Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2022 calend	dar year, or tax year beginning	Jul 1 ,20	022, and end	ling	Ju	n 30	, 20 23		
В	Check if	applicable:	C Name of organization DISASTER NETWORK	OF ASSISTANCE F	ROTARY ACTI	ON GROUP,	INC.	D Emplo	yer identification number		
	Address	change	Doing business as					47-38	360087		
	Name ch	nange	Number and street (or P.O. box if mail is not	delivered to street add	ress)	Room/suite	Э	E Teleph	one number		
	Initial ret	urn	11015 Via Lucca					(561)	212-6554		
	Final retu	ırn/terminated	City or town, state or province, country, and	ZIP or foreign postal c	ode						
	Amende	d return	Boynton Beach, FL 33437	-7503				G Gross receipts \$ 37,183			
	Applicati	on pending	F Name and address of principal officer:			H(a)	Is this a gro	up return for	r subordinates? Yes X No		
			Phil Lustig, 11015 Via Lucca,	Boynton Beach,	FL 33437-	7503 H(b)	Are all su	bordinate	es included? Yes No		
ı	Tax-exe	mpt status:	X 501(c)(3)) (insert no.)	(1) or 527	7	If "No," a	ttach a lis	st. See instructions.		
J	Website	: dna-r	ag.com			H(c)	Group ex	emption r	number		
K	Form of o	organization: 🔀	Corporation Trust Association O	ther	L Year of for	mation:	2015	M State	of legal domicile: FL		
Р	art I	Summa	ry								
	1	Briefly des	cribe the organization's mission or m	ost significant acti	vities: provide	s day by day o	communication	on on disas	sters that might affect Rotarians		
Se			ce on our planet. We prov								
Jan		then all	ow local Rotarians to share	their needs a	ssessment	ts, resp	onse	progra	ams, projects etc		
/err	2	Check this	box 🔲 if the organization discontinu	ued its operations	or disposed	of more	than 25	% of its	net assets.		
Governance	3	Number of	voting members of the governing bo	dy (Part VI, line 1a)			3	13		
	4	Number of	independent voting members of the	governing body (P	art VI, line 1	1b)		4	13		
ties	5	Total numb	oer of individuals employed in calenda	ar year 2022 (Part	V, line 2a)			5	0		
Activities &	6	Total numb	oer of volunteers (estimate if necessal	ry)				6	0		
Ac	7a	Total unrel	ated business revenue from Part VIII,	column (C), line 1:	2			7a	0.		
	b	Net unrelat	ted business taxable income from Fo	rm 990-T, Part I, li	ne 11			7b	0.		
		Prior Y							Current Year		
Revenue	8	Contribution	ons and grants (Part VIII, line 1h)				3,	830.	1,760.		
	9	Program s	ervice revenue (Part VIII, line 2g) .				470,	602.	35,423.		
	10	Investment	t income (Part VIII, column (A), lines 3	, 4, and 7d)							
Œ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 1	1e)						
	12	Total reven	nue-add lines 8 through 11 (must equa	al Part VIII, column	(A), line 12)		474,	432.	37,183.		
	13	Grants and	d similar amounts paid (Part IX, colum	n (A), lines 1-3) .			361,		83,572.		
	14	Benefits pa	aid to or for members (Part IX, columr	n (A), line 4)							
S	15	Salaries, ot	ther compensation, employee benefits (Part IX, column (A), lines 5–10)								
Expenses	16a	Profession	al fundraising fees (Part IX, column (A	N), line 11e)							
ф	b	Total fundr	raising expenses (Part IX, column (D),	line 25)	0.						
ш	17	Other expe	enses (Part IX, column (A), lines 11a-1				10,	019.	1,448.		
	18	Total expe	nses. Add lines 13-17 (must equal Pa	art IX, column (A), I	ine 25) .		371,	104.	85,020.		
	19	Revenue le	ess expenses. Subtract line 18 from li	ne 12			103,	328.	-47,837.		
o ses						Beginnin	g of Curre	nt Year	End of Year		
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)				284,	762.	236,925.		
t As	21	Total liabili	ities (Part X, line 26)								
			or fund balances. Subtract line 21 from	om line 20			284,	762.	236,925.		
Pa	art II	Signatu	re Block								
			, I declare that I have examined this return, inclu						ny knowledge and belief, it is		
tru	e, correct	t, and complet	e. Declaration of preparer (other than officer) is l	pased on all information	n of which prep	arer has any	knowled	ge.			
							_ 11.	/02/20	023		
Si	gn	Signature of	officer				Date				
He	ere	Ira	M Herschbein, Treasurer								
		Type or print	name and title								
Pa	id	Print/Type	preparer's name Preparer'	s signature		Date		Check [if PTIN		
			Calf Drana.	- A				self-empl	_		
	epare	Lives's man	- Sell-Pfepaf	eu			Firm's	n's EIN			
US	e Onl	Firm's add	dress				Phone	no.			
Ма	y the IF	RS discuss	this return with the preparer shown al	oove? See instruct	tions				. Yes X No		

Part		ients	
		te to any line in this Part III	<u> L</u>
1	Briefly describe the organization's mission:		
		disasters that might affect Rotarians	
	any place on our planet. We provide i		
	then allow local Rotarians to share their	r needs assessments, response programs, p	projects etc
2	Did the organization undertake any significant program		
	prior Form 990 or 990-EZ?		☐ Yes 区 No
3	Did the organization cease conducting, or make sig	gnificant changes in how it conducts, any program	
			☐ Yes 🗵 No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplis	shments for each of its three largest program services,	as measured by
•		s are required to report the amount of grants and allocated	
4a	(Code:) (Expenses \$ 83,572. includi	ing grants of \$0 .) (Revenue \$3	5,423.)
	Disaster Relief funds sent to St Thom	as, Virgin Islands, Haiti, St Croix,	
		St Barts, Torol, &	
		aster preparedeness, response	
	and recovery		
4b	(Code:) (Expenses \$includi	ing grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ includi	ing grants of \$) (Revenue \$)
-10	(Codo:) (Exponded \(\psi \) including	, (Hevenue 4)	/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses 83,57		

	90 (2022)		F	Page (
Part	IV 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," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization required to complete <i>Scriedule B</i> , <i>Scriedule of Communitors?</i> See instructions	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? 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? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part IX	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)? If "Yes," complete Schedule D, Part X	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, 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	14a		×
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? If "Yes," complete Schedule F, Parts III and IV.	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? If "Yes," complete Schedule G, Part I. See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 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? If "Yes," complete Schedule G, Part III	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		

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	054		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		×
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
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			
20	persons? If "Yes," complete Schedule L, Part III	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," complete Schedule L, Part IV	28a		×
	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? <i>If "Yes," complete Schedule M</i>	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	0.		
00	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</i> "Yes," <i>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,			
25.5	or IV, and Part V, line 1	34		×
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		×
	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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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	V Statements Regarding Other IRS Filings and Tax Compliance	1 30	_ ^	l
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		.,	
	roportable garring (garring) wirmings to prize willicis:	10	ı X	1

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		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country			
E0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Fo		×
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		×
C	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7e 7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 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:			
a	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			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources	-		
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_		_		
с 14а	Enter the amount of reserves on hand	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14a		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
-	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 990 (2022) Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 13 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a × Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a × If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c × 13 13 × Did the organization have a written document retention and destruction policy? 14 × 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? The organization's CEO, Executive Director, or top management official 15a × 15b × If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ☐ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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. PHIL LUSTIG, 11015 Via Lucca, Boynton Beach, FL 33437 (561)212-6554

Form 990 (2022) Page **7**

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.

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

		(C)								
(A)	(B)	<i>.</i> .			ition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours	officer and a director/trustee)						compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ROBERT A STUART	1.00									
CHAIRMAN		×		×						
(2) PHIL H LUSTIG	1.00									
VICE CHAIR		×		×						
(3) IRA HERSCHBEIN	1.00									
TREASURER		×		×						
(4) LIZ GOGGINS	1.00									
SECRETARY		×		×						
(5) JEFFREY BRENNAN	1.00									
WEB MASTER		×		×						
(6) JIMMY JOHNSON	1.00									
DIRECTOR		×								
(7) KK LOOI	1.00									
DIRECTOR		×								
(8) MAGDA BAGGETT	1.00									
DIRECTOR		×								
(9) ALAN CHEN	1.00									
DIRECTOR		×								
(10) ENIO BELLE	1.00									
DIRECTOR		×								
(11) MICHAEL TERRELONGE	1.00	×								
DIRECTOR	1 00									
(12) JACQUELINE HEYLEGER	1.00	×								
DIECTOR	1 00	^								
(13) KESHA KUNWAR	1.00	×								
DIRECTOR (14)		<u> </u>								
()		-								
	1	1	1	1	1	1	1	1	I	I

Part	VII Section A. Officers, Directors,	Γrustees,	Key I	Ξm	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (c	continued)
						C)							
	(A) Name and title	(B) Average	box,	unles	neck ss pe	rson	e than o	n an	(D) Reportable	(E) Reporta		(F) Estimated amount of other	
		hours per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	d a d Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	compensa from rela organization 1099-MI 1099-NI	ated s (W-2/ SC/	comp fro organi	other pensation om the zation and organizations
(15)			_				Δ.						
(16)			-										
(17)			-										
(18)													
(19)													
(20)			-										
(21)													
(22)			-										
(23)													
(24)			-										
(25)			-										
1b c d 2	Subtotal	t not limited			e list	ted	 above	e) w	ho received mor	e than \$10	00,000	of	
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete or the line of the line of the line of the list and </i>							-	loyee, or highes	-		3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	,000	? /	f "Ye	s,"	complete Sche				
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m any	/ un	related organiza				×
Secti	on B. Independent Contractors												·
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add	Iress							(B) Description of ser	vices	((C) Compensa	ation
2	Total number of independent contractor received more than \$100,000 of compens						ted to	th	nose listed abov	e) who			

	,
Part VIII	Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	art VIII		🗆
					•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ontributions, Gifts, Grants, nd Other Similar Amounts	1a b c d e f	Federated campaign Membership dues Fundraising events Related organization Government grants All other contribution and similar amounts no Noncash contribution lines 1a–1f	ns . (cont (cont ot incli	ributions) fts, grants, uded above cluded in	1a 1b 1c 1d 1e 1f	1,760.				
g g	h	Total. Add lines 1a-	-1f .				1,760.			
am Service evenue	2a b c d	DISASTER FUND				Business Code 900099	35,423.	35,423.	0.	0.
g &	е									
P.	f	All other program se	ervice	revenue						
	3 4	Investment income other similar amoun	(incl ts) .		dends	s, interest, and	35,423.			
	4 5	Income from investor Royalties				-				
	6a b c	Gross rents Less: rental expenses Rental income or (loss)								
	d 7a	Net rental income o Gross amount from sales of assets other than inventory	r (los: 7a	(i) Securit		(ii) Other				
enne	b	Less: cost or other basis and sales expenses .	7a 7b							
Re	С	Gain or (loss)	7c							
Miscellaneous Other Revenue Program Serving Revenue Revenue	d 8a	Net gain or (loss) Gross income from events (not including of contributions replace). See Part IV, line	m fu \$ oorte	ndraising d on line	8a					
	b	Less: direct expense			8b					
	с 9а	Net income or (loss) Gross income f activities. See Part I	rom	gaming	g eve	ents				
	b	Less: direct expense	es .		9b					
	с 10а	Net income or (loss) from gaming activities Gross sales of inventory, less		10a	es					
	b	Less: cost of goods			10b					
	С	Net income or (loss)	from	sales of in	vento					
aneous inue	11a b					Business Code				
eve	С									
Mis H	d									
_	12	Total revenue See					27 102	25 422	0	0
	12	Total revenue. See	ırıstr	uctions .			37,183.	35,423.	0.	0.

	Ctotoment of Functional Expenses				rage 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must comp	oloto all columna All	other ergenizations	must samplete sali	ımn (A)
Secur	Check if Schedule O contains a response				
<u></u>	· · · · · · · · · · · · · · · · · · ·		(B)		(D)
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	83,572.	83,572.		
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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11 a	Other employee benefits				
b c d	Legal				
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion	122.	0.	122.	0.
14 15 16 17 18	Information technology				
19	for any federal, state, or local public officials Conferences, conventions, and meetings.	1,060.	0.	1,060.	0.
20 21 22	Interest	1,000.	0.	1,000.	0.
23 24	Insurance				
a b	LICENSES AND TAXES	266.	0.	266.	0.
c d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	85,020.	83,572.	1,448.	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)	33,020.	33,3.2.	1,110.	

Part X Balance Sheet

		Check it Schedule O contains a response or note to any line in this Par	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	284,762.	1	236,925.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	284,762.	16	236,925.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
ies	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
Liabilities		_ · · · · · · · · · · · · · · · · · · ·		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
S		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	284,762.	27	236,925.
Ba	28	Net assets with donor restrictions	20177021	28	20077201
nd		Organizations that do not follow FASB ASC 958, check here			
Ξ.		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
1ss	31	Retained earnings, endowment, accumulated income, or other funds .		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	284,762.	32	236,925.
ž	33	Total liabilities and net assets/fund balances	284,762.	33	236,925.
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Part	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		37,1	83.					
2	Total expenses (must equal Part IX, column (A), line 25)	2		85,0	20.					
3	Revenue less expenses. Subtract line 2 from line 1	3		47,8	37.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		284,762.						
5	Net unrealized gains (losses) on investments	5								
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line									
		10		236,9	25.					
Part	Part XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				\Box					
				Yes	No					
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," exp Schedule O.	olain	on							
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 com	piled	or							
	reviewed on a separate basis, consolidated basis, or both:									
_	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		. 2b		×					
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed or	n a							
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis	! ! . 4								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accountar		I							
	•									
	If the organization changed either its oversight process or selection process during the tax year, expectation of the second of	piain	on							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	h in t	the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. За		×					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo									
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .	. 3b							
				200						

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