			EXTENDED TO AUGUST 15, 2024 Return of Organization Exempt From	lncome Tay	OMB No. 1545-0047
For	_ <b>g</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e)		0000
			Do not enter social security numbers on this form as it may b		Open to Public
Depa Inter	rtment nal Revo	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the latest	information.	Inspection
AI	For th	e 2022 calenc	lar year, or tax year beginning $OCT \ 1$ , $2022$ and ending	SEP 30, 2023	
	Check if pplicat	Die: C Name o	forganization	D Employer identificat	ion number
	Addr chan	ge MALI	RISING FOUNDATION		
	Nam chan	ge Doing b	usiness as	20-1927457	!
	Initia returi Final returi		r and street (or P.O. box if mail is not delivered to street address) Room/suit	te E Telephone number 801-810-45	525
	termi ated	2	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	253,937.
	Amer returi	nded CAT.T	LAKE CITY, UT 84110-0277	H(a) Is this a group retu	rn
	Appli tion	F Name a	nd address of principal officer: MERRITT FREY	for subordinates?	Yes X No
	pend	SAME	AS C ABOVE	H(b) Are all subordinates inclue	ded? Yes No
1	Tax-e>	empt status:		If "No," attach a list	t. See instructions
	Nebs		S://WWW.MALIRISINGFDN.ORG/	H(c) Group exemption n	
		-		ar of formation: 2004 M S	itate of legal domicile: UT
Pa	art I	Summary			
ė	1		be the organization's mission or most significant activities: TO EMPOWE		
anc			RICA BY EXPANDING AND IMPROVING EDUCATI		
Governance	2	Check this bo	3		
Š	3				13
	4				13
Activities &	5				L
ivit	6				210
Act			d business revenue from Part VIII, column (C), line 12		0.
		Net unrelated	business taxable income from Form 990-T, Part I, line 11		Current Year
		Osistiikutises		185,919.	253,895.
ne	8		and grants (Part VIII, line 1h)	0.	0.
Revenue	9	•	ice revenue (Part VIII, line 2g)	3.	42.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	185,922.	253,937.
	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	5,524.
			milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	0.	0.
	40		r compensation, employee benefits (Part IX, column (A), line 4)	83,613.	77,715.
ses	160		undraising fees (Part IX, column (A), line 11e)	24,344.	0.
en e			ing expenses (Part IX, column (D), line 25) <u>12,463.</u>	21,511.	
Expenses	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	97,536.	168,400.
	18		es Add lines 13-17 (must equal Part IX, column (A), line 25)	205,493.	251,639.
	19	=	expenses. Subtract line 18 from line 12	-19,571.	2,298.
78	_	I IEVELIUE IESS		Beginning of Current Year	End of Year
Assets or Balances	20	Total assets /		161,142.	166,290.
Asse	20	-		18,714.	21,564.
Vet /	22		s (Part X, line 26) fund balances. Subtract line 21 from line 20	142,428.	144,726.
Pa	art II				
		-	I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my kn	owledge and helief it is
			. Declaration of preparer (other than officer) is based on all information of which prepar		

Sign	Signature of officer		Date								
Here	MERRITT FREY, EXECUTIVE D	IRECTOR									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN						
Paid	BRANDY L. MIKULA, CPA	BRANDY L. MIKULA,	CP 04/25		P00645694						
Preparer	Firm's name MANER COSTERISAN	PC		Firm's EIN 38-	2157642						
Use Only	Firm's address 2425 E. GRAND RIV	ER, SUITE 1									
LANSING, MI 48912-3291 Phone no.517-323-7500											
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No										
232001 12-13	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

<sup>12-13-22</sup> LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2022) MALI RISING FOUNDATION	20-1927457 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: OUR MISSION IS TO EMPOWER THE CHILDREN OF MALI, WEST AF	
	EXPANDING AND IMPROVING EDUCATIONAL OPPORTUNITIES FOR T	HEM WITHIN
	THEIR OWN VILLAGES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total expenses, and
	revenue, if any, for each program service reported.	
4a		(venue \$)
		ILLAGES OF
	KAINSIGA AND SOUNDOUBOUGOU KORO; PROVIDED SCHOOLS FOR A 4,000 STUDENTS AT ALL PARTNER SCHOOLS	TOTAL OF NEARLY
	4,000 SIDDENIS AT ALL PARIMER SCHOOLS	
		•
	50	
4b		evenue \$ )
	EDUCATION QUALITY - SUPPORTED NEARLY 200 GIRLS THROUGH	
	PROGRAMMING AND READING TUTORIALS, PROVIDED INTENSIVE T	
	TEACHERS, LAUNCHED AN INTENSIVE EXTRACURRICULAR FRENCH PROGRAM, DONATED 1200 TEXTBOOKS, AND MUCH MORE.	LANGUAGE
	PROGRAM, DONATED 1200 TEXTBOOKS, AND MUCH MORE.	
4c	(Code: ) (Expenses \$ 8,089. including grants of \$ 5,524. ) (Re	
	INSPIRATION PROGRAM - SUPPORTED ADVANCED EDUCATION FOR	
	GRADUATES, RAN A CAREER PLANNING COURSE AT 4 SCHOOLS, S NETWORKS AT 2 SCHOOLS.	SUPPORTED ALOMNI
	NETWORKS AT Z SCHOOLS.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses206,423.	Form <b>990</b> (2022)
00000	0 10 10 00	Form <b>330</b> (2022)
232002	<sup>2</sup> 12-13-22 <b>3</b>	

2022.05090 MALI RISING FOUNDATION 102128\_1

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⊢orm	990	(2022)

1         In the organization described in section 501(c)(g) or 4407(g)(f) (other than a private foundation?         1         X           2         Is the organization require foundation organization and the organization that receives membership dues, assessments, or similar annuals and due to rais solution and the organization and the following questions is Yes, "the organization services? If Yes, "complete Schedule D, Part V         I         X           0         Did the organization and the following questions is Yes, "then complete Schedule D, Part V         I         X           0         Did the organization and and the following questions is Yes, "then complete Schedule D, Part V         I         X           0         Did the organi				Yes	No
2         It the organization engage in direct policical campagin activities on bahaf of or in opposition to candidates for public OFL(3) organizations. Do the organization engage in lockying activities, or have a section 501(h) election in effect during that say with <i>T</i> ways, <i>complete Schedule C, Part II.</i> 3         X           3         Did the organization action 501(h) election in effect of indirect policical analysis activities. Or have a section 501(h) election in effect of the organization is activities of the organization indirect policical analysis activities. C Part II.         4         X           4         Did the organization action 501(h) election in effect of the organization indirect policical account link indive accounts? <i>T</i> ways, <i>complete Schedule C, Part II.</i> 5         X           6         Did the organization resolves of hold a conservation assement, including easements to preserve open space.         6         X           7         X         Bid the organization resolves of hold a conservation assement, including easements to preserve open space.         7         X           9         Did the organization resolves of variable of an hieldorical treasures, or other similar assets? <i>H</i> 'Yes, 'complete Schedule D, Part II.         8         X           9         Did the organization resolves of variable organization, hold assets in donorreshrictes from the second organization resolves Part II.         1         1           10         X         1         1         1         X           10         Di	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3         Ddt the organization engage in direct or indirect political campaign activities on behalt of or in opposition to candidate for public office? If "Ves," complete Schedule C, Part I         3         X           4         Section 501(k)(k) organization. But the organization engage in lobbying activities, on have a section 501(k) election in effect during the tax year? If "Ves," complete Schedule C, Part II         4         X           5         Is the organization ensitients of 001(k)(k) 501(k)(k). 501(k). 501		If "Yes," complete Schedule A	1		
public office? # 'Yes,' complete Schedule C, Part I         3         X           4         Section 501(k) agentization. Did the organization engage in lobbying activities, or have a section 501(k) election in effect         4         X           5         is the organization a section 501(k)(k), 501(k)(k) or 501(k) election 601(k) (k), 501(k)(k) or 501(k)         5         X         4         X           6         Did the organization matrian any chore advised funds or any similar funds or accounts for which do nors have the right to provide advised on investment of a mounts in advit funds or accounts for which do nors have the right to provide advised on investment of anomunts in advit funds or accounts for which do accounts for which do account for Wes', complete Schedule D, Part II         8         X           7         X         8         8         X         7         X           8         Did the organization matrian advited funds or advited account flability, serve aga existedian for amounts in advited funds or advited account flability, serve aga existedian for amounts in advited fund account flability, serve aga existedian for amounts in advited fund account flability, serve aga existedian for amounts in advited fund account flability, serve aga existedian for a mount in part X, line 21, for escore or custodial account flability, serve aga existedian for advited for advited organization, neotor through a related organization, neotor fundo account flability, serve aga existedian for a mount for investments - advited organization fund account flability, and the advited flability or advited organization for advited organization fability for uncertain tas part flability. The sec	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4         Section 501(c)(3) arganizations. Dot the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.         4         X           5         Is the organization a section 501((h), 501(c)(s), or 501(c)(s) corplete Schedule C, Part II.         5         X           0         Did the organization mathem and work of vision masment, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.         6         X           0         Did the organization mathem collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.         7         X           0         Did the organization areas on historic structures? If "Yes," complete Schedule D, Part II.         7         X           0         Did the organization areas on a mount in Part X, line 21, for acrosce or custodial account lability, serve as a functional for orin quade endowment? If "Yes," complete Schedule D, Part V         8         X           0         Did the organization server to an amount for investments - other securities in Part X, line 10, link or any of the following questions in Pres. Then complete Schedule D, Part V         10         X           0         Did the organization report an amount for investments - other securities in Part X, line 127, link user V, link	3				
duming the taxy gea? If Yes, * complete Schedule C, Part II         4         X           5         is the organization a section S(H)(5), 501(6);			3		<u> </u>
5         Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 90197 (**ex, "complete Schedule C, Part II         S         X           6         Did the organization markina may down advised funds or any similar trunds or accounts? If Yex, "complete Schedule D, Part II         6         X           7         XX         B         Did the organization nearest or historic structures? If Yex, "complete Schedule D, Part II         7         X           9         Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a bustodian for amounts not listed in Part X, or provide critic tourseling, debt management, credit part, or debt requires and subtodian for amounts not listed in Part X, or provide critic tourseling, debt management, credit part, or debt requires and subtodian for amounts not listed in Part X, ine 21, for secrew or custodial account liability, serve as a bustodian for amounts not listed in Part X, ine 21, for secrew or custodial account liability, serve as a bustodian for amounts not listed in Part X, line 21, for secrew or custodial account liability, serve as a bustodian for amounts not lined, buildings, and equipment in Part N, line 10, full, like X, it as applicable.         10         X           9         Did the organization report an amount for lined, buildings, and equipment in Part N, line 12, that is 5% or more of its total assets reported in Part X, line 10, for Y, "complete Schedule D, Part W.         11         X           9         Did the organization report an amount for investimerest- ormored mart X, line 13, t	4				
<ul> <li>a milling amounts as defined in Rev. Proc. 98-197. If "res." complete Schedule Q, Part II</li> <li>Did the organization maintain and your advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II</li> <li>Ti Did the organization maintain collections of works of art, historical freesures, or other similar assets? If "Yes," complete Schedule D, Part II</li> <li>Did the organization maintain collections of works of art, historical freesures, or other similar assets? If "Yes," complete Schedule D, Part II</li> <li>Did the organization maintain collections of works of art, historical freesures, or other similar assets? If "Yes," complete Schedule D, Part II</li> <li>Did the organization report an amount in Part X, line 21, for sercew or custodial account liability, serve as a function for amounts in Istorical freesures, or other similar assets? If "Yes," complete Schedule D, Part II</li> <li>Did the organization directly or through a related organization, hold assets in donor-restricted in Powherts or in quale indowments? If "Yes," complete Schedule D, Part V</li> <li>Did the organization amount for land, buildings, and equipment in Part X, line 10". If "Yes," complete Schedule D, Part V</li> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10". If "Yes," complete Schedule D, Part V</li> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10". If "Yes," complete Schedule D, Part V</li> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16". If "Yes," complete Schedule D, Part Y.</li> <li>Did the organization report an amount for land, buildings, and equipment for the tax, year: Intellow in Part X, line 17. If "Yes," complete Schedule D, Part Y.</li> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10". If "Yes," complete Schedule D, Part Y.<td></td><td></td><td>4</td><td></td><td><u> </u></td></li></ul>			4		<u> </u>
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? // 'Yes,' complete Schedule D, Part // <b>B</b> <b>C C</b>	5				
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part I         6         X           7         Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II         7         X           8         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a statodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt nepstuben services? If "Yes," complete Schedule D, Part IV         8         X           9         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a statodian for amounts not admovement? If "Yes," complete Schedule D, Part V         10         X           10         Did the organization identity or through a related organization, hold assets in donor-restructs and owners?         9         X           11         If the organization report an amount for land, buildings, and equipment in Part X line L9?         If Yes, "complete Schedule D, Part V         11           11         X         10         X         11         X           12         Did the organization report an amount for land, buildings, and equipment in Part X line L9?         If Yes, "complete Schedule D, Part X         11           13         assets reported in Part X, line 12? If Yes, "complete Schedule D			5		<u> </u>
7       Did the organization receive or hold a conservation easement, including assements to preserve open space. the environment, historic land areas, or historic structures? // #vss_" complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? // #vss_" complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for servow or custodial account liability, serve as a sustodian for amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 19, https://ws." complete Schedule D, Part V       10       X         11       B of the organization report an amount for investments - other securities in Part X, line 19, https://ws." complete Schedule D, Part V       11a       X         11       B of the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167, if vss." complete Schedule D, Part V       11a       X         11       Did the organization report an amount for other assets in Part X, line 21, that is 5% or more of its total assets reported in Part X, line 167, if vss." complete Schedule D, Part V       11d       X         11       Did the organization sector organization sector or other assets in Part X, line 25, if vsss." complete Schedule D, Part X <t< td=""><td>6</td><td></td><td></td><td></td><td>v</td></t<>	6				v
the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II         7         X           8         Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part II         8         X           9         Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a bustodian for amounts not listed in Part X, or provide croßic counseling, debt management, credit repair, or debt negotiation services?         9         X           10         Did the organization directly or through a related organization, hold assets in donor-restricted encowhenes         0         10         X           11         the organization sport an amount for land, buildings, and equipment in Part X, line 137. If 'Yes,' complete Schedule D, Part V         10         X           12         Did the organization report an amount for investments - other securities in Part X, line 137. If 'Yes,' complete Schedule D, Part W         11a         X           13         X         Did the organization report an amount for investments - other securities in Part X, line 137. If 'Yes,' complete Schedule D, Part W         11a         X           14         X         Did the organization report an amount for investments - other securities in Part X, line 137. If 'Yes,' complete Schedule D, Part X         11a         X           10         Did the organization on amount for orher laballes in Part X, line 137. If 'Yes,' com			6		<u> </u>
8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? #"Yes," complete Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a tustodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negatives services?       9       X         10       Did the organization for any of the following questions is "Yes," ten complete Schedule D, Part V       10       X         11       If the organization report an amount for lond, buildings, and equipment in Part Numsal?       H"Yes," complete Schedule D, Part V       11       X         12       Did the organization report an amount for investments - robust 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 X       11       X         13       Did the organization report an amount for investments - robust securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11       X         14       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       114       X         15       Did the organization schedule C, Part I       148 (SC 7407) "Yes," complete Schedule D, Part X       114       X         14       Did the organization schedule fore reliabil(es mPart X, lin	7		_		v
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, line 2	-		7		
9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a sustodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt neordation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor restricted endownents?       9       X         11       If the organization, directly or through a related organization, hold assets in donor restricted endownents?       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 127. If "Yes," complete Schedule D, Part V       10       X         11       Did the organization report an amount for investments - other securities in Part X, line 127. If "Yes," complete Schedule D, Part X       11a       X         11       Did the organization report an amount for investments - program delet D Part X, line 131, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part X       11a       X         11       Did the organization report an amount for other assets in Party, heads, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D Part X       11a       X         11       Did the organization schedure D, Part X       11d       X       11d       X         12       Did the organization schedure D, Part X       11d       X       11d       X	8				v
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negatives services?       9       X         ID to the organization, directly or through a related organization, hold assets in donor-restricted encounters       9       X         10 to the organization, directly or through a related organization, hold assets in donor-restricted encounters       9       X         11 the organization, directly or through a related organization, should assets in donor-restricted encounters       9       X         10 the organization report an anount for investments - other securities in Part X, line 19? If "Yes," complete Schedule D, Part W       10       X         11 the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part W       11te       X         11 db Ud the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11te       X         11 db Ud the organization report an amount for investments - other assets in Part X, line 16? If "Yes," complete Schedule D, Part X       11te       X         11 db Ud the organization report an amount for investments - other assets in Part X, line 17 If "Yes," complete Schedule D, Part X       11te       X         11 db Ud the organization report an amount for other liability for uncertain tax sparistichen asset asteported in Part X, line 25? If "Yes," comple	•		8		
If "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricts and winners       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V       10       X         12       Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI.       11       X         13       Did the organization report an amount for investments - other securities in Part X. Ine 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.       11       X         14       Did the organization report an amount for investments - program related In Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.       116       X         15       Did the organization report an amount for other assets in PartX, line 25? If "Yes," complete Schedule D, Part X       116       X         16       Did the organization report an amount for other liabultes in Part X, line 25? If "Yes," complete Schedule D, Part X       116       X         111       X       Did the organization organization exported here addited financial statements for the tax yea? If "Yes," complete Schedule D, Part X       111       X         120       Did the organization and there organizatin ante procempter bechedue f, Part II and III	9				
10       Did the organization, directly or through a related organization, hold assets in donorrestricted encompetes or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         11       If the organization is answer to any of the following questions is 'Yes,'' then complete Schedule D, Part V       10       X         a Did the organization report an amount for land, buildings, and equipment in Part X line 10? If 'Yes,'' complete Schedule D, Part V       11       X         b Did the organization report an amount for investments - other securities in Part X line 12. that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part V       11       X         c Did the organization report an amount for investments - other assets in Part X, line 16? If 'Yes,' complete Schedule D, Part W       11       X         c Did the organization report an amount for other assets in Part X, line 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X       11       X         c Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X       114       X         12       Did the organization separate or consolidated financial statements for the tax year include a foothorte that addresses the organization beparate or consolidated financial statements for the tax year?       114       X         13       Is the organization neuropean set/wite outside of the United States?       12a       X         14       Did t					v
or in quase endowments? If 'Yes,' complete Schedule D, Part V     10     X       11 If the organization is answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.     10     X       a Did the organization report an amount for land, buildings, and equipment in Part X lime 10? If 'Yes,' complete Schedule D, Part VI     11a     X       b Did the organization report an amount for investments - other securities in Part X. Ine 13? If 'Yes,' complete Schedule D, Part VI     11b     X       c Did the organization report an amount for investments - program relate in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII     11c     X       e Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X     11e     X       e Did the organization is parter X and XII     Part X, Inc 16? If 'Yes,' complete Schedule D, Part X     11e     X       e Did the organization report an amount for other labilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X     11e     X       12a     Did the organization included in consolitated financhi statements for the tax year? If 'Yes,' complete Schedule D, Part X     11e     X       13     Is the organization included in consolitated, independent audited financial statements for the tax year?     11t     X       14a     X     11e     X     11a     X       15     Did the organization ne	40		9		<u></u>
11       If the organization's narwer to any of the following questions is "Yes," then complete Schedule P, Parts VI, VII, VII, VX, or X, as applicable.       1         a)       Did the organization report an amount for land, buildings, and equipment in Part X lime 10? If "Yes," complete Schedule D, Part VI       11a       X         b)       Did the organization report an amount for investments - other securities in Part X lime 12! that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11b       X         c)       Did the organization report an amount for investments - other securities in Part X, line 13; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11d       X         c)       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         d)       Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization separate, independent addited financial statements for the tax year?       11t       X         12a       Did the organization separate, independent addited financial statements for the tax year?       11t       X         12b       Dart the organization separate, independent addited financial statements for the tax year?       11t       X         12a       Did the organization as parate, independent addited financial statements for the tax year?       11t       X     <	10		10		x
as applicable.       Did the organization report an amount for land, buildings, and equipment in Part X line 10? If "Yes," complete Schedule D, Part WI       11a       X         b Did the organization report an amount for investments - other securities in Part X. line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part WI       11b       X         c Did the organization report an amount for investments - other securities in Part X, line 13? If "Yes," complete Schedule D/Part WII       11c       X         d Did the organization report an amount for investments - program related in Part X, line 13? If "Yes," complete Schedule D/Part WII       11c       X         d Did the organization report an amount for other tassets in Part M. line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization is ability for uncertain tax positioffs under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11t       X         12a       X       11t       X       11d       X         12a       Did the organization included in consolidated financial statements for the tax year?       11t       X         12a       X       11d       X       12a       X         12a       X       11d       X       11d       X         12a       X       11d       X       11d       X	44		10		77
a Did the organization report an amount for land, buildings, and equipment in Part X line 10? If 'Yes,' complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Partx, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part XIII       11c       X         e Did the organization report an amount for other lassets in Partx, line 25? If 'Yes,' complete Schedule D, Part X       11e       X         f Did the organization separate or consolidated financial statements for the tax year' include a footnote that addresses the organization islability for uncertain tax position's under FIN 48 (ASC 740?) If 'Yes,' complete Schedule D, Part X       11e       X         12a       Did the organization included in consolidated. Independent audited financial statements for the tax year'       11f       X         13       Is the organization aschool described in section 170(b)(1)A(iii)? If 'Yes,' complete Schedule E       12a       X         14a       Did the organization report an and the unsequence orexpenses of more than \$10,000 from grantmaking, fundralising, busin					
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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 16/1 ff "Yes," complete Schedule D, Part IX.       11d       X         e Did the organization's port an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11e       X         111       X       X       11e       X         112       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization subarate, independent addited financial statements for the tax year?       11f       X         12a       Did the organization answered 'No' to line 12a, then completing Schedule D, Part X and XII is optional       11a       X         13       X       12a       Did the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional       11a       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garpts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargets grants or other assistance to or for foreign individuals? If "yes," complete Schedule F, Parts II and IV       16       X         15       Did the organization report more than \$15,000 of taxpenses for professional fundraising services on Part IX,	•		11c		х
Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         It do the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         If Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11e       X         14b       Was the organization an envirced "No" to line 12a, then completing Schedule D, Parts XI and XII       12b       X         13       Is the organization mainteed "No" to line 12a, then completing Schedule E       13       X         14a       Did the organization mainteed "No" to line 12a, then complete Schedule E       13       X         14b       Did the organization mainteed "No" to line 12a, then complete Schedule E       13       X         14a       X       Did the organization mainteed "No" to line 12a, then complete Schedule E       14a       X         14b       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign i	d				
e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization bitain separate, independent addited financial statements for the tax year?       11e       X         12a       Did the organization obtain separate, independent addited financial statements for the tax year?       If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional       11a       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         18       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 Schedu			11d		х
f       Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X // and X//       11f       X         12a       Did the organization and the organization analysis of the separate independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Parts XI and XII is optional       12a       X         13       Is the organization analysis of nector 170(b)(1)(A)(ii)? // "Yes," complete Schedule E       13       X         14a       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       14b       X         15       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 II and IV       16       X         17       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 G, Part I. See instructions       16       X         18       Did the organization report more than \$15,000 of grass income from gaming activities on Part XII, line 9a? If "Yes," complete Sche	е				Х
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization answered 'No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign 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 II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         18       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals?					
12a       Did the organization obtain separate, independent addited financial statements for the tax year? If "Yes," complete       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       14a       X         15       Did the organization neutrin an office, employees, or agents outside of the United States?       14a       X         16       Did the organization report on Part IX, column (A), line 3, more than \$10,000 form 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       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on			11f		Х
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If "Yes," and if the organization answered 'No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       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 II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 G, Part I.       16       X         17       Did the organization report more than \$15,000 otal of fundraising event gross income and contributions on Part VIII, lines 1 and IX		Schedule D, Parts XI and XII	12a		X
13       Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         14       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       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         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 II. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes,"       18       X         19       Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         <	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
<ul> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>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 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 II and IV</li> <li>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 II and IV</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, 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</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and IV and IV and IV and IV III and IV III and IV III III III III III III IIII IIII</li></ul>		If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audite	13		13		X
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report at 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       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X         19       X       20a       X	14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X	b				
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<ul> <li>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</li> <li>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></li> <li>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 II</i></li> <li>19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i></li> <li>19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i></li> <li>20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i></li> <li>21 X</li> </ul>	16				
column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H       19       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II       20a       X			16	<u> </u>	
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> 19       X         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21       X	17				v
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19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	18				v
complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	40		18		<u> </u>
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate one or more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X	19				v
b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X	00-				
21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X					
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		
	21		24		x
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			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		X			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23		X			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		X			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete						
	Schedule L, Part I	25b		X			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part I	26		X			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "yes," complete Schedule L, Part III	27		X			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
	"Yes," complete Schedule L, Part IV	28a		X X			
	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	00-		x			
00	"Yes," complete Schedule L, Part IV	28c 29		X			
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x			
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization requirate, errinnate, or discover and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	- 31		- 23			
52		32		x			
33	Schedule N, Part II	52					
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and						
01	Part V, line 1	34		x			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x			
	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						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization						
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI						
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	Х				
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>					
			Yes	No			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-					
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0						

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

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Form 990 (2022) MALI RISING FOUNDATION 20-1927457 Page							
Pa	rt 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 1						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
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					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х				
b	If "Yes," enter the name of the foreign countryMALI						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
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		X			
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		X			
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		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>			
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 10a	-					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	-					
b	Gross income from other sources, (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-					
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>					
h.	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.						
a	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 13b	-					
	Enter the amount of reserves on hand	44-		x			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a					
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x			
	excess parachute payment(s) during the year?	15					
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		- 11			
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.						
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<sup>6</sup> 2022.05090 MALI RISING FOUNDATION 102128\_1

Form	990	(2022)
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Form 990 (2			FOUNDATION	20-1927457	
Part VI	Governance, Manager	ment, and I	Disclosure. For eac	h "Yes" response to lines 2 through 7b below, and for a "No" ı	response
				s, or changes on Schedule O. See instructions.	

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion 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 1a1	3							
	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 0.								
b	<b>5</b> , , , , , , , <u> </u>								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		v						
•	officer, director, trustee, or key employee?	2	X						
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		x					
4	of officers, directors, trustees, or key employees to a management company or other person?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		x					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	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					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes						
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X					
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	X						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a							
b 10-	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	x						
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X						
c c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	120							
U	on Schedule O how this was done	12c	х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
<u> </u>	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed UT								
17 10			availal						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	is only)	avalla	bie					
	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, ar	d finan	cial						
	statements available to the public during the tax year.	ur							
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	KELLY BARB - 856-341-4699								
	1200 PINE GROVE ST, BRISTOL, PA 19007								
232006	5 12-13-22	Forn	1 <b>990</b>	(2022)					
	7								

2022.05090 MALI RISING FOUNDATION 102128\_1

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(B) (C)						(D)	(F)			
Name and title	Average	Position (do not check more than one				200	Reportable					
	hours per	box	box, unless persor officer and a direc		son i	on is both an		compensation	compensation	amount of		
	week		cer an I	nd a di	recto	r/trus	tee)	from	from related	other		
	(list any	rector						the	organizations	compensation		
	hours for	or di	ee			ated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		ee	upens		1099-NEC)	1099-NEC)	organization and related		
	below	lual tr	tional		nploy	st con	_	1055-1460)		organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) MERRITT FREY	40.00	-	_		-			s O				
EXECUTIVE DIRECTOR		1		х				76,165.	0.	0.		
(2) A.J. DAVIS	0.50											
DIRECTOR		Х					2	0.	0.	0.		
(3) JOHN THOMAS	0.50											
DIRECTOR		Х						0.	0.	0.		
(4) SCOTT R. DIXON	0.50			C								
DIRECTOR		Х	0					0.	0.	0.		
(5) CARL TRUJILLO	0.50											
DIRECTOR		Х						0.	0.	0.		
(6) ANDREA LEWIS	0.50											
DIRECTOR		Х						0.	0.	0.		
(7) JACKIE TRUJILLO	0.50											
DIRECTOR	)	Х						0.	0.	0.		
(8) JOSH LOFTIN	0.50											
DIRECTOR		Х						0.	0.	0.		
(9) ALLEN WILKES	0.50											
DIRECTOR		Х						0.	0.	0.		
(10) PAUL WILLIAMS	0.50											
DIRECTOR		Х						0.	0.	0.		
(11) JILL MILLER	1.00											
SECRETARY		Х		Х				0.	0.	0.		
(12) MUJTABA AHMED	1.00											
TREASURER		Х		Х				0.	0.	0.		
(13) KATIE MURPHY	1.00											
VICE CHAIR		Х		Х				0.	0.	0.		
(14) MARVIN LYON	1.50											
CHAIR		Х		Х				0.	0.	0.		
						<u> </u>						
						<u> </u>						
		•										
										Form <b>990</b> (2022)		

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232007 12-13-22

Form 990 (2022)

	990 (2022) MALI RISI	NG FOUN	IDA	TI	ON					20-19	)274	157	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	ploye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week (list any hours for	box, offic	not cl , unles cer an	ss per	ition more rson i irecto	than c s both pr/trust	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization (W-2/1099-MIS	in I S	an com	(F) stimate nount other pensa rom the	of tion
		related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		and	anizati d relati anizatio	ed
										•				
									C OC	Z				
									<u>e</u>					
1b	Subtotal					C	5		76,165.		0.			0.
c d					<u></u>				0. 76,165.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	;		Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for \$	· · · · · · · · · · · · · · · · · · ·	ee, k	•		•		-	hest compensated emp			3	163	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl		mpe	ensat	tion	and	oth	ner compensation from t	he organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue compen	Isatio	on fr	om a	any	unre	elate	ed organization or individ	dual for services		5		х
Sec 1	tion B. Independent Contractors										oensati	ion fro	om	
	the organization. Report compensation for t (A) Name and business			nain DNE			or wi		the organization's tax y (B) Description of s		C	<b>(C</b> ompe	<b>;)</b> nsatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to t	thos C		ted	above) who received m	ore than				
						-				1		Form	990 (ź	2022)

orm 9				G F	OUNDATIO	N		20-1927	457 Page 9
Part									
		Check if Schedule O c	contains a resp	onse	or note to any lin	e in this Part VIII	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 51
ŝ	1 a	Federated campaigns	1a						
n a			1b						
contributions, oints, orants and Other Similar Amounts		Fundraising events							
IL A			1d						
ې nila د		Government grants (contri							
<sup>1</sup> S		All other contributions, gifts,							
her		similar amounts not included			253,895.				
jõ	g	Noncash contributions included in I							
and	-	Total. Add lines 1a-1f				253,895.			
					Business Code				
D	2 a								
3	b								
Program Service Revenue	с								
eve	d								
56	е								
ž	f	All other program service	revenue						
		Total. Add lines 2a-2f							
	3	Investment income (includ							
						42,			42.
	4	Income from investment o				S S			
	5	Royalties	. <u></u>						
			(i) Re	al	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	Rental income or (loss)	6c		C				
	d	Net rental income or (loss)	) <u></u>	<u></u>					
	7 a	Gross amount from sales of	(i) Secur	ities	(ii) Other				
		assets other than inventory	7a		$\sim$				
	b	Less: cost or other basis			$\mathbf{\nabla}$				
ne		and sales expenses	7b	C	·				
venue	с	Gain or (loss)	7c						
Re	d	Net gain or (loss)		<u></u>					
Other	8 a	Gross income from fundraisin	ng events (not						
₹		including \$							
		contributions reported on	line 1c). See						
		Part IV, line 18		8a					
	b	Less: direct expenses		8b					
	с	Net income or (loss) from t	fundraising eve	ent <u>s</u>					
	9 a	Gross income from gamin	g activities. Se	e					
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	с	Net income or (loss) from	gaming activiti	es					
1	10 a	Gross sales of inventory, le							
		and allowances							
	b	Less: cost of goods sold		10b					
$\perp$	С	Net income or (loss) from	sales of invente	ory					
<b>0</b>					Business Code				
n a 1	11 a								
	b								
	С								
viiscellane Revenu		All other revenue							
Miscellaneous Revenue L	d			<u></u>		253,937.	0.	0.	42.

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232009 12-13-22

Form 990 (2022)
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MALI RISING FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,524.	5,524.		
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,				
	trustees, and key employees	71,492.	50,044.	10,724.	10,724.
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	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			<u> </u>	
9	Other employee benefits	C 000	2 7 7 7 7	- 1 (10	014
10	Payroll taxes	6,223.	3,797.	1,612.	814.
11	Fees for services (nonemployees):		.01		
	Management	320.		320.	
		3,278.		3,278.	
	Accounting	5,270.	6	5,270.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	23,143.	21,173.	1,970.	
12	Advertising and promotion	25,115	21,175.	1,5700	
13	Office expenses	15,809.	3,654.	11,275.	880.
14	Information technology	595.	297.	298.	
15	Royalties	<b>)</b>			
16	Occupancy	2,161.	780.	1,381.	
17	Travel	12,256.	11,292.	964.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	896.		896.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	109,862.	109,862.		. –
b	TRAINING	45.			45.
с	MISCELLANEOUS	35.		35.	
d					
е	All other expenses	051 600	0.0.6 4.0.0		10.460
25	Total functional expenses. Add lines 1 through 24e	251,639.	206,423.	32,753.	12,463.
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)				Form <b>990</b> (2022

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Form 990 (2022)

### MALI RISING FOUNDATION Part X | Balance Sheet

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

(A) Beginning of year (B) End of year 129,013. 134,119. 1 1 Cash - non-interest-bearing 32,129. 32,171. Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 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 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 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 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 161,142. 166,290. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 18,714. 21,564 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 18,714. 21,564. Total liabilities. Add lines 17 through 25 26 26 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 119,928. Net assets without donor restrictions 27 122,226. 27 Net assets with donor restrictions 22,500. 22,500. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 142,428. 144,726. Total net assets or fund balances 32 32 161,142. 166,290. 33 33 Total liabilities and net assets/fund balances

Form 990 (2022)

13040424 755817 102128

Form	1990 (2022) MALI RISING FOUNDATION	20-192	27457	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
			253	2 0	27
1	Total revenue (must equal Part VIII, column (A), line 12)	1	253		39.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>98.</u>
3	Revenue less expenses. Subtract line 2 from line 1	4			28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5	142	5,4	20.
5	Net unrealized gains (losses) on investments	6			
6	Donated services and use of facilities	7			
7	Investment expenses	8			
8 9	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	9			0.
9 10	-	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	144	17	26
Pa	rt XII Financial Statements and Reporting			= , /	20.
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e ()			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a		x
24	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:	aona			
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b		x
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	io baolo,			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
ou	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
-	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)
					()
	XO				
	PUDIIC				
	X				
	▼				

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

### **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.

OMB No. 1545-0047
2022
Open to Public Inspection

### Name of the organization

Nam	e of t	he organization							identification number
Pa	+1	Reason for Public (	RISING FO			ia a aut \ C			0-1927457
							ee instruction	S.	
	organi	ization is not a private found		<b>u</b> ,					
1		A church, convention of ch	-			n 170(b)(1	I)(A)(I).		
2		A school described in sect							
3		A hospital or a cooperative					•	(····) <b>F</b>	41 1 <sup>1</sup> 4 - 1 <sup>1</sup>
4		A medical research organiz	ation operated in cor	njunction with a nospital	described	in sectio	n 170(b)(1)(A)	(III). Enter	the hospital's name,
_		city, and state:						it descuils.	
5		An organization operated for		liege or university owned	or operat	ed by a go	overnmental ur	nit describe	ed in
~		section 170(b)(1)(A)(iv). (C		a such a la such a da sa such a such tra		70/L-\/_4\/_A\	( )		
6	X	A federal, state, or local gov	-						e de la constant in
7	Λ	An organization that norma		ntial part of its support fi	rom a gove	ernmental	unit or from th	le general	Sublic described in
0		section 170(b)(1)(A)(vi). (C		(1)(A)(vi) (Complete Der	+ 11 \				
8 9		A community trust describe An agricultural research org				nd in coniu	unction with a	land grant	collogo
9		or university or a non-land-							
		university:	grant concyc or agric			name, eny	, and state of	the conege	
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontributior	ns membershi	in fees and	d aross receipts from
		activities related to its exem	•				•	•	•
		income and unrelated busir							
		See section 509(a)(2). (Con					, ,		,
11		An organization organized a		vely to test for public sa	fety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization	n(s), by hav	ving
		control or management o			ame perso	ns that co	ntrol or manaç	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	-					ly integrate	ed with,
		its supported organization		•					
d		Type III non-functionally						-	
		that is not functionally int						an attentiv	/eness
		requirement (see instruct							
е		Check this box if the orga					Type I, Type I	I, Type III	
	<b>F</b> ut a	functionally integrated, or		nally integrated supporti	ng organiz	ation.			
1		er the number of supported or vide the following informatior	•	d organization(a)					
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see in	structions)	support (see instructions)
-									
Tota							1		

### Schedule A (Form 990) 2022

### MALI RISING FOUNDATION

20-1927457 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

80	fails to qualify under the tests	71	•	•				
	ction A. Public Support		4.5.4.5.5	()	( )) ( )	() (	(c)	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	260 407	227 204	170 504	105 010		111510	
-	include any "unusual grants.")	269,497.	22/,204.	178,594.	185,919.	253,895.	111510	19.
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
_	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	269,497.	227,204.	178,594.	185,919.	252 005	111510	0
	Total. Add lines 1 through 3	209,497.	227,204.	1/0,594.	105,919.	253,895.	111510	
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,						415 07	
-	column (f)						415,23	
	Public support. Subtract line 5 from line 4. ction B. Total Support						699,87	/9.
		() 0010	(1) 0010		( 1) 0001	( ) 0000	(0,	
	ndar year (or fiscal year beginning in)	(a) 2018 269,497.	(b) 2019 227,204.	(c) 2020 178,594.	(d) 2021 185,919.	(e) 2022 253,895.	(f) Total 111510	
	Amounts from line 4	209,497.	227,204.	170,394.	105,919.	233,095.		
8	Gross income from interest,			5				
	dividends, payments received on		. (					
	securities loans, rents, royalties,	37.	15	0.	3.	42.	.	98.
~	and income from similar sources	57.	10.	0.	5.	42.	3	70.
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						111520	דר
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,		(ma)			12	111520	
12	First 5 years. If the Form 990 is for th							
13	organization, check this box and stor		ist, second, third, i	ourth, or min tax y	year as a section of	01(0)(3)		
Se	ction C. Computation of Publi		centage					
	Public support percentage for 2022 (li			column (f))		14	62.76	%
						15	71.60	%
	Public support percentage from 2021 a 33 1/3% support test - 2022. If the c							70
	stop here. The organization qualifies							X
ŀ	33 1/3% support test - 2021. If the c							
•	and stop here. The organization qual							
17:	10% -facts-and-circumstances test							
	and if the organization meets the facts							
	meets the facts-and-circumstances te			-				
ł	10% -facts-and-circumstances test	0	•		•			
•	more, and if the organization meets th	-						
	organization meets the facts-and-circu							
18			•		• •			
		in and not oncord a		, .00,a, 0, 170	, encor and box a		•	

	Schedule A	Form	990	) 2022
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### MALI RISING FOUNDATION

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge				$\sim$		
	Total. Add lines 1 through 5			(			
78	Amounts included on lines 1, 2, and				$\sim$		
	3 received from disqualified persons			.01			
Ľ	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			G			
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
				( ) 0000	( )) 000 (	()	(0)
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						
102	dividends, payments received on		)`				
	securities loans, rents, royalties,						
Ŀ	and income from similar sources						
L.	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						1
	First 5 years. If the Form 990 is for the	he organization's fir	rst second third "	fourth or fifth tax	vear as a section 5	i 01(c)(3) organiza	tion
•••	check this box and stop here						lion,
See	ction C. Computation of Publ						
	Public support percentage for 2022 (		-	column (f))		15	%
16	Public support percentage from 2021					16	%
See	ction D. Computation of Inves					• •	
17	Investment income percentage for 2	022 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from			, ("		18	%
	<b>33 1/3% support tests - 2022.</b> If the					3 1/3%, and line	
	more than 33 1/3%, check this box a						
Ł	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						·····
2320	23 12-09-22						A (Form 990) 2022
			16				-

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MALI RISING FOUNDATION

### Part IV Supporting Organizations

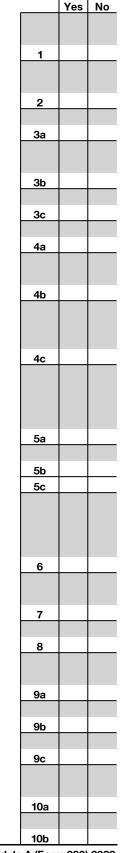
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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"? "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 IBS 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.)

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 M	Α
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## Schedule A (Form 990) 2022 MALI RISING FOUNDATION Part IV Supporting Organizations (continued) FOUNDATION

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	$\sim 0^{1}$		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion 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	-		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	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 <b>Part VI</b> the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	is).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in <b>Part VI</b> the role played by the organization in this regard	3b		

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All other Type III non-functionally integrated supporting organizations m	nust complete S	Sections A through E.	
Section 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		
<b>3</b> 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
<b>c</b> Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors	0		
(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).	2 4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
<ul> <li>7 Recoveries of prior-year distributions</li> </ul>	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section 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		
<ul> <li>Check here if the current year is the organization's first as a non-function</li> </ul>		d Type III supporting orga	nization (see
instructions).	, <u></u>	,,	

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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	dule A (Form 990) 2022 MALI RISING FO		2	20-1927457 Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<u> </u>	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
	From 2017			
	From 2018			
	From 2019			
	From 2020			
	From 2021			
	Total of lines 3a through 3e	6		
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
	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			
C	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			

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022			FOUNDATION	20-1927457 Page 8
Part VI	Supplemental	Information.	Provide the ex	planations required by Part II. line 10: Part	art II. line 17a or 17b: Part III. line 12:
	Part IV, Section A, line 1: Part IV. Sec	, lines 1, 2, 3b, 3c, tion D. lines 2 and	, 4b, 4c, 5a, 6, d 3: Part IV. Se	9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Se ction E. lines 1c, 2a, 2b, 3a, and 3b: Part	ection B, lines 1 and 2; Part IV, Section C, V. line 1: Part V. Section B. line 1e: Part V.
	Section D, lines 5, (See instructions.)	6, and 8; and Par	t V, Section E,	lines 2, 5, and 6. Also complete this part	for any additional information.
					0
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				{2	
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			• C )	, ,	
			$\mathcal{H}$		
			)		
			•		
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## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

20-1927457

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

MALI RISING FOUNDATION

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts Land II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless to the set of the parts unless to this organization because it received *nonexclusively* set is the set of the parts unless to the set of the parts unless to the set of the parts unless the set of the parts unle

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

20-1927457

### MALI RISING FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 40,800. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 49,980. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIF **Total contributions** Type of contribution 4 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

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Name of or	ganization		Employer identification number
MALI F	RISING FOUNDATION		20-1927457
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$ COR	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

### 223453 11-15-22

Schedule B (Form 990) (2022)

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Name of or	rganization		E	mployer identification number				
иат.т т	RISING FOUNDATION			20-1927457				
Part III		rough (e) and the following line entritable, etc., contributions of \$1,000 or I	v. For organizations	total more than \$1,000 for the year				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held				
-		(e) Transfer of gif						
-	Transferee's name, address, and	ZIP + 4	Relationship of trans	eror to transferee				
(a) N -	1							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held				
-			8					
	(e) Transfer of gift							
-	Transferee's name, address, and	ZIP + 4	Relationship of trans	eror to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held				
		)						
	(e) Transfer of gift							
-	Transferee's name, address, and	ZIP + 4	Relationship of trans	eror to transferee				
		[						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held				
-	(e) Transfer of gift							
	Transferee's name, address, and	Relationship of trans	eror to transferee					

Schedule B (Form 990) (2022)

### $13040424 \ 755817 \ 102128$

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SCHEDULE F		Stateme	ates ⊢	OMB No. 1545-0047			
(Form 990)		Complete if the		2022			
Department of the Treasury Attach to Form 990.							Open to Public
-	Revenue Service	Go to <sub>W</sub>	ww.irs.gov/Forn	1990 for instructions and the latest in	nformation.		Inspection
Name	e of the organization					Employer id	lentification number
MAL	I RISING FO					20-192	
Par	t I General In	formation on A	ctivities Out	side the United States. Comple	ete if the orgar	nization answe	red "Yes" on
	Form 990, Pa						
				ds to substantiate the amount of its gra the selection criteria used to award the			X Yes No
	For grantmakers. Do United States.	escribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	e outside the
3	Activities per Region.			an be duplicated if additional space is n	eeded.)		
	<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	ivity listed in (d ogram service, e specific type e(s) in the regio	expenditures for and investments
						2 NEW THE VILLAG	
SUB-S	SAHARAN AFRICA	1	3		OF KAINSIGA	A AND	206,423.
				dostre			
				1050			
				js			
			il <sup>C</sup>	*			
		20					
3 a	Subtotal	1	3				206,423.
	Total from continuation						
	sheets to Part I	0	0				0.
	Totals (add lines 3a and 3b)	1	3				206,423.

LHA	HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.								
	SEE	PART	V	FOR	COLUMN	(E)	DESCRIPTIONS		

Schedule F (Form 990) 2022

232071 10-17-22

#### Schedule F (Form 990) 2022

MALI RISING FOUNDATION

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
					0						
					COX						
					0						
				<u>,</u> e							
				SV.							
				5							
			oisor								
			ji C								
		<i><b>P</b>J</i>									
exempt 501(c)(3) orga	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter										

Schedule F (Form 990) 2022

232072 10-17-22

#### MALI RISING FOUNDATION Schedule F (Form 990) 2022

Part III can be duplicated if additional space is needed.

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

20-1927457

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	SCHOLARSHIPS	29	5 524	ELECTRONIC TRANSFER	0.		
					3		
				SUIP			
			is				
	Q	J0.					

Schedule F (Form 990) 2022

Page 3

Schedule F				RISING	FOUNDATION
Part IV	Foreigr	ו Form	s		

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

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Part V	Supplementa	I Inform	ation	
Schedule F	(Form 990) 2022	MALI	RISING	FOUNDATION

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

FUNDS FOR USE IN MALI ARE REQUESTED BY LOCAL CONTRACTORS BASED ON

REASONABLE WRITTEN ESTIMATES FOR SMALLER EXPENSES (I.E., FUEL FOR A

MOTORCYCLE TRIP TO A SCHOOL) AND MULTIPLE WRITTEN BIDS FOR LARGER

EXPENDITURES (E.G., BUYING A LARGE NUMBER OF TEXTBOOKS OR CONSTRUCTING A

SCHOOL). WHERE APPROPRIATE, CONTRACTS ARE ENTERED INTO TO SECURE THE

AGREEMENTS, PARTICULARLY FOR CONSTRUCTION. EACH MONTH, LOCAL CONTRACTORS

SUBMIT A REPORT SHOWING INCOMING WIRES AND OUTGOING EXPENSES, ALONG WITH

RECEIPTS. THESE ARE REVIEWED FOR ACCURACY AND RELIABILITY. U.S. STAFF CAN

ALSO DIRECTLY AND INDEPENDENTLY REVIEW THE BANK ACCOUNT ONLINE TO MONITOR FUNDS.

PART I, LINE 3, COLUMN (E):
REGION: SUB-SAHARAN AFRICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: ACCESSIBLE SCHOOLS -
CONSTRUCTED 2 NEW SCHOOLS IN THE VILLAGES OF KAINSIGA AND SOUNDOUBOUGOU
KORO; PROVIDED SCHOOLS FOR A TOTAL OF NEARLY 4,000 STUDENTS AT ALL
PARTNER SCHOOLS
EDUCATION QUALITY - SUPPORTED NEARLY 200 GIRLS THROUGH SPECIAL
PROGRAMMING AND READING TUTORIALS, PROVIDED INTENSIVE TRAINING TO 30
TEACHERS, LAUNCHED AN INTENSIVE EXTRACURRICULAR FRENCH LANGUAGE PROGRAM,
DONATED 1200 TEXTBOOKS, AND MUCH MORE.
INSPIRATION PROGRAM - SUPPORTED ADVANCED EDUCATION FOR 29 OF OUR
GRADUATES, RAN A CAREER PLANNING COURSE AT 4 SCHOOLS, SUPPORTED ALUMNI
NETWORKS AT 2 SCHOOLS.

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232075 10-17-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



20-1927457

MALI RISING FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEM WITHIN THEIR OWN VILLAGES.

SECTION A, LINE 2: FORM 990, PART VI,

IS THE MOTHER OF CARL TRUJILLO, JACKIE TRUJILLO, DIRECTOR, DIRECTOR

FORM 990, PART VI, SECTION B, LINE 11B:

MEMBERS FOR COPY OF THE RETURN IS PROVIDED TO ALL BOARD REVIEW AND

APPROVAL BEFORE FILING.

FORM 990, PART VI, SECTION B LINE 12C

ALL INTERESTED PERSONS INCLUDING DIRECTOR TRUSTEE OFFICER

REPRESENTATIVE OF, OR INDIVIDIAL WITH Α FINANCIAL INTEREST IN THE

ARE REQUIRES TO DISCLOSE ANNUALLY WHETHER THEY HAVE OR MAY ORGANIZATION,

HAVE A CONFLICT WITH THEINTERESTS OF MALI RISING FOUNDATION.

SECTION B, FORM 990 PART VI LINE 15A: THE ANNUAL PROCESS FOR DETERMINING COMPENSATION IS AS FOLLOWS: THE EXECUTIVE COMMITTEE OF THE MALI RISING FOUNDATION SHALL ANNUALLY EVALUATE THE EXECUTIVE DIRECTOR ON HIS/HER PERFORMANCE, AND ASK FOR HIS/HER INPUT ON MATTERS OF PERFORMANCE AND COMPENSATION. AT LEAST EVERY THREE YEARS EXECUTIVE COMMITTEE WILL GATHER INFORMATION TO MAKE A RECOMMENDATION TO THE FULL BOARD FOR THE COMPENSATION (SALARY AND BENEFITS) OF THE EXECUTIVE DIRECTOR (AND OTHER HIGHLY COMPENSATED EMPLOYEES OR CONSULTANTS) BASED ON A REVIEW OF COMPARABILITY DATA TO THE EXTENT REASONABLY AVAILABLE

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Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization MALI RISING FOUNDATION	Employer identification number 20-1927457
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS ARE AVAILABLE ON THE ORGANIZATIONS WEBSITE,	AS WELL AS UPON
REQUEST	
	3
-	
S	
;C	
232212 10-28-22 <b>33</b>	Schedule O (Form 990) 2022

	Rev. November 2021) Statement of Specified Foreign Financial Assets (Rev. November 2021) Attach to your tax return.								
	artment of the Treasury nal Revenue Service	For calendar year			Attachment / 22 and ending 09/30/23. Sequence No				
		· · · · · ·	onal statements, check here		Iditional statements	· · · · · · · · · · · · · · · · · · ·			
1	Name(s) shown on re MALI	Taxpayer identificati 1927457							
3	Type of filer			•					
	a Specified in	idividual <b>b</b>	Partnership c	Corporation	d	Trust			
4	If you checked box 3	a, skip this line 4. If yo	ou checked box 3b or 3c, enter the	e name and TIN of the spe	cified individual who	closely holds the			
	partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust.								
	(See instructions for	definitions and what t	o do if you have more than one sp	ecified individual or specif	ied person to list.)				
	a Name			b	TIN				
F	Part I Foreign De	eposit and Custo	dial Accounts Summary						
5	Number of deposit a	ccounts (reported in P	Part V)		►	1			
6	Maximum value of al	I deposit accounts			\$	44,281.			
7	Number of custodial	accounts (reported in	Part V)		►				
8	Maximum value of al	l custodial accounts			\$				
9 P	Were any foreign dep art II Other Fore		ounts closed during the tax year? mary		Ye	es X No			
10	Number of foreign as	ssets (reported in Part	VI)						
11	Maximum value of al	I assets (reported in P	art VI)		\$				
12	Were any foreign ass	sets acquired or sold c	luring the tax year?		Ye	es X No			
Ρ	art III Summary	of Tax Items Attr	ibutable to Specified Fore	eign Financial Asset	s (see instructio	ns)			
	(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	(d) Form and lir	Where reported	Schedule and line			
13	Foreign deposit and	a Interest	\$						
	custodial accounts	<b>b</b> Dividends	\$						
		c Royalties	\$	2					
		d Other income	\$	)T					
		e Gains (losses)	\$						
		f Deductions	\$						
		g Credits	\$						
14	Other foreign assets	a Interest	\$						
	Ū	<b>b</b> Dividends	\$						
		c Royalties	\$						
		d Other income	\$						
		e Gains (losses)	\$						
		f Deductions	\$						
		g Credits	\$						
Ρ	art IV Excepted	Specified Foreig	n Financial Assets (see ins	structions)					
lf y			on one or more of the following fo		such forms filed. You	u do not need to			
-	lude these assets on Fe	- •	-						
	Number of Forms 352		16 Number of Forms 3520	)-A	17 Number of F	Forms 5471			
	18         Number of Forms 8621         19         Number of Forms 8865								

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

Form 8938 (Rev. 11-2021)

Form 8938 (Rev. 11-2021)
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# Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

	(000 1101 000)										
lf you	have more than one a			Part V, attach a sep	arate stateme	ent for ea	ach addit	ional account.	See instruction	S.	
20	Type of account	a X b	Deposit Custodial					Account numb		ignation	
22	Check all that applyaAccount opened during tax yearbAccount closed during tax yearcAccount jointly owned with spousedNo tax item reported in Part III with respect to this asset										
23	Maximum value of ac	count c							<u>^</u>		4,281.
24	Did you use a foreign								Х Y		No
25	If you answered "Yes										
	(a) Foreign currency is maintained			(b) Foreign curre convert to U.S. d		e rate us	sed to		exchange rate artment's Bure		
CFA	A BCEAO, FRA	NC						WWW.CU	RRENCY.M	E.UK/C	ONVERT
26a	<b>b</b> Global Intermediary Identification Number (GIIN) (Optional) <b>b</b> Clobal Intermediary Identification Number (GIIN) (Optional)								l) (Optional)		
27	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. PLACE DE LA NATION, QUARTIER DU FLEUVE,										
	City or town, state or <b>BAMAKO</b>	•		MALI				BP E 1	272		
Pa	rt VI Detailed In	forma	ation for Ea	ach "Other For	eign Asse	t" Incl	uded in	the Part II	Summary	(see instru	uctions)
lf you	I have more than one a	asset to	report in Par	t VI, attach a separa	ate statemen	t for eac	h additior	nal asset. See i	nstructions.		
29	Description of asset					<b>30</b> Id	entifying	number or othe	er designation		
31	Complete all that app	oly. See	instructions f	or reporting of mult	tiple acquisiti	on or dis	position	dates.			
	Date asset acquired of										
	Date asset disposed										
с					d			item reported	in Part III with r	espect to thi	s asset
32	Maximum value of as					5		•		•	
а	<b>.</b> . <b>.</b>			001 - \$100,000		\$100,	001 - \$15	0,000	<b>d</b> \$150	0,001 - \$200	,000
е	If more than \$200,00	0, list va	alue							\$	
	Did you use a foreign					asset into	U.S. do	lars?		. Yes	No
	If you answered "Yes				5						
	(a) Foreign currency			(b) Foreign curre	ency exchang	e rate us	sed to	(c) Source of	exchange rate	used if not f	rom U.S.
	denominated			convert to U.S. d	ollars			Treasury Dep	artment's Burea	au of the Fise	cal Service
35	If asset reported on li	ine 29 is	s stock of a fø	reign entity or an ir	nterest in a fo	reign en	tity, enter	the following i	nformation for t	he asset.	
а	Name of foreign entit		N	5				(Optional)			
	5	,						( )			
с	Type of foreign entity	,		Partnership	(2)	Cor	poration	(3)	Trust	(4)	Estate
	Mailing address of for		tity. Number.								
-		<u>-</u>	···· <b>·</b> , ·······························	,							
e	City or town, state or	provinc	ce, country, ar	nd ZIP or foreign po	ostal code						
36	If asset reported on li	ine 29 is	s not stock of	a foreign entity or :	an interest in	a foreior	n entity. e	nter the followi	ng information	for the asset	
00	Note: If this asset has			0 ,		0			0		
	or counterparty. See			ci ol counterparty,	attach a sept			and the same in			
а	Name of issuer or co	unterpa									
	Check if information i			Issuer	Counterpa	arty					
b	Type of issuer or cou (1) Individual	nterpar	ty (2)	Partnership	(3)	Cor	poration	(4)	Trust	(5)	Estate
с	Check if issuer or cou	unterpa		U.S. person		oreign pe		X-7			
	Mailing address of iss										
-		- Drou-ing									
е	City or town, state or	provinc	le, country, ar	iu ZIP or toreign po	USTAI COOR						
223022	2 04-01-22								Fc	orm <b>8938</b> (F	Rev. 11-2021)
					35						