Form	990

** Public Disclosure Copy ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

21

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

Open to Public

Application pending F Name and address of principal office:	Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspection		
Address change Doing business as 45-2717843 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return/terminated T73 Woodway Drive 104 (713)553-4425 Application pendig F Name and address of principal office: 0 Gross receipts \$ 56,700 0 Gross receipts \$ 56,700 Application pendig F Name and address of principal office: Number and address of principal office: H(a) is this a group muture for subordinates included? es [] I Tax-exempt status: X016(X) S01(a) () (insert no.) 1047(a)(1) or 527 H(b) Are all subordinates included? es [] II "No," attach a list. See instructions. J Website: houst conad schol arships.com H(a) is this a group muture for subordinates included? es [] II "No," attach a list. See instructions. Verontic: Xummary I Briefly describe the organization's mission or most significant activities: Schol arships.to. undergraduate.and graduate.students.in advertising.communications, and related fields. 3 1 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 1 3 Number of individuals employed in calendar year 2022 (Part V,	Α	For the	e 2022 calen	dar year, or tax year beginning ${ m Jul}$ 1 , 2022, and endir	ng Ju	n 30	, 20 23		
Name change Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number (713) 553-4425 Image: Street in the street (or P.0. box if mail is not delivered to street address) 104 (713) 553-4425 Image: Street in the street (or P.0. box if mail is not delivered to street address) 104 (713) 553-4425 Image: Street in the street (or P.0. box if mail is not delivered to street address) 104 (713) 553-4425 Image: Street in the street (or P.0. box if mail is not delivered to street address) Image: Street in the street (or P.0. box if mail is not delivered to street address) Image: Street in the street (or P.0. box if mail is not delivered to street address) Image: Street in the	в	Check if	f applicable:	C Name of organization ADVERTISING EDUCATION FOUNDATION (OF HOUSTON	D Empl	oyer identification number		
Initial return 5773 Woodway Drive 104 (713)553-4425 Initial return/ Initial return/terminated City or town, state or province, country, and ZIP or foreign postal code Application pending 9 Gross receipts \$ 56, 700 Amended return FName and address of principal office: JAY HAGINS, 5773 Woodway Drive, HOUSTON, TX 77057 H(a) is this a group return for subordinates? I ves [M] H(b) Are all subordinates include? J Website: houston adscholarships.com H(a) is this a group return for subordinates? I ves [M] H(b) Are all subordinates include? J Website: houston adscholarships.com H(a) is this a group return for subordinates? I ves [M] H(b) Are all subordinates include? J Website: houston adscholarships.com H(a) for a samption number Z Form of organization: Rormary 2011 M State of legal domicile: TX Partil Summary Summary 3 1 I Briefly describe the organization's mission or most significant activities: Scholarships.to.undergraduate.and graduate students in advertising, communications, and related fields. 3 I Number of independent voting members of the governing body (Part VI, line 1a)		Address	s change	Doing business as		45-2	717843		
Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 56, 700 Application pending FName and address of principal officer: H(a) is this agoup return for subodinates? Yes SI 1 Tax-exempt status: S 051(c)() (insert no.) 4497(a)(1) or 527 1 Tax-exempt status: S 051(c)() (insert no.) 4947(a)(1) or 527 1 Tax-exempt status: S 051(c)() (insert no.) 4947(a)(1) or 527 1 Tax-exempt status: S 051(c)() (insert no.) 4947(a)(1) or 527 1 Briefly describe to conganization's mission or most significant activities: Scholarships to undergraduate_and 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 2 Check this box iff the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 1 4 Number of volunteers (estimate if necessary) 5 6 6 Total number of volunteers (estimate if necessary) 5 6		Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telep	hone number		
Amended retum Houston, TX 77057 G Gross receipts \$ 56,706 Application pending F Name and address of principal officer: JAY HAGINS, 5773 Woodway Drive, HOUSTON, TX 77057 H(b) Are all suborinates included? Ves [X] I Tax-exempt status: X 501(b(X) 501(b(X) 501(b(X) 1 if *No," attach a list. See instructions. J Website: houstonadscholarships.com H(c) Group exemption number Zert I Summary 1 Briefly describe the organization's mission or most significant activities: Scholarships to undergraduate and graduate students in advertising, communications, and related fields. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2022 (Part VI, line 1a). 3 4 Number of individuals employed in calendar year 2022 (Part VI, line 2a) 5 6 Total number of individuals employed in calendar year 2022 (Part VI, line 2a) 5 9 Program service revenue (Part VIII, column (C), line 12 7a 10 Investment income (Part VIII, column (C), line 12 7b 11 Start of individuals employeed in calendar year 2022 (Part VI line 2a) 56, 487. 45, 918 9 Program serv		Initial re	eturn	5773 Woodway Drive	104	(713)553-4425		
Application pending F Name and address of principal officer:		Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code					
JAY HAGINS, 5773 Woodway Drive, HOUSTON, TX 77057 H(b) Are all subordinates included? [Yes] I Tax-exempt status: X Str(c)(3)Str(c)(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Amende	ed return	Houston, TX 77057		G Gross	s receipts \$ 56,706.		
I Tax-exempt status: Image: Solicy (G)		Applicat	tion pending	F Name and address of principal officer:	H(a) Is this a gro	oup return f	or subordinates? 🗌 Yes 🛛 No		
J Website: houstonadscholarships.com H(c) Group exemption number K Form of organization: Summary 2011 M State of legal domicile: TX Part I Summary 2011 M State of legal domicile: TX Part I Summary 2011 M State of legal domicile: TX Part I Summary 2011 M State of legal domicile: TX Part I Summary 2011 M State of legal domicile: TX Part I Summary 2011 M State of legal domicile: TX Part I Summary Image: State of legal domicile: TX Image: State of legal domicile: TX Image: State of legal domicile: TX Image: State of legal domicile: TX Image: State of legal domicile: TX Image: State of legal domicile: TX Image: State of legal domicile: TX Image: State of legal domicile: TX Image: State of legal domicile: TX Image: State of legal domicile: TX Image: State of legal domicile: TX Image: State of legal domicile: TX Image: State of legal domicile: TX Image: State of legal domicile: TX Image: State of legal domicile: TX Image: State of legal domicile: TX Image: State state of legal domicile: TX) 5 7 H(b) Are all su	ubordinat	es included? 🗌 Yes 🗌 No		
K Form of organization: @Corporation Tust Association Other L Year of formation: 2011 M State of legal domicile: TX Part I Summary I Briefly describe the organization's mission or most significant activities: Scholarships to undergraduate and I Briefly describe the organization is mission or most significant activities: Scholarships to undergraduate and I Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 I Number of voting members of the governing body (Part VI, line 1a) . 4 1 I Total number of individuals employed in calendar year 2022 (Part V, line 2a) . 5 I Total number of volunteers (estimate if necessary) . . 7a Cola number of volunteers (estimate if necessary) . 7a Cola number of volunteers (estimate if necessary) . . 7b Correct Year I Other unrelated business revenue from Form 900-T, Part I, line 11 . . 7b Correct Year I Other revenue (Part VIII, column (A), lines 3, 4, and 7d) <	<u> </u>	Tax-exe	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," a	ittach a li	st. See instructions.		
Part I Summary 1 Briefly describe the organization's mission or most significant activities: Scholarships to undergraduate and graduate students in advertising, communications, and related fields. 2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)		-	110 4.0 0	L					
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graduate students in advertising, communications, and related fields. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 3 4 Number of independent voting members of the governing body (Part VI, line 1a). 4 5 1 6 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a Total unrelated business taxable income from Form 990-T, Part I, line 11 7b 9 Program service revenue (Part VIII, line 1h) 56, 487, 45, 918 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10, 709, 10, 788 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 77, 000, 75, 000 13 Grants and similar amounts paid (Part IX, column (A), line 10,, 77, 000, 75, 000 75, 000 14 Benefits paid to or for members (Part IX, column (A), line 5, 10) 77, 000, 75, 000 14 Benefits paid to or for members (Part IX, column (A), line 4) 14, 126, 27, 118 <th>P</th> <th></th> <th></th> <th>, ,</th> <th></th> <th></th> <th></th>	P			, ,					
Perform 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 3 1 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 1 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 5 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 9 Program service revenue (Part VIII, line 2g)		1							
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8Contributions and grants (Part VIII, line 1h)56,487.56,487.45,9189Program service revenue (Part VIII, column (A), lines 2g)10.10,709.10,709.10,78810Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)10.709.10,78811Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)10.7196.56,70612Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)67,196.56,70613Grants and similar amounts paid (Part IX, column (A), lines 1–3)77,000.75,00014Benefits paid to or for members (Part IX, column (A), line 4).10.7196.10.7196.15Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)10.7196.10.727,000.16aProfessional fundraising fees (Part IX, column (D), line 25)0.11.4, 126.27,11817Other expenses (Part IX, column (A), line 11e).14, 126.27,11818Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)91, 126.102, 11819Revenue less expenses. Subtract line 18 from line 1223, 930<45, 412		b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11			0.		
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14 Benefits paid to or for members (Part IX, column (A), line 4)				• • • • • • • • • • • •			56,706.		
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17 Other expenses (Part IX, Column (A), lines Ta-Tid, TH-24e) 14,128. 27,116 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 91,126. 102,118 19 Revenue less expenses. Subtract line 18 from line 12 -23,930. -45,412	ses	-							
17 Other expenses (Part IX, Column (A), lines Ta-Tid, TH-24e) 14,128. 27,116 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 91,126. 102,118 19 Revenue less expenses. Subtract line 18 from line 12 -23,930. -45,412	en								
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19 Revenue less expenses. Subtract line 18 from line 12	_								
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Degining of our encircal Ellu of real	r sc				,				
20 Total assets (Part X, line 16)	ets o ance	20	Total asset	s (Part X, line 16)			469,601.		
21 Total liabilities (Part X, line 26)	Asse	21			430,	JGT.	5,000.		
	Net	22			438	321	464,601.		
Part II Signature Block	P	art II				J L L .	101,001.		

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.

						09	/18/2023		
Sign	Signature of officer					Date			
Here	JAY HAGII	NS, VICE CHAIRM	IAN						
	Type or print name and	d title							
Paid	Print/Type preparer	's name	Preparer's signature		Date		Check 🗙 if	PTIN	
Preparer	Jonathan Tu	ıcker	Jonathan Tucker		023 self-employed		P00311453		
Use Only		Jonathan B Tuck	er CPA			Firm's	EIN		
	Firm's address 2	23537 Kingsland	Blvd, Suite 130,	Katy, T	X 77494	Phone	eno. (713)2	256-8341	
May the IRS discuss this return with the preparer shown above? See instructions									

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Form 99	0 (2022) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Scholarships to undergraduate and
	graduate students in advertising, communications, and related fields.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	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 \$ 83,950. including grants of \$ 80,600.) (Revenue \$ 0.)
	AEFH awards scholarships to college sophomores, juniors and seniors pursuing
	undergraduate or post graduate degrees in advertising, communications, interactive marketing, journalism, radio/TV, commercial art, public relations or related fields.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
чы	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 83,950.

)0 (2022)		F	Page
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	×	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions 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>	2	×	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		×
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		×
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
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		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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>	11e 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 b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		×
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

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Part	IV Checklist of Required Schedules (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
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> .			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		×
214	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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>			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		×
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	07		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27		×
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	"Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
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? <i>If "Yes," complete Schedule R, Part I</i> .	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	33		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	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				
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		res	INO
b	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	-		

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? С

1c

Form 99	0 (2022)		F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	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		×
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
	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		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	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			
C	Enter the amount of reserves on hand	4.6		
14a	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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

Form 99	30 (2022)		I	Page 6
Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	nstruc	tions.
Secti	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 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.			
b 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?	4 5 6		× × ×
b	one or more members of the governing body?	7a 7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b 9	××	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	-	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a b	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.	11a	×	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> .	12b	×	
13	Did the organization have a written whistleblower policy?	12c 13	××	
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14		~
a b	The organization's CEO, Executive Director, or top management official .	15a 15b		××
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Г (sec	tion {	501(c)

- X Own website ☐ Another's website X Upon request ☐ Other (*explain on Schedule O*)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Jonathan B Tucker CPA, 23537 Kingsland Blvd STE 130, Katy, TX 77494 (713)256-8341

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

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)				sition			(D)	(E)	(F)
Name and title	Average					e than o is both		Reportable	Reportable	Estimated amount
	hours per week			dad		or/trust	tee)	compensation from the	compensation from related	of other compensation
	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)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Bill Fogarty	2.00									
Chairman		×		×				0.	0.	0.
(2) Judy Lakin Vice Chairperson	2.00	×		×				0.	0.	0.
(3) Brenda Love Vice Chairperson	2.00	×		×				0.	0.	0.
(4) Jay Hagins Vice Chairperson	2.00	×		×				0.	0.	0.
(5) Kaye Simeon	2.00									
Secretary		×		×				6,500.	0.	0.
(6) Lori Clark	1.00									
Director		×						0.	0.	0.
(7) Tammy Guest Director	1.00	×						0.	0.	0.
(8) Alex Carrano Haines Director	1.00	×						0.	0.	0.
(9) Stacy Hooper Director	1.00	×						0.	0.	0.
(10) Larry Kelly Director	1.00	×						0.	0.	0.
(11)Ashley Lange Director	1.00	×						0.	0.	0.
(12)Alex LÃ ³ pez Negrete Director	1.00	×						0.	0.	0.
(13) Anne Mrok-Smith Director	1.00	×						0.	0.	0.
(14) Steve Speier Director	1.00	×						0.	0.	0.

Part VII Section A. Officers, Directors,	rustees,	Key	Emp	oloy	/ee	s, an	d H	lighest Compe	ensated Emplo	yees (continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office office or directo	unles	s pe	ition more rson irecte	e than o is both pr/trust employee	n an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) Jim Walker Director	1.00	×						0.	0.	0
(16) Tami Weitkunat Director (17)	1.00	×						0.	0.	0
(18)										
(19)										
20) (21)										
22)										
(23)										
24)										
(25)										
1b Subtotal			·	•		•	•	6,500.	0.	0

 d
 Total (add lines 1b and 1c)
 0.

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

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		×
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4		×
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		×

. .

Section B. Independent Contractors

c Total from continuation sheets to Part VII, Section A

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

0.

(A) Total revenue

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

sections 512-514 Federated campaigns . . . Contributions, Gifts, Grants, 1a 1a and Other Similar Amounts b Membership dues . . . 1b Fundraising events 1c С d Related organizations . . . 1d Government grants (contributions) 1e е All other contributions, gifts, grants, f and similar amounts not included above 1f 45,918 Noncash contributions included in g lines 1a-1f 1g |\$ Total. Add lines 1a-1f. 45,918. h **Business Code Program Service** 2a b Revenue С d е f All other program service revenue . Total. Add lines 2a–2f g . . . 3 Investment income (including dividends, interest, and other similar amounts) 0. 10,788. 10,788. 0. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents 6a . Less: rental expenses 6b b Rental income or (loss) 6c С Net rental income or (loss) d 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a Less: cost or other basis b **Other Revenue** and sales expenses 7b 7c С Gain or (loss) . . **d** Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . 8a **b** Less: direct expenses 8b Net income or (loss) from fundraising events С Gross income from gaming 9a activities. See Part IV, line 19 9a Less: direct expenses **9**b b С Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold . . . 10b b Net income or (loss) from sales of inventory . С **Business Code** Miscellaneous 11a Revenue b С d All other revenue Total. Add lines 11a-11d . е Total revenue. See instructions 56,706. 10,788. 12 0. 0.

Form **990** (2022)

(D) Revenue excluded

from tax under

.

(B)

Related or exempt

function revenue

(C) Unrelated

business revenue

Form 990 (202	22)
Part VIII	

Statement of Revenue

Form 990 (2022)

	IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must comp	Nete all columns. All	other organizations	must complete colu	mn (A)
Secuc	Check if Schedule O contains a response				
Do no	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			<u>3</u>	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	75,000.	75,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		13,000.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section $4958(c)(3)(B)$.				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a b					
c		5,989.	0.	5,989.	0.
d		5,505.	0.	5,505.	0.
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .	6,500.	0.	6,500.	0.
12	Advertising and promotion	300.	0.	300.	0.
13	Office expenses	3,725.	0.	3,725.	0.
14	Information technology	536.	0.	536.	0.
15	Royalties				
16	Occupancy				
17 18	Travel				
19	Conferences, conventions, and meetings .				
20					
20	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		1,118.	0.	1,118.	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.)				
а	Grants to other orgs	5,600.	5,600.	0.	0.
b	Support of other orgs	3,350.	3,350.	0.	0.
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	102,118.	83,950.	18,168.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	5 (,,,				E 000 (0000)

Part X	Balance Sheet			
FartA		at V		
	Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		
1	Cash—non-interest-bearing	19,184.	1	22,983.
2	Savings and temporary cash investments		2	
	Pledges and grants receivable, net		3	
	Accounts receivable, net		4	
	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
	Loans and other receivables from other disqualified persons (as defined under section $4058(p)(2)(P)$			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7 ets	Notes and loans receivable, net		7	
	Inventories for sale or use		8	
	Prepaid expenses and deferred charges		9	
	basis. Complete Part VI of Schedule D 10a			
	Less: accumulated depreciation 10b		10c	
	Investments—publicly traded securities		11	
	Investments—other securities. See Part IV, line 11		12	
	Investments – program-related. See Part IV, line 11	419,137.	13	446,618.
	Intangible assets		14	
	Other assets. See Part IV, line 11		15	
	Total assets. Add lines 1 through 15 (must equal line 33)	438,321.	16	469,601.
	Accounts payable and accrued expenses		17	
18	Grants payable		18	5,000.
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
<u>ຮ</u> 22	Loans and other payables to any current or former officer, director,			
iliti	trustee, key employee, creator or founder, substantial contributor, or 35%			
n	controlled entity or family member of any of these persons		22	
- 20	Secured mortgages and notes payable to unrelated third parties		23	
	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	parties, and other liabilities not included on lines 17–24). Complete Part X			
	of Schedule D		25	
	Total liabilities. Add lines 17 through 25		26	5,000.
	Organizations that follow FASB ASC 958, check here X		20	5,000.
Ce	and complete lines 27, 28, 32, and 33.			
27 Ia	Net assets without donor restrictions	86,465.	27	140,145.
<u>m</u> 28	Net assets with donor restrictions	351,856.	28	324,456.
pur	Organizations that do not follow FASB ASC 958, check here	,		,
ц Г	and complete lines 29 through 33.			
	Capital stock or trust principal, or current funds		29	
ti 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ซั <mark>8</mark> 31	Retained earnings, endowment, accumulated income, or other funds .		31	
32 <u>e</u>	Total net assets or fund balances	438,321.	32	464,601.
Z 33	Total liabilities and net assets/fund balances	438,321.	33	469,601.

REV 05/17/23 PRO

Form **990** (2022)

Form 9	00 (2022)				Page	12
Par						_
	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		56	,706	, .
2	Total expenses (must equal Part IX, column (A), line 25)	2		102	,118	;.
3	Revenue less expenses. Subtract line 2 from line 1	3			,412	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		438	,321	· •
5	Net unrealized gains (losses) on investments	5		71	,692	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		464	,601	
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
				Y	es N	0
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e	volain				
	Schedule O.	xpiairi				
0-						,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co			a	×	-
	reviewed on a separate basis, consolidated basis, or both:	npilea	Or			
	•					
h	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		. 2	h		<
b	If "Yes," check a box below to indicate whether the financial statements for the year were aud		-			-
	separate basis, consolidated basis, or both:	neu u				
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiah	tof			
Ŭ	the audit, review, or compilation of its financial statements and selection of an independent account					
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
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?			a	>	ĸ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un				`	
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such			b		
				1		_

REV 05/17/23 PRO

Form **990** (2022)

**	Public	Disclosure	Copy	**
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SCHEDULE A (Form 990)

(E) Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public

OMB No. 1545-0047

Name	of the organization					Employer identification	number
1	ERTISING EDUCATION FOUNI					45-2717843	
Pa	t I Reason for Public Chai		· ·			,	ons.
1 2 3 4	 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 						
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6 7							
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organi or university or a non-land-gra university:	nt college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization a	income and uni	elated business taxal	ole incom	ie (less se	ection 511 tax) from	fees, and gross 33 ¹ / ₃ % of its businesses
11 12							
а	Type I. A supporting organ the supported organization supporting organization. Ye	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting organ control or management of to organization(s). You must	the supporting o	rganization vested in	the same			
С	Type III functionally integ its supported organization(ally integrated with,
d	Type III non-functionally i that is not functionally integrequirement (see instruction	grated. The organ	nization generally mus	st satisfy	a distribu	ution requirement an	• • • • • • • • • • • • • • • • • • • •
е	Check this box if the organ functionally integrated, or T						e II, Type III
f	Enter the number of supported of						
g			3 ()	1			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o listed in you docur		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							

Schedule A (Form 990) 2022 Page 2 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) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants.") . . 67,470. 57,840. 36,325. 56,487. 45,918. 264,040. 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 45,918. 67,470. 57,840. 36,325. 56,487 . . . 264,040. 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) 91,487. 6 **Public support.** Subtract line 5 from line 4 172,553. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 67,470. 57,840. 36,325. 264,040. Amounts from line 4 56,487. 45,918. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 18,770. 16,258. 11,667. 10,709. 10,789. 68,193. 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 11 332,233. Gross receipts from related activities, etc. (see instructions) 12 12 13 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 51.94% 15 15 55.85% 331/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a X 331/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check b 17a 10%-facts-and-circumstances test-2022. 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 b 10%-facts-and-circumstances test-2021. 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

Schedule A (Form 990) 2022

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

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

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support				•		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	•			•		
	organization, check this box and stop he						[
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line &					15	%
16	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment Inc		÷		(6)		
17	Investment income percentage for 2022 (I			-		17	%
18	Investment income percentage from 2021					18	%
19a	331 /3% support tests -2022. If the organi						
	17 is not more than $33^{1/3}$ %, check this box		-	-		-	
b	33 ¹ / ₃ % support tests — 2021. If the organiz						
	line 18 is not more than 33 ¹ / ₃ %, check this h		-	-			
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box a	and see ir	structions .

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

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.)

2a

2b

3a

3b

Yes No

Page 5

1

2

1

1

.

Yes No

Part	V Supporting Organizations (continued)			
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b c	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11b		
-	provide detail in Part VI .	11c		
Secti	ion B. Type I Supporting Organizations			
		_	Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in 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.

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

Schedule A (Form 990) 2022

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 organization's and the tax year?			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

Schedule A (Form 990) 2022

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

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

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continue)	d)	
Sect	ion D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	· ·	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	_	
	· · · · · · · · · · · · · · · · · · ·			8	
9	Distributable amount for 2022 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) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required – <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
<u> </u>	From 2019			_	
d					
e f	From 2021			_	
	Applied to underdistributions of prior years				
 h	Applied to 2022 distributions of phot years				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
-	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Chedule A (Form 990) 2022 Page 8								
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.)							

			** Public	Disclosure	Copy **					
SCHEDULE D (Form 990)			Supplementa						OMB No. 154	5-0047
(Forn	1 990)	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.						202	:2	
	ent of the Treasury		A	ttach to Form 990.					Open to P	
	Revenue Service f the organization		www.irs.gov/Form99	0 for instructions a	nd the latest information		over id	entificatio	Inspectior)
	-		NDATION OF HOU	JSTON		45-2				
Par			aining Donor Advi			ls or	Acco	ounts.		
	Comple	ete if the organi	zation answered "		0, Part IV, line 6. dvised funds		(b) [undo ond d	athor appount	
1	Total number a	at end of year .					(D) F		other account	5
2	Aggregate valu	ue of contribution	is to (during year) .							
3		-	(during year)							
4 5		•	donors and donor a	dvisors in writing	that the assets he	ld in (donor	^r advised	d	
	funds are the o	organization's pro	operty, subject to the	organization's exc	clusive legal control	?			Yes	🗌 No
6			grantees, donors, ar nd not for the benefit							
		permissible private				-			Yes	□ No
Par	II Conse	rvation Easem	ents.							
			zation answered "							
1			ements held by the o use (for example, recrea			f a his	torica	ally impo	rtant land :	area
		of natural habitat			Preservation of					
0		on of open space	ithe evenesimetics hel							
2		the last day of the	the organization hel tax year.	a quaimed conse	ervation contribution		e iom		e End of the	
а	Total number	of conservation e	asements				2a			
b	-	-	servation easements				2b			
c d	Number of con		ents on a certified hi ents included in (c) a ational Register	acquired after July		on a	2c 2d			
3	Number of con tax year	nservation easem	nents modified, trans	ferred, released, e	xtinguished, or term	ninate		the orga	nization du	iring the
4 5	Does the org	anization have a	ty subject to conserv a written policy rega the conservation eas	arding the period	ic monitoring, insp				f □ Yes	□ No
6	Staff and volunt	teer hours devoted	I to monitoring, inspec	ting, handling of vio	ations, and enforcing	cons	ervatio	on easem		
7	Amount of exp	enses incurred in	monitoring, inspecting	g, handling of violat	ions, and enforcing c	consei	rvatio	n easeme	ents during	the year
8	and section 17	70(h)(4)(B)(ii)? .	ent reported on line 2						Yes	🗌 No
9			rganization reports co							aa tha
			pplicable, the text of onservation easemer		e organization s fina	nciai	stater	nents th	at describe	es the
Part	III Organi	izations Mainta	aining Collections	of Art, Historica	al Treasures, or (Other	r Sim	ilar As	sets.	
			zation answered "							
1a	of art, historic	cal treasures, or	bermitted under FAS other similar assets text of the footnote t	held for public ex	hibition, education,	or re	esearc	ch in fur		
b	art, historical t provide the fol	treasures, or othe	permitted under FAS r similar assets held relating to these item	for public exhibitio s:	n, education, or res	earch	in fu	rtheranc		
			990, Part VIII, line 1					. \$		
2	If the organization	ation received or), Part X	historical treasure	s, or other similar a	 assets	s for	. \$ financial	gain, pro	vide the
а	Revenue inclu	ded on Form 990	, Part VIII, line 1 .					. \$		
b	Assets include	ed in ⊦orm 990, P	artX					. \$		

**	Public	Disclosure	Copy	**
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Schedu	e D (Form 990) 2022				1.7				Page 2
Part	III Organizations Maintaining	Collections of	Art, His	torical 1	Freasures,	or Ot	her Similar Ass	ets (cont	inued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot							
а									
b	Scholarly research		e						
c	 Preservation for future generations 	1	Ũ						
4	Provide a description of the organizat		and expla	ain how t	hev further t	the ora	anization's exemi	pt purpose	in Part
	XIII.				.,				
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tre	easures	s, or other similar		
	assets to be sold to raise funds rather							Yes	No
Part	IV Escrow and Custodial Arra	angements.							
	Complete if the organization	answered "Yes	" on For	m 990, I	Part IV, line	9, or	reported an amo	ount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee,								
	included on Form 990, Part X?							Yes	🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing ta	able:				
							Arr	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour						-		No No
1	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	kplanatio	n has been p	orovide	ed on Part XIII .		
Par						10			
	Complete if the organization								
		(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance								
b									
С	Net investment earnings, gains, and losses								
ام									
d	Grants or scholarships Other expenditures for facilities and								
е	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current vear er	l nd balanc	e (line 10	L column (a)) held a	ac.		
a	Board designated or quasi-endowmer	-	%	o (into 19	, oolanni (a)	/ 110101 0			
b	Permanent endowment		,,,						
c	Term endowment %								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in the			zation the	at are held a	and ad	ministered for the)	
	organization by:							Ye	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	l as requi	red on So	chedule R?			3b	
4	Describe in Part XIII the intended uses		on's endo	wment f	unds.				
Part	, , , , , , , , , , , , , , , , , , , ,								
	Complete if the organization	answered "Yes	" on For			11a. S	See Form 990, F	Part X, line	ə 10.
	Description of property	(a) Cost or of (investm			or other basis other)	• •	Accumulated	(d) Book va	alue
	<u> </u>	(investin	ienty	(0		de			
1a		·							
b	Buildings	·							
C	Leasehold improvements	·							
d	Equipment								
e Total	Other		On Dart		2 (B) line 10	<u>_</u>	 		
i utali	nuu iines ia iiiluuyii ie. (Uulilili (u) li	nusi equal FUIII 9	JU, FAIL/	<i>., сошин</i>	י <i>נט</i> , וווע וט	<i>u.j.</i>			

Schedule D (Form 990) 2022

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11b. See Form	990 Part X line 12
	(a) Description of security or category	(b) Book value		hod of valuation:
	(including name of security)	(2) 2001. Taldo		-of-year market value
(1) Financial				
	eld equity interests			
(3) Other				
(B)				
(C)		-		
(D) (E)				
(F)				
(G)				
(H)		-		
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Met	hod of valuation: -of-year market value
(1) Schwa	b Investments	446,618.	FMV	•
(2)		440,010.	1111	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)	446,618.		
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Colum	nn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
T GIV	Complete if the organization answered "Yes" on For	m 990 Part IV lin	e 11e or 11f See	Form 990 Part X
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the footn			
organization's	liability for uncertain tax positions under FASB ASC 740. Check	c nere if the text of the	e tootnote has been	provided in Part XIII .

Page	- 4

Schedu	e D (Form 990) 2022				Page 4
Part			-	Return.	
	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements			1	
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
2 a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2a 2b		-	
c	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)			-	
e	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:			<u> </u>	
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	12.)		5	
Part				er Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12	a.		
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				
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	
5 Part	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, lin</i> XIII Supplemental Information.	e18.)		5	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				

Oshashda D (Es		- -
Schedule D (Fo	Supplemental Information (continued)	Page 5

		Public Discl				
	Grants and	Other Assis	tance to Org	anizations,		OMB No. 1545-0047
				Jnited States Part IV, line 21 or 2		2022
-		Attach to www.irs.gov/Form99	Form 990.		_	Open to Public Inspection
					Emj	ployer identification number
OUNDATION OF					45	5-2717843
on Grants and		unt of the grante of	consistence the	rantaaa' aligibility	for the grants or assist	tanaa and
award the grants	or assistance?	the use of grant fu				· · · X Yes No
•		•			f the organization of	nswered "Yes" on Form 990,
y recipient that	received more th	nan \$5,000. Part	Il can be duplica	ated if additional	space is needed.	
(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	•	tions listed in the l				· · ·
ganizations listed	d in the line 1 table	9				

see the Instructions for Form 990. BAA

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sistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Ited if additional space is needed.									
nce	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
	15	75,000.							
nation. Provide	the information r	required in Part I, lin	e 2; Part III, columr	h (b); and any other addit	ional information.				

REV 05/17/23 PRO

Schedule I (Form 990) 2022

** Public Disclosure Copy **			
SCHEDULE O	** Public Disclosure Copy ** Supplemental Information to Form 990 or 990-EZ		OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.	1	2022
	Attach to Form 990 or Form 990-EZ.		Open to Public
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organization		Employer iden	tification number
0	CATION FOINDATION OF HOUGTON	45-27178	
ADVERTISING EDUCATION FOUNDATION OF HOUSTON 45-2717843			
Pt VI, Line 11b: IRS Form 990 provided to Board members for review and approval			
prior to filing.			
Pt VI, Line 12c: Board required to annually confirm compliance with policy.			
Pt VI, Line 19: No documents available to the public.			

** Public Disclosure Copy ** Additional Information For Tax Return

ADVERTISING EDUCATION FOUNDATION OF HOUSTON

Form 990 p 1: Pt I, Ln 1, Mission, Cont-1

About AEFH:

Advertising Education Foundation of Houston (AEFH) awards scholarships to college sophomores, juniors and seniors pursuing undergraduate or post graduate degrees in advertising, communications, interactive marketing, journalism, radio/TV, commercial art, public relations or related fields. Students attending colleges and universities located in Texas, Oklahoma, Louisiana and Arkansas, the four states in which AAF-District 10 is located, are eligible to apply. However, preference is given to students who indicate a desire to join the Houston communications or integrated marketing community after graduation.