement of the second state	14.5 patra beta	. 10525-01024-312 ⁶			
Total				Walanger	ACTIVITY (C)			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232021 12-09-22

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Part II Support Sch

CHILDREN'S SHELTER OF CEBU

41-1330241 Pare 2

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.)

Se	ction A. Public Support	-			2		2
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2400489.	2403310.	2473861.	2817591.	2573600.	12668851.
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	2400489.	2403310.	2473861.	2817591.	2573600.	12668851.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1760779.
	Public support. Subtract line 5 from line 4.				Valent and a second second		10908072.
	ction B. Total Support	Provide the second second	1000 D 10				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2400489.	2403310.	2473861.	2817591.	2573600.	12668851.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	22 625	40.054			4	
	and income from similar sources	33,625.	48,851.	53,257.	110,124.	103,205.	349,062.
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	11 000	15 445		1 8 2 2	1 405	20 500
	assets (Explain in Part VI.)	11,222.	15,445.	725.	1,733.	1,435.	
	Total support, Add lines 7 through 10	- Martine California	- Secretary and a secretary cut	and the second	and the second		13048473.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	•					
Se	organization, check this box and stor ction C. Computation of Publi	c Support Per	centade				
	Public support percentage for 2022 (I			olumn (fi)	1	14	83.60 %
14	Public support percentage from 2021	Schedule & Part I	line 1/			15	83.60 %
160	33 1/3% support test - 2022. If the c	organization did no	t check the box or	line 13 and line 1	1/ is 33 1/3% or m		
100	stop here. The organization qualifies						
ŀ	33 1/3% support test - 2021. If the c						
L.	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	•					
	meets the facts-and-circumstances te		•			vi now the organi	
ŀ	10% -facts-and-circumstances test				120224		
~	more, and if the organization meets the	-					
	organization meets the facts-and-circu				• •		
18	Private foundation. If the organization		•				s

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 CHILDREN'S SHELTER OF CEBU Part III Support Schedule for Organizations Described in Section 509(a)(2) CHILDREN'S SHELTER OF CEBU

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

Se	ction A. Public Support					ognovin or	21 - 424 X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					1	
2	Gross receipts from admissions,						
	merchandise sold or services per-					1	
	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				distant Company		
4	Tax revenues levied for the organ-					-	
	ization's benefit and either paid to				1		
	or expended on its behalf					1	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						101/0/27
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and					(C.C.C.)	
	3 received from disqualified persons						
k	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 the 13 for the year						
(Add lines 7a and 7b		5				and a second sec
	Public support. (Subtract line 7c from line 6.)	No. of the second s					
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross Income from Interest,					2.5.3000	
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
Ł	Unrelated business taxable income						a second of the second second
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	377	and the second				
C	Add lines 10a and 10b					a Analysis and an analysis	
11							
	activities not included on line 10b, whether or not the business is				1		
	regularly carried on				5		
12	Other income. Do not include gain	-1942/19495			in it is a second se		
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			54446-12254		- Dingle Admin (ban	
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501 (c) (3) organizat	tion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Per	centage	A. S			
	Public support percentage for 2022 (-	column (f))		15	%
	Public support percentage from 2021			********		16	%
	ction D. Computation of Inves					1 1	
17						17	%
	investment income percentage from						%
19a	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
-	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see ins		
2320	23 12-09-22					Schedule	A (Form 990) 2022

CHILDREN'S SHELTER OF CEBU

Yes

No

Part IV Supporting Organizations

Schedule A (Form 990) 2022

(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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only, Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? 8 If "Yes," complete Part | 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 disgualified 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.)

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Schedule A (Form 990) 2022

1 2 За Зb 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

OF CEBU (Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

b A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide

detail in Part VI

Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization. Section 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 1 the supported organization(s) Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a 3 significant voice in the organization's investment policies and in directing the use of the organization's

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

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3

2a

2b

Зa

Yes No

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11a 11b 11c

Yes No

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Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

			(A) Prior Year	(B) Current Year (optional)	
11	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			
3ectic	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
	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			
	on C - Distributable Amount			Current Year	
1	Adjusted net Income for prior year (from Section A, line 8, column A)	1		(1)-(0))	
	Enter 0.85 of line 1.	2			
	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
_	Enter greater of line 2 or line 3.	4			
C.V. 1. 1912	Income tax imposed in prior year	5			
	Distributable Amount. Subtract line 5 from line 4, unless subject to	1			
-	emergency temporary reduction (see instructions).	6			

Schedule A (Form 990) 2022

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CHILDREN'S SHELTER OF CEBU

Pan	t V Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)	
	on D - Distributions		Current Year		
	Amounts paid to supported organizations to accomplish exer			1	
	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 - prior	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.	11111111111111111111111111111111111111		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
ļ.	(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	
Sectio	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	15	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			and the	
2	Underdistributions, if any, for years prior to 2022 (reason-		No 20100 112 0000 - 10 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 0000 - 20 000		
	able cause required · explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
-	From 2018				
	From 2019				
	From 2020				
-	From 2021				
*******	Total of lines 3a through 3e		State States of Contracts		
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount			a an	Some reasonable and reasonable and the
	Carryover from 2017 not applied (see instructions)	 In the second s Second second s Second second s			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		Supplementation of the second second		
	Distributions for 2022 from Section D,			ana	
4	line 7: \$				
	Applied to underdistributions of prior years		direction and a sector sectors	terative:	
			waterenderse Standarden	akalanin.	and a second representation of the second second
-	Applied to 2022 distributable amount Remainder, Subtract lines 4a and 4b from line 4.	an a	and the second second second second	NA SAME	
	Remaining underdistributions for years prior to 2022, if			ana2421.04128	
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.		entra a constante da constante d	0102573	l suere entre reconstruction contraction
	Remaining underdistributions for 2022, Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			ningense Reference	
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
b	Excess from 2019			126025	
	Excess from 2020				China and a statistical statistica
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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CHILDREN'S SHELTER OF CEBU

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS RE	VENUE	11111111			
2018 AMOUNT: \$	11,222.				· · · · · · · · · · · · · · · · · · ·
2019 AMOUNT: \$	15,445.				and a second
2020 AMOUNT: \$	725.				
2021 AMOUNT: \$	1,733.				
2022 AMOUNT: \$	1,435.				
· · · · · · · · · · · · · · · · · · ·					
				(1) A. MARTINA MILLION AND AND THE AND THE ADDRESS OF THE TAXABLE AND ADDRESS OF THE ADDRESS OF TAXABLE ADDRESS OF TAXAB ADDRESS OF TAXABLE ADDRESS OF TAXAB ADDRESS OF TAXABLE ADDRESS OF TAXAB ADDRESS OF TAXABLE ADDRESS	
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