Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to *www.irs.gov/Form990* for instructions and the latest information. Open to Public Inspection

Α	For the	e 2023 calend	dar year, or tax year beginning	01/01/2023	and ending	12/31/	2023	
в	Check if	f applicable:	C Name of organization NDOTO				D Emplo	oyer identification number
	Address	s change	Doing business as					27-0984861
	Name c	hange	Number and street (or P.O. box if ma	ail is not delivered to street ad	dress)	Room/suite	E Teleph	none number
	Initial re	turn	PO Box 701716					214-563-4499
	Final retu	urn/terminated	City or town, state or province, coun	try, and ZIP or foreign postal of	code			
	Amende	ed return	Dallas, TX 75370				G Gross	receipts \$ 582,393
	Applicat	tion pending	F Name and address of principal office	: Allison Schlack		H(a) Is this a g	roup return fo	or subordinates? 🗌 Yes 🗹 No
			2526 Rosebud Court, Carrollton	, TX 75006		H(b) Are all s	ubordinat	es included? 🗌 Yes 🗌 No
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () (insert no.) 🗌 4947(a	a)(1) or 🗌 527	If "No," attac	ch a list. Se	ee instructions.
J	Website	e: www.ndo	oto.org		_	H(c) Group e	exemption	number
к	Form of	organization: 🖌	Corporation Trust Association	n 🗌 Other	L Year of for	mation: 2009	M State	of legal domicile: TX
Ρ	art I	Summa						
	1	Briefly des	cribe the organization's missior	n or most significant act	ivities: Ndo	o works to give a	at-risk yo	outh and adults in
ce		Kenya hop	e for a brighter future through ed	lucation, discipleship, an	d developme	nt.		
Activities & Governance								
veri	2	Check this	box 🗌 if the organization disc	continued its operations	or disposed	l of more than 2	5% of it	s net assets.
ĝ	3	Number of	voting members of the governi	ng body (Part VI, line 1a	a)		3	6
<u>م</u>	4	Number of	independent voting members of	of the governing body (I	Part VI, line 1	lb)	4	6
ties	5	Total numb	per of individuals employed in c	alendar year 2023 (Part	: V, line 2a)		5	3
ť	6	Total numb	per of volunteers (estimate if ne	cessary)			6	18
A	7a	Total unrel	ated business revenue from Pa	rt VIII, column (C), line 1	12		7a	0
	b	Net unrelat	ted business taxable income fro	om Form 990-T, Part I, I	ine 11	<u></u>	7b	0
						Prior Yea	ar	Current Year
ē	8		ons and grants (Part VIII, line 1h				435,817	562,669
Revenue	9	Program se	ervice revenue (Part VIII, line 2g)			3,600	0
sev.	10		t income (Part VIII, column (A), I				5, 398	19,246
	11		nue (Part VIII, column (A), lines				-584	478
	12		ue-add lines 8 through 11 (mus				444,231	582,393
	13		I similar amounts paid (Part IX,				270,730	275,861
	14	•	aid to or for members (Part IX, o				0	0
es	15		her compensation, employee be				131,821	145,431
Expenses	16a		al fundraising fees (Part IX, colu				0	0
ğ	b		aising expenses (Part IX, colum		52,969			
ш	17		enses (Part IX, column (A), lines				51,159	43,081
	18		nses. Add lines 13–17 (must eq		,		453,710	464,373
	19	Revenue le	ess expenses. Subtract line 18 f	rom line 12			-9,479	118,020
Net Assets or Fund Balances						Beginning of Cur	rent Year	End of Year
sset: alan	20		ts (Part X, line 16)			!	561,414	675,699
at As	21						8,070	4,335
-			or fund balances. Subtract line	21 from line 20			553,344	671,364
P	art II	Signatu	re Block					

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

Sign Here	Signature of officer John Seale, Director of Operations Type or print name and title			Dat	e		
Paid	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Preparer Use Only	Firm's name			Firm's	s EIN		
	Firm's address			Phone	e no.		
May the IRS	discuss this return with the prepare	r shown above? See instructions				Yes	No
							~~

For Paperwork Reduction Act Notice, see the separate instructions.

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1

orm 990	Page 2
Part II	
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	Ndoto works to give at-risk youth and adults in Kenya hope for a brighter future through education, discipleship, and development.
-	Our mission is to educate, disciple, and develop people and their communities to make their dreams a reality, glorify God, and use
-	their gifts to transform their community.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
I	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
(Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a ((Code:) (Expenses \$ 288,334 including grants of \$ 251,677) (Revenue \$ 0)
	Student Sponsorship. Ndoto's student sponsorship program supports education and discipleship in Kenya. Through Ndoto's grants
	to Ndoto Kenya, 292 students were sponsored in 2023. These students were enrolled in schools from kindergarten through
_	university. They received basic school supplies, medical care, and tuition and fees. Ndoto Kenya employs full-time staff to care for
-	the students' spiritual, emotional, social, and physical needs. Ndoto Kenya hosts student retreats, service days, Bible studies, and
	more for sponsored students. The Ndoto Community Church, and all of its programs, is supported through the Sponsorship
	program, though it is open to the entire community. The church has hundreds of members in adult worship and children's Sunday
	School programs. The Sponsorship program also supports Ndoto Sports Academy and Ndoto Boxing & Gym, which are community
	athletic outreach programs. Together these programs work with more than 100 young men and women in soccer and boxing,
-	including at national competitive levels.
-	
-	
1b ((Code:) (Expenses \$ 32,258 including grants of \$ 23,625) (Revenue \$ 0)
	Ndoto Academy. In 2022, after years of dreaming and a year of planning, Ndoto Academy opened on the organization's campus in
_	Obunga. Ndoto Academy is a private Christian school that began with 3 early childhood grades and intends to add one grade per
	year until it covers through grade 9. Ndoto Academy features small class sizes, creative and passionate teachers, a computer lab,
-	the best playground in town, and an intentional pastoral program of age-appropriate discipleship. 75 students were enrolled in 2023.
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1c ((Code:) (Expenses \$ 11,938 including grants of \$ 4,308) (Revenue \$ 0)
_	Visiting Missionary. Visiting missionaries are an important part of Ndoto's work in the US and in Kenya. Travelers from the US
	serve several important functions. They are valuable volunteers on the ground in Kenya. They help to transport supplies across
-	continents. They encourage Ndoto's students, particularly when sponsors get to meet the students they are matched with. Visiting
	missionaries is also an important part of Ndoto's development work, as travelers who aren't already Ndoto supporters often return
	home as new supporters. They become ambassadors for Ndoto, sharing the word about the good work being done. In 2023, Ndoto
	hosted 2 visiting missionaries in Kenya, a much slower year due to seasonal variation. Future years are shaping up to be much
-	larger.
-	
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-	
	Other program services (Describe on Schedule O.) See Schedule O, Statement 2
	(Expenses \$ 10,508 including grants of \$ 559) (Revenue \$ 0)
4e	Total program service expenses 343,038

Form 99	orm 990 (2023)					
Part	V 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	r			
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~		
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? <i>If "Yes," complete Schedule C, Part II</i>	4		~		
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		~		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		~		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		~		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~		
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	~			
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~		
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~		
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	r			
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					
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	~			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	~			
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~		

Form 99	00 (2023)		I	Page 4
Part	V Checklist of Required Schedules (continued)			
~~		-	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		~
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	 24a		-
b c	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 any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
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? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		~ ~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		<i>v</i>
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	32 33		~
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	~	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		~
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		~
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	~	
Part				·
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 0	1c	Yes ✓	No

Form 99			F	Page 5
Part			Yes	No
	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 3			
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		~
	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		~
	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).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		•
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	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		~
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		~
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	~	
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	U		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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			
100	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
	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?	4-		
	excess parachute payment(s) during the year?	15		~
	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? If "Yes," complete Form 4720, Schedule O.	16		~
	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.			

Form 990 (20)	23)
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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	nstruc	tions
Sooti	Check if Schedule O contains a response or note to any line in this Part VI			~
Secu	on A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	-		
ь 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		>
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders? . Did the organization have members, stockholders, or other persons who had the power to elect or appoint	4 5 6		V V V
b	one or more members of the governing body?	7a		~
8	stockholders, or persons other than the governing body?	7b		~
a b 9	The governing body?	8a 8b 9		
				./
Secti		-	nde)	~
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	-	ode.) Yes	-
Secti 10a b	Did the organization have local chapters, branches, or affiliates?	10a	,	No V
10a	Did the organization have local chapters, branches, or affiliates?	ue C	,	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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? <i>If "No," go to line 13</i> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Did the organization have a written conflict of interest policy <i>If "No," g</i>	10a 10b	Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes V V V	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? Image: Construction of the construction construction of the construction construction of the construction construction of the construction constructin constructin construction constructin construction co	10a 10b 11a 12a 12b	Yes V	No
10a b 11a b 12a c 13 14	Ion B. Policies (This Section B requests information about policies not required by the Internal Reven Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nave a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Content of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13	Yes V V V V V	No
10a b 11a b 12a c 13 14 15 a	ion B. Policies (This Section B requests information about policies not required by the Internal Revention B. Policies (This Section B requests information about policies not required by the Internal Revention B. Policies (This Section B requests information about policies not required by the Internal Revention B. Policies (This Section B requests information about policies not required by the Internal Revention B. Policies (This Section B requests information about policies not required by the Internal Revention B. Policies (This Section B requests information about policies not required by the Internal Revention B. Policies (This Section B requests information about policies not required by the Internal Revention B. Policies (This Section B requests information about policies not required by the Internal Revention B. Policies (This Section B requests information about policies not required by the Internal Revention B. Policies (This Section B requests information B about policies (This Section B requests (This Section B at the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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	10a 10b 11a 12a 12b 12c 13 14 15a	Yes V V V V V V	No
10a b 11a b 12a c 13 14 15 a b	Ion B. Policies (This Section B requests information about policies not required by the Internal Reven Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes V V V V V V	
10a b 11a b 12a c 13 14 15 a b 16a b	Did B. Policies (This Section B requests information about policies not required by the Internal Reven Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 	ue C 10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes V V V V V V	

- **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. John F Seale, (214)563-4499

Form 990 (2023)

Page 6

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.

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

				((C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
	hours					is both or/trust		compensation	compensation	of other
	per week (list any		-		1	1	<u> </u>	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ghe	Former	1099-MISC/	1099-MISC/	organization and
	related	dual	lior	_	mp	st co	Ψ	1099-NEC)	1099-NEC)	related organizations
	organizations below	r t	al ti		oye	duc				
	dotted line)	stee	ust		l o	ens				
			ĕ			Highest compensated employee				
Allison Schlack	40.00									
Executive Director		1		~				63,449	0	2,471
John Seale	40.00									
Director of Operations		1		V				58,605	0	1,599
Richard Cockcroft	1.00									
Board Chairman		~		V				0	0	0
Ken Towe	1.00									
Board Vice-Chair and Treasurer		~		~				0	0	0
Roxane Malecek	1.00									
Board Secretary		~		~				0	0	0
Richard Ray	1.00									
Board Member		~						0	0	0
Dr Emily Sloan	1.00									
Board Member		~						0	0	0
David Schroeder	1.00									
Board Member		~						0	0	0
		-								
		1								
		-								
		-								
		-								

Part VII Section A. Officers, Directors	, Trustees,	rey I	Eml		yee C)	s, an		lignest Compe	nsated Emp	oyees (continu	<u>ea</u>
(A) Name and title	(B) Average hours per week	box,	unles er and	Pos neck ss pe d a d	ition more rson	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	C	(F) ated amou f other pensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	nganizations (W- 1099-MISC/ 1099-NEC)	2/ fr organ	om the ization an organizatio	nd
		-										
		-										
		-										
		-										
		-										
		-										
		-										
		-										
		-										
1b Subtotal	rt VII, Sectio	 on A		•	· ·	•		122,054		0	4,(07
dTotal (add lines 1b and 1c).2Total number of individuals (includin	ng but not	 limite	ed t	to t	hos	e list	ted	above) who re		0 than \$ ⁻	4,0 100,000	
reportable compensation from the orga	nization							0			Yes	No
3 Did the organization list any former employee on line 1a? If "Yes," complete							-	loyee, or highes	-	d 3		~
4 For any individual listed on line 1a, is t organization and related organization <i>individual</i> .	he sum of re s greater th	porta an \$ ⁻	ble (150,	con ,000	npei)? <i>I</i> :	nsatio f "Yes	s,"	complete Sched		ie sh		-
 5 Did any person listed on line 1a receive for services rendered to the organization 	or accrue co	ompe	nsat	tion	froi	m any	' un	related organizat		al 5		~ ~
ection B. Independent Contractors												
1 Complete this table for your five hi compensation from the organization. Re												
(A) Name and business a	ddress							(B) Description of serv	vices	(C) Compens	sation	
one												
												_

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to an	y line in this Pa	rt VIII.		 		. []
							_

		· · · · ·		(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue	function revenue	business revenue	from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	la 0				
ran	b	Membership dues 1	lb 0				
, G	С	Fundraising events	lc 0				
ifts ar A	d	Related organizations	ld 0				
, Gi nila	е	a () <u></u>	le 0				
Sir	f	All other contributions, gifts, grants,					
utic Jer			1f 562,669				
Oth	g	Noncash contributions included in					
ont nd	_		lg \$ 175				
0 @	h	Total. Add lines 1a–1f		562,669			
e	0-		Business Code				
Program Service Revenue	2a						
jram Ser Revenue	b						
m Ver	С С						
gra Re	d						
roç	e f	All other program service revenue .		0	0	0	
đ	f	Total. Add lines 2a–2f	•	0	0	0	0
	3	Investment income (including divide		0			
	•	other similar amounts)		19,246	0	0	19,246
	4	Income from investment of tax-exempt		0	0	0	0
	5	Royalties		0	0	0	0
	•	(i) Real	(ii) Personal				Ū
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c	0 0				
	d						
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
er	b	Less: cost or other basis					
eni		and sales expenses . 7b					
Revenue	С	Gain or (loss) 7c	0 0				
er.	d						
Othe	8a	Gross income from fundraising					
0		events (not including \$0					
		of contributions reported on line 1c). See Part IV, line 18					
			Ba la				
		Less: direct expenses	3b				
	с 9а	Gross income from gaming	events				
	34)a				
	h		b				
	c b	Net income or (loss) from gaming activ					
	-	Gross sales of inventory, less					
			0a				
	b	<u>·</u>	0b				
	c	Net income or (loss) from sales of inve					
s		· ·	Business Code				
Miscellaneous Revenue	11a	Refunds, rebates, and reimbursements	900099	478	0	0	478
scellanec Revenue	b						
eve	С						
lis(R	d	All other revenue		0	0	0	0
2	е	Total. Add lines 11a-11d		478			
	12	Total revenue. See instructions .		582,393	0	0	19,724
							Form 990 (2023)

	90 (2023)				Page 10
	X Statement of Functional Expenses	ato all column All	othor or and in the	must some late and	mn (A)
Sectio	on 501(c)(3) and 501(c)(4) organizations must compl				
D	Check if Schedule O contains a response			(C)	<u> </u>
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic	0	U		
	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign		, v		
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	275,861	275,861		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	129,394	53,622	33,887	41,885
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	5,992	0	5,992	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	10,045	4,128	2,965	2,952
11	Fees for services (nonemployees):				
a	Management	0	0	0	0
b		0	0	0	0
لہ اہ		4,725	0	4,725	0
d	Lobbying	0	0	0	0
e f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column	U	U	0	0
9	(A), amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	3,507	160	10	3,337
13	Office expenses	9,060	729	7,935	396
14	Information technology	3,134	192	2,822	120
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	17,771	7,724	8,139	1,908
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	1,221	29	1,043	149
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	2,963	593	148	2,222
23	Insurance	0	0	0	0
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
_					
a L	Staff Development & Training	700	0	700	0
b					
c d					
e e	All other expenses				
25	All other expenses Total functional expenses. Add lines 1 through 24e	464,373	343,038	68,366	52,969
25	Joint costs. Complete this line only if the	404,3/3	343,038	08,300	52,909
	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 (2023)

	n 990 (2				Page 11
Ρ	art X		+ X/		_
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		
	1	Cash-non-interest-bearing	56,381	1	23,046
	2	Savings and temporary cash investments	276,076	2	383,257
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	3,290	4	81,757
	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	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
ts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
¥	9	Prepaid expenses and deferred charges	14,482	9	58,706
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 14,815			
	b	Less: accumulated depreciation	10,617	10c	7,654
	11	Investments—publicly traded securities	200,568		121,279
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments – program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	561,414		675,699
	17	Accounts payable and accrued expenses	8,070		4,335
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons	0	22	0
-	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X	0	24	0
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8,070	26	4,335
seor		Organizations that follow FASB ASC 958, check here \checkmark and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions	185,997	27	223,397
ĕ	28	Net assets with donor restrictions	367,347	28	447,967
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
Net Assets or	32	Total net assets or fund balances	553,344	32	671,364
Ž	33	Total liabilities and net assets/fund balances	561,414	33	675,699
				-	,•,•

Form **990** (2023)

Form 9	90 (2023)				Pa	ige 12
Par	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			58	2,393
2	Total expenses (must equal Part IX, column (A), line 25)	2			46	4,373
3						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))					
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
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			67	1,364
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	• •				<u> </u>
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	volaio				
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xpiain	on			
•				•		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both.	nplied	or			
	Separate basis Consolidated basis Both consolidated and separate basis			01-		
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 aud	· ·	- L	2b		~
	separate basis, consolidated basis, or both.	ned o	na			
	Separate basis, consolidated basis, or born.					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	orsiah	tof			
U	the audit, review, or compilation of its financial statements and selection of an independent account			2c	~	
	If the organization changed either its oversight process or selection process during the tax year, e			20	v	
	Schedule O.	Aprail				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not une					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits		3b		

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047 2023

a arganization is a solution 501(a)(2) arganization or a solution (047(a)(1) nonexamptial

			complete if the organization is a section 50 (c)(5) organization of a section 4947(a)(1) nonexe	mpi chamable trusi.	
Department of the Treasury Attach to Form 990 or Form 990-EZ.			Open to Public		
	al Revenue		Go to www.irs.gov/Form990 for instructions and the latest informat	ion.	Inspection
Name	of the o	rganization		Employer identificati	on number
NDOTO 27-0984861					
Pa			for Public Charity Status. (All organizations must complete this p		tions.
The	-		ot a private foundation because it is: (For lines 1 through 12, check only on	,	
1			nvention of churches, or association of churches described in section 170	0(b)(1)(A)(i).	
2			scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)		
3			a cooperative hospital service organization described in section 170(b)(1		
4	ho	spital's na	search organization operated in conjunction with a hospital described in s me, city, and state:		
5			tion operated for the benefit of a college or university owned or operate (b)(1)(A)(iv). (Complete Part II.)	d by a governme	ntal unit described in
6 7	🗌 An	organizat	ate, or local government or governmental unit described in section 170(b) tion that normally receives a substantial part of its support from a govern section 170(b)(1)(A)(vi) . (Complete Part II.)		m the general public
8			y trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)		
9	or		al research organization described in section 170(b)(1)(A)(ix) operated in or a non-land-grant college of agriculture (see instructions). Enter the name		
10	rec sup acc	eipts from oport from quired by	ion that normally receives (1) more than 33 ¹ /3% of its support from contrib n activities related to its exempt functions, subject to certain exceptions; a n gross investment income and unrelated business taxable income (less se the organization after June 30, 1975. See section 509(a)(2) . (Complete Pa	nd (2) no more tha ection 511 tax) fror rt III.)	n 33 ¹ /3% of its
11		-	ion organized and operated exclusively to test for public safety. See secti		
12	one	e or more	ion organized and operated exclusively for the benefit of, to perform the func- publicly supported organizations described in section 509(a)(1) or section nes 12a through 12d that describes the type of supporting organization and o	509(a)(2). See sec	tion 509(a)(3). Check
а		the supp	supporting organization operated, supervised, or controlled by its suppor orted organization(s) the power to regularly appoint or elect a majority of the ng organization. You must complete Part IV, Sections A and B.		
b		control o	A supporting organization supervised or controlled in connection with its s r management of the supporting organization vested in the same persons tion(s). You must complete Part IV, Sections A and C.		
C	:		functionally integrated. A supporting organization operated in connection orted organization(s) (see instructions). You must complete Part IV, Sections		nally integrated with,
d		that is no	non-functionally integrated. A supporting organization operated in connect of functionally integrated. The organization generally must satisfy a distribu ent (see instructions). You must complete Part IV, Sections A and D, an	tion requirement a	
е		Check th	is box if the organization received a written determination from the IRS that	titis a Type I. Ty	all Type III

this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f

Provide the following information about the supported organization(s). g

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing		listed in your governing		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No						
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

. . . .

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 (e) 2023 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 6 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 14 15 15 % 331/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 331/3% support test-2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check h 17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported \square b 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 instructions

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.)

Secti	on A. Public Support			· •	•			
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and membership fees							
-	received. (Do not include any "unusual grants.")	399,841	421,474	382,598	435,817	562,669	2,202,399	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities							
	furnished in any activity that is related to the							
_	organization's tax-exempt purpose	4,210	0	0	3,600	0	7,810	
3	Gross receipts from activities that are not an							
_	unrelated trade or business under section 513	0	0	0	0	0	0	
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities	0	0	0	0	0	0	
5	furnished by a governmental unit to the							
	organization without charge	0	0	0	0	0	0	
6	Total. Add lines 1 through 5	404,051	421,474	382,598	439,417	562,669	2,210,209	
7a	Amounts included on lines 1, 2, and 3		,	002,070	,			
	received from disqualified persons .	58,745	47,779	48,015	56,870	51,291	262,700	
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0	
С	Add lines 7a and 7b	58,745	47,779	48,015	56,870	51,291	262,700	
8	Public support. (Subtract line 7c from							
Conti	line 6.)						1,947,509	
-	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(a) 2021	(4) 2022	(e) 2023	(f) Total	
Galen 9	Amounts from line 6			(c) 2021	(d) 2022		(f) Total	
5 10a	Gross income from interest, dividends,	404,051	421,474	382,598	439,417	562,669	2,210,209	
IVa	payments received on securities loans, rents,							
	royalties, and income from similar sources	3,945	5,599	3,264	5,398	19,246	37,452	
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975	0	0	0	0	0	0	
С	Add lines 10a and 10b	3,945	5,599	3,264	5,398	19,246	37,452	
11	Net income from unrelated business							
	activities not included on line 10b, whether							
	or not the business is regularly carried on	0	0	0	0	0	0	
12	Other income. Do not include gain or							
	loss from the sale of capital assets (Explain in Part VI.)	075	1 500	F (F	504	170	1 0 1 0	
13	Total support. (Add lines 9, 10c, 11,	875	-1,522	-565	-584	478	-1,318	
	and 12.)	408,871	425,551	385,297	444,231	582,393	2,246,343	
14	First 5 years. If the Form 990 is for the							
	organization, check this box and stop he	•			•			
Secti	on C. Computation of Public Suppor	rt Percentage	e					
15	Public support percentage for 2023 (line 8						86.7 %	
16	Public support percentage from 2022 Sch					16	84.96 %	
	on D. Computation of Investment In							
17	Investment income percentage for 2023 (•	())		1.67 %	
18	Investment income percentage from 2022					18	0.89 %	
19a	$33^{1}/_{3}\%$ support tests – 2023. If the organ 17 is not more than $33^{1}/_{3}\%$, check this box							
b	33 ¹ / ₃ % support tests – 2022. If the organiz	-	-	-		-		
U	line 18 is not more than 33 ¹ / ₃ %, check this I							
20		-	-	-				
	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . Schedule A (Form 990) 2023							

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

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

Section B. Type I Supporting Organizations

- 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 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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).

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 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.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 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.
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	allv i	ntegrated Type III suppo	rting organization

Schedule A (Form 990) 2023

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023			Page 7				
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)					
Sect	on D-Distributions			Current Year				
1	1 Amounts paid to supported organizations to accomplish exempt purposes 1							
2								
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations 3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required-	•	<i>VI</i>) 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 whic (provide details in Part VI). See instructions.	h the organization is res	ponsive					
9	Distributable amount for 2023 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10)				
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.							
3	Excess distributions carryover, if any, to 2023							
а	From 2018							
b	From 2019							
С	From 2020							
d	From 2021							
e	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2023 distributable amount							
i	Carryover from 2018 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а	Excess from 2019							
b	Excess from 2020							
С	Excess from 2021							
d	Excess from 2022							
e	Excess from 2023							

Schedule A (Form 990) 2023

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 III, Line 12 - Column A: Other income consisted of miscellaneous rebates and refunds and exchange rate gains and
losses. Column B: Other income consisted of miscellaneous rebates and refunds and exchange rate gains and losses. Column B: Other
income consisted of miscellaneous rebates and refunds and exchange rate gains and losses. Column D: Other income consisted of
miscellaneous rebates and refunds and exchange rate gains and losses. Column E: Other income consisted of miscellaneous rebates and
refunds.

SCHEDULE	ΞD
(Form 990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 2023 **Open to Public** Inspection

Internal Revenue Service	
Name of the organization	n

Department of the Treasury

Employer identification number

27 000/061

NDOT	0			27-0984861
Par				Accounts
	Complete if the organization answered "			
		(a) Donor ac	vised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year) .			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a	•		
_	funds are the organization's property, subject to the	-	-	
6	Did the organization inform all grantees, donors, an			
	only for charitable purposes and not for the benefit conferring impermissible private benefit?			· ·
				· · · · · DYes DNo
Par	t II Conservation Easements		B . N/ N B	
	Complete if the organization answered "			
1	Purpose(s) of conservation easements held by the o	•		
	Preservation of land for public use (for example, recrea	ation or education)		storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization hel easement on the last day of the tax year.	a a qualmed consel	vation contribution in ti	
				Held at the End of the Tax Year
а				2a
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified hi			2c
d	Number of conservation easements included on line on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, trans tax year	ferred, released, ex	tinguished, or terminat	ed by the organization during the
4 5	Number of states where property subject to conserv Does the organization have a written policy rega	arding the periodic	monitoring, inspectio	
	violations, and enforcement of the conservation eas	ements it holds?		· · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of viola	tions, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violation	ons, and enforcing conse	ervation easements during the year
8	Does each conservation easement reported on line			
٥	and section 170(h)(4)(B)(ii)?			
9	sheet, and include, if applicable, the text of the foot			-
	organization's accounting for conservation easemer	•		and that describes the
Dov	<u> </u>			v Circilar Acasta
Par	Complete if the organization answered "			er Similar Assets
1a	If the organization elected, as permitted under FAS			tement and balance sheet works
ia	of art, historical treasures, or other similar assets			
	service, provide in Part XIII the text of the footnote t			
b	If the organization elected, as permitted under FAS			
5	art, historical treasures, or other similar assets held			
	provide the following amounts relating to these item		,,	
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			···· ··· \$
2	If the organization received or held works of art,	historical treasures	or other similar asso	· · · Ψts for financial gain, provide the
2	following amounts required to be reported under FA			
~	Revenue included on Form 990, Part VIII, line 1		-	¢
a b	Assets included in Form 990, Part X			· · · ψ \$
	perwork Reduction Act Notice, see the Instructions for			<u>· · · φ</u> Schedule D (Form 990) 2023
	por more moundation more moundary account moundation and the		Jal. 190. JZZ00D	

Schedu	le D (Form 990) 2023									Page 2
Part	•									
3	Using the organization's acquisition, collection items (check all that apply).		ssion, and ot	her reco	rds, chec	k any of th	e follov	ving that make	e significar	nt use of its
а	Public exhibition			d	🗌 Loan	or exchang	je progi	ram		
b	Scholarly research			е						
с	Preservation for future generations	6								
4	Provide a description of the organiza	tion's	collections a	and expla	ain how t	hey further	the org	ganization's ex	empt purp	ose in Part
	XIII.			-		-	-	-		
5	During the year, did the organization assets to be sold to raise funds rather									es 🗌 No
Part						-				
	Complete if the organization 990, Part X, line 21.			" on For	m 990, I	Part IV, lin	e 9, or	reported an a	amount o	n Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?								not . □ Y	es 🗌 No
b	If "Yes," explain the arrangement in P								· _ •	
D	in res, explain the analysinent in t				nowing to				Amount	
с	Beginning balance						10		7 arround	
d	Additions during the year						10			
e	Distributions during the year						16			
f	Ending balance						11			
2a	Did the organization include an amou								itv2 🗆 V	es 🗌 No
	If "Yes," explain the arrangement in P								-	
Par			II. OHECK HER		-pianatio	in has been	provide		<u></u>	
i ai	Complete if the organization	ansi	wered "Yes	" on For	m 990 F	Part IV lin	e 10			
			Current year		or year	(c) Two yea		(d) Three years ba	ack (e) Fou	r years back
1a	Beginning of year balance	()		(4) 11	,	(.,		(1)	(0)	
b	Contributions									
č	Net investment earnings, gains, and									
•										
d	Grants or scholarships									
e	Other expenditures for facilities and									
Ŭ	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the		irrent vear en	d balanc	o (lino 10	L n column (s		ae.		
a	Board designated or quasi-endowme		-	%		y, column (c		us.		
b	Dermanant and aurmant	0/		/0						
c	Term endowment %									
Ŭ	The percentages on lines 2a, 2b, and	2c sh	ould equal 1	00%						
3a	Are there endowment funds not in th				zation th	at are held	and ad	ministered for	the	
ou	organization by:	0 000		ie ergan			and ad			Yes No
	(i) Unrelated organizations?								. 3a(i)	
	(ii) Related organizations?									
b	If "Yes" on line 3a(ii), are the related of									
4	Describe in Part XIII the intended uses						• •		. 00	
Part					willent it					
- are	Complete if the organization			" on For	m 990. F	Part IV, lin	e 11a.	See Form 99	0. Part X.	line 10.
	Description of property		(a) Cost or ot			or other basis		Accumulated		ok value
			(investm			other)		epreciation	(,	
1a	Land			0		0				0
b				0		0		0		0
c	Leasehold improvements			0		0		0		0
d	Equipment			0		14,815		7,161		7,654
e	Other			0		0		0		0
	Add lines 1a through 1e. (Column (d) r		qual Form 9		K, line 10		B)).			7,654
		-	•							

Schedule D (Form 990) 2023

Part VII	Investments-Other Securities			. ugo c
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11b. See F	orm 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		lethod of valuation: nd-of-year market value
(1) Financial				
• •	eld equity interests			
(A)		-		
(B)				
(C)		-		
(D)		-		
(E)		-		
(F)		-		
(G)		-		
(H)				
Total. (Colui	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments-Program Related			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11c. See F	orm 990	, Part X, line 13.
	(a) Description of investment	(b) Book value		lethod of valuation: nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			Dout V line 15
	Complete if the organization answered "Yes" on Form 990, Part (a) Description	iv, line i iu. See r	-0111 990	
(1)	(a) Description			(b) Book value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			
	Complete if the organization answered "Yes" on Form 990, Part line 25.	IV, line 11e or 11f	. See For	m 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, line 25, col. (B))			1

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

Schedu	le D (Form 990) 2023			Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part			er 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	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1)	ne 18.)	5	
Part				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar			Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	t to provide any additional in	formation.	
	·····			

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	OMB No. 1545-0047	
Department of the Tre Internal Revenue Serv	Attach to Form 990.		Open to Public Inspection
Name of the organiza	ion	Employ	er identification number
NDOTO			27-0984861
	eral Information on Activities Outside the United States. Complete if the organised provided by Part IV, line 14b.	anizatio	n answered "Yes" on

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and	
	other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to	
	award the grants or assistance?	🗌 No

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- **3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Sub-Saharan Africa	1	1	Grantmaking	All program services	343,040
(2)				<u> </u>		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	1	1			343,040

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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)
(1)			Sub-Saharan Africa	All program services	273,144	Wire transfer	2,717	Ministry materials purch	FMV
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2	Enter total nu	mber of recipi	ent organizations lis	sted above that are re	ecognized as cha	rities by the foreign	country, recognized	as a tax	
_	exempt 501(c)	(3) organization	n by the IRS, or for v	which the grantee or c	ounsel has provid	led a section $501(c)(3)$	equivalency letter		
3	Enter total nur	nber of other o	organizations or entit	ies					0 edule E (Form 990) 20

Schedule F (Form 990) 2023

Page **2**

Part III

				(h) Method of valuation (book, FMV, appraisal, other)
-				
	Image:	Image: Second	Image: set of the	Image: set of the

Page **3** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Schedule F (Form 990) 2023

hedı	Ile F (Form 990) 2023		Page 4
art	V Foreign Forms		
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 the Instructions for Form 926)	☐ Yes	🗹 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ 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 the Instructions for Form 5471)	☐ Yes	ビ 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 the Instructions for Form 8621)	Yes	☑ 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 the Instructions for Form 8865)	☐ Yes	✓ No

Did the organization have any operations in or related to any boycotting countries during the tax year? If 6 "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990) Yes 🖌 No

Schedule F (Form 990) 2023

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.

Schedule F, Part I, Line 2 - At this time, Ndoto only provides grants to a single Kenyan registered non-governmental organization, which bears the same name, Ndoto (referred to henceforth as NdotoKE). The two organizations entered into a formal agreement at the beginning of 2016. Ndoto fundraises in the US and grants money to NdotoKE. The Board of Directors of Ndoto approves an annual grant amount, based on a recommendation from NdotoKE, and the amount is disbursed monthly as needed by NdotoKE up to but not exceeding the total approved amount. The total grant amount is recorded in Board actions as well as in the organization's bookkeeping. As the Executive Director of Ndoto is the Board Chair of NdotoKE, information about the activities, including financial records, of NdotoKE are freely shared with Ndoto. NdotoKE carefully vets the recipients of its aid, and stays in close contact with those beneficiaries throughout their time with the organization. No money is ever given to beneficiaries or their families directly. All expenses are documented carefully. When these funds are used in Kenya, there are clear and well-followed procedures to ensure transparency, honesty, and the correct usage of funds. Substantial cash is rarely on hand in Kenya, and the organization follows a proper division of roles to demonstrate that no fraud or loss has taken place. Details on the vetting and monitoring process of NdotoKE, as well as the transparency and accuracy procedures of NdotoKE's financial recordkeeping, are available upon request.

SCHEDULE O (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.



Department of the Treasury Internal Revenue Service Name of the organization

NDOTO

Employer identification number 27-0984861

Form 990, Part VI, Section B, Line 11b - This Form 990 is prepared annually by the chief financial officer, then reviewed carefully with the bookkeeper and the Executive Director. Once it has been completed, it is distributed to the Ndoto Board of Directors, who review it and approve it by vote prior to its submission to the IRS.

Form 990, Part VI, Section B, Line 12c - The voting and non-voting members of the Board of Directors, including officers and key employees of the organization, are required annually to sign a statement indicating that they are aware of no conflict of interest arising within the past 12 months and that if any conflict of interest arises in the next 12 months, they will immediately disclose any such activity and seek to end the conflict. The statement also includes a form asking them to disclose specifically any business transactions with Ndoto, indebtedness to Ndoto, personal benefits received from Ndoto, legal proceedings involving Ndoto, and family or business relationships with other officers or directors. The Chair of the Board shall determine whether an unacceptable conflict of interest exists and arrange with the party to cease any inappropriate activity. If the Chair has potential conflict of interest, the Vice Chair and the Secretary shall determine if the unacceptable conflict exists and arrange for it to cease. Unsettled matters shall be reported to the Board for appropriate action. Any inappropriate activity must cease or their position must be vacated. Any violations of the conflict of interest policy must be documented prior to any transaction. A transaction may be taken when a conflict of interest exists if: (a) the officer or staff of Ndoto is excluded from the discussions and approval, (b) a competitive bid or valuation exists, and (c) the Board of Directors determines that the transaction is in the best interests of Ndoto.

Form 990, Part VI, Section B, Line 15 - The Executive Director is responsible for setting the salaries of all employees at Ndoto. The Executive Director will consider the education, experience, value added, and performance of the employee in setting salaries. In evaluating the value added by the employee, the Executive Director will consider to what extent the organization needs the services to be offered and the size of the employee's responsibility. Special qualifications of the employee may be taken into account. Employee salaries must be considered in relation to the salaries of other employees at Ndoto, as well as regularly considered in relation to the salaries of comparable positions at comparable charitable organizations. In offering raises, the Executive Director shall evaluate employees and give the employee feedback about their performance. Raises beyond a cost-of-living increase may be offered based on the following qualifications: high-quality performance, expansion of responsibility, or expansion of capacity including new education. In evaluating raises, the Executive Director will consider cost of living as well as a comparative compensation guide. The Executive Director is not obligated to offer any raise or cost-of-living adjustment to employees. The initial salaries of all employees are documented in the employment agreement, and future adjustment to salaries is documented on a standard form that provides a rationale and is signed by the Executive Director and the employee. In evaluating the compensation of the Executive Director, the Board will be led by Christian ethics to address compensation issues and establish an appropriate compensation level. General factors to be considered in establishing adequate compensation include: commitment, education, experience, responsibility, and performance. Appropriate non-profit organization compensation data is identified and utilized to help ensure alignment with similar positions in similar non-profit organizations. The desired end product of any compensation calculation and decision will be an appropriate and adequate level of total compensation, not the size of any year-to-year change. The initial salary and process for determining the salary is documented by the Board of Directors and the salary is documented in the employment agreement. Any future adjustments to salary are documented by decision-making process using the same standard form as the employees, signed by the Board Chair. This process is followed annually in December when the compensation of the Executive Director is set.

Form 990, Part VI, Section C, Line 19 - Ndoto makes all governing documents available upon request to any individual. Electronic copies are maintained and available in electronic or hardcopy format upon request. Its conflict of interest policy is also available in electronic or hardcopy format upon request. Its financial statements are hosted on Ndoto's website, GuideStar, and are available in hardcopy or electronic format upon request. Organizational documents filed with the State and Federal government are also available on the Ndoto website along with annual reports.

Form: Form 990 (2023)

Page: 1

Reasonable Cause Explanations

NDOTO

EIN: 27-0984861

Header Section

Explanation

Organization was waiting for approval from Board of Directors on the Form 990.

Form: Form 990 (2023)

Page: 2

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Development. Ndoto's third objective is development. If people in the community are able to access stable jobs that pay a living wage, then many of the challenges facing the community will disappear. Therefore Ndoto Kenya works to create sustained economic development in two ways: starting businesses directly and providing training and support for existing business leaders in the community. In 2023, Ndoto's main direct economic development came through its own programs, which are now providing more than two dozen direct jobs. Ndoto also continued to provide loans for small businesses. Research was done into other business ideas that could be owned and operated by Ndoto.	6,742	0	0
	Student Emergencies. Ndoto tracks expenses for student emergencies as a separate program area from normal student sponsorship, as it is funded separately. Ndoto is prepared to provide above-and-beyond support of any kind to sponsored students who face emergencies in their lives. In 2023, Ndoto supported the family of one of Ndoto Kenya's staff members who passed away suddenly.	3,766	559	0
Total:		10,508	559	0

EIN: 27-0984861

Part III, Line 4d

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

NDOTO

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(e Section s contr ent	g) 512(b)(13) rolled tity?
						Yes	No
(1) Ndoto Kenya PO Box 3214, Kisumu, Nyanza 40100, Kenya	Capacity Building	Kenya	501(c)(3)		N/A		~
(2)	-						
(3)							
(4)							
(5)							
(6)							
(7)	-						



27-0984861

Schedule R (Form 990) 2023

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (k) (a) (b) (d) (f) (g) (h) (i) (i) (c) (e) Predominant Direct controlling Name, address, and EIN of Primary activity Legal Share of total Share of end-of-Disproportionate Code V-UBI General or Percentage income (related, related organization domicile entity income year assets allocations? amount in box 20 managing ownership unrelated, of Schedule K-1 (state or partner? excluded from foreign (Form 1065) tax under country) Yes No Yes No sections 512-514) (1) (2) (3) (4) (5) (6) (7)

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(Section 5 contr ent	(i) on 512(b)(13) ontrolled entity?	
								Yes	No	
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

Schedule R (Form 990) 2023

(5)

(6)

Part	V Transactions With Related Organizations. Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, line 3	4, 35b, or 36.		
Not	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	izations listed in Parts	s II–IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1 a		~
b	Gift, grant, or capital contribution to related organization(s)				~	
С	Gift, grant, or capital contribution from related organization(s)					~
d	Loans or loan guarantees to or for related organization(s)					~
е	Loans or loan guarantees by related organization(s)			1 e		~
f	Dividends from related organization(s)			1 f		~
g	Sale of assets to related organization(s)			1 g		~
h	Purchase of assets from related organization(s)			1 h		~
i	Exchange of assets with related organization(s)			1 i		~
j	Lease of facilities, equipment, or other assets to related organization(s)			1 j		~
k	Lease of facilities, equipment, or other assets from related organization(s)			1 k		~
I	Performance of services or membership or fundraising solicitations for related organization(s			11		~
m	Performance of services or membership or fundraising solicitations by related organization(s)					~
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .					~
ο	Sharing of paid employees with related organization(s)			10		~
q	Reimbursement paid to related organization(s) for expenses			1 p		~
q	Reimbursement paid by related organization(s) for expenses					~
r	Other transfer of cash or property to related organization(s)			1 r		~
S	Other transfer of cash or property from related organization(s)					~
2	If the answer to any of the above is "Yes," see the instructions for information on who must o				reshold	ds.
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amou	unt invol	ved
N	doto Kenya	b	275,861	Cash and FMV		
(1)						
(2)						
(3)						
(4)						

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded	orgonia	oartners tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(Gene mana part	ral or aging	(k) Percentage ownership
			sections 512–514)	Yes	No			Yes	No		Yes	No	
	-												
	-												
	-												
	-												
	-												
	-												
	-												
	-												
	-												
	-												
	-												
	-												
	-												
	-												
	-												
	-												

Schedule R (F	Form 990) 2023 Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
Schedule I	R, Part II - Ndoto's US Executive Director is the board chairman for Ndoto Kenya, a separately controlled nonprofit organization
	Kenya. Ndoto provides financial support to Ndoto Kenya each year.
	<i>f</i>