Form JJU
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020 Return of Organization Exempt From Income Tax

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

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

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



AF	For the	e 2019 calendar year, or tax year beginning and	ending		
B a	Check if applicabl	E Name of organization		D Employer identifie	cation number
	Addre				
	Name Chang		82-48237	53	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Final return	224-665-3			
	termir ated	G Gross receipts \$	1,103,329.		
	Amen	BARKINGION, IL 80010		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: 0 IM 000RE1		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 🚺 501(c) () ◀ (insert no.) 🗌 4947(a)(1) (or 📃 527	lf "No," attach a	list. (see instructions)
		te: WWW.222FOUNDATION.ORG		H(c) Group exemption	,
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2018 N	State of legal domicile: IL
Pa	art I	Summary			
¢	1	Briefly describe the organization's mission or most significant activities:			
ũ		PUBLIC CHARITY THAT WAS FOUNDED TO INVEST	IN TH	E FUTURE CH	RISTIAN
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more		
Š	3				10
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)		10	
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		3	
Viti	6	Total number of volunteers (estimate if necessary)			15
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		242,243.	1,049,772.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	23,457.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-47,306.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		242,243.	1,025,923.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	59,243.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		38,064.	145,397.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	. b	Total fundraising expenses (Part IX, column (D), line 25)		10.550	<u> </u>
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18,669.	61,774.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		56,733.	266,414.
		Revenue less expenses. Subtract line 18 from line 12		185,510.	759,509.
S OF			Be	ginning of Current Year	End of Year
ssets		Total assets (Part X, line 16)		187,369.	982,944.
et A:	1	Total liabilities (Part X, line 26)		1,859.	852.
Inet		Net assets or fund balances. Subtract line 21 from line 20		185,510.	982,092.
Pa	art II	Signature Block			

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

Sign	Signature of officer		Date			
Here	JIM JODREY, TREASURER					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	Paid GENEVRA KNIGHT GENEVRA KNIGHT 900363276					
Preparer	Firm's name 🕨 PORTE BROWN LLC		Firm's EIN ▶ 36-2663358			
Use Only	Firm's address 🔊 845 OAKTON STREET	ſ				
ELK GROVE VILLAGE, IL 60007 Phone no.847-956-10						
May the IF	RS discuss this return with the preparer shown abov	ve? (see instructions)	X Yes No			
932001 01-2	LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form 990 (2019)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2019) 222 FOUNDATION	82-4823763 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE 222 FOUNDATION IS A 501(C)3 PUBLIC CHARITY THAT	I WAS FOUNDED TO
	INVEST IN THE FUTURE CHRISTIAN MINISTRY LEADERS OF	THE WORLD. IN
	ADDITION TO FINANCIAL ASSISTANCE, OUR GOAL IS TO IN	NVEST IN EACH OF OUR
	STUDENT PARTNERS IN THREE AREAS: PERSONAL GROWTH, S	SPIRITUAL GROWTH,
2	Did the organization undertake any significant program services during the year which were not listed	d on the
	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 se	ervices, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ons to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$186,541. including grants of \$59,243	3 •) (Revenue \$)
	THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS	AND PROVIDES
	FINANCIAL AND SPIRITUAL SUPPORT.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 186,541.	000
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Form 990 (2019) 222 FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
10	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44.		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>		
D		11b	х	
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		- 11	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			- 21
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	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's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		х
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		Х
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	х	
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	X	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	х	
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
	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		
	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? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00 -	х	
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
Ū	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
4 -			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a0Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
u D	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_ J	(gambling) winnings to prize winners?	1c		
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Pa	t 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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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 country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
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 year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans 13b			
C	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		
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	15		х
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		- 23

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	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		[
500	tion A. doverning body and Management		Yes	Τ
19	Enter the number of voting members of the governing body at the end of the tax year 10		165	t
iu	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2	x	ľ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	- 23	$^+$
3	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	╉
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		╉
5				╉
6 7-	Did the organization have members or stockholders?	6		┨
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		╉
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		╉
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			ł
	The governing body?	8a	X	4
	Each committee with authority to act on behalf of the governing body?	8b	X	4
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		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		r	_
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ļ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	_
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	_
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in 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		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
b				
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
b		16b		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
Sec	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec [:] 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure		availa	a
Sec [:] 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL		availa	al
Sec [:] 17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.		availa	al
Sec 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.	only)		al
Sec 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's <u>exempt status with respect to such arrangements?</u> tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)	only)		a
<u>Sec</u> 17 18 19	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	only)		al
Sec 17 18 19	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's <u>exempt status with respect to such arrangements?</u> tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	only)		al
<u>Sec</u> 17 18 19	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	only)		al
Sec 17 18 19 20	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MERO GUIRGUIS - 224-665-1900	; only) finan		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

222 FOUNDATION

Form 990 (2019)

82-4823763

Page **6**

Form 990 (2019) 222 FOUR	IDATION	82-4823763	Page 7
Part VII Compensation of Officers,	Directors, Trustees, Key Empl	oyees, Highest Compensated	
Employees, and Independe	ent Contractors		
Check if Schedule O contains a res	ponse or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Ke	y Employees, and Highest Compensat	ed Employees	
1a Complete this table for all persons required	to be listed. Report compensation for th	e calendar year ending with or within the organization	's tax year.
List all of the organization's current office	ers, directors, trustees (whether individua	als or organizations), regardless of amount of compen	sation.

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 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 and/or Box 7 of Form 1099-MISC) 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 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) Name and title	(B) Average hours per	box	(C) Position (do not check more than on box, unless person is both a officer and a director/truste				an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer		Highest compensated	,	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ANTHONY TAKO CHAIRMAN	5.00	x		x				0.	0.	0.
(2) GREGORY KIST	2.00	~		^				0.	0.	0.
VICE CHAIRMAN	2.00	х		x				0.	0.	0.
(3) JIM JODREY	2.00									
TREASURER		х		x				0.	0.	0.
(4) DANA LEAHY	2.00									
SECRETARY		х		х				0.	0.	0.
(5) TODD BERGE	1.00									
MEMBER		Х						0.	0.	0.
(6) DAVE CORNING	1.00									
MEMBER		Х						0.	0.	0.
(7) ADAM GASCHO	1.00									
MEMBER		Х						0.	0.	0.
(8) DAVID NORBECK	1.00									
MEMBER		Х						0.	0.	0.
(9) LANCE RODGERS	1.00									
MEMBER	1 00	Х						0.	0.	0.
(10) LINDSAY TAKO	1.00								0	0
MEMBER	40.00	Х						0.	0.	0.
(11) MERO Y. GUIRGUIS EXECUTIVE DIRECTOR	40.00			x				47,148.	0.	0.
(13) BJORN OLSEN	40.00									
FORMER EXECUTIVE DIRECTOR							х	32,837.	Ο.	0.
932007 01-20-20	I	I	1	I	I	I		1		Form 990 (2019)

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	990 (2019) 222 FOUNI	DATION								82-48	3237	63	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list apy	box offic	not c , unle:	ss per	itior more rson i	than of s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate ount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga anc	oensa om the anizat I relate nizatie	e ion ed
	Subtotal								79,985.		0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0. 79,985.		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				0
_		-1	1					In the l			Г		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>	-			•	-		Ŭ	• •		[3	х	
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	iccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		х
Sec	tion B. Independent Contractors		2010	<i>JI 3</i> L		5013	011 .					•		
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	ensati	on fro	m	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C mper		n
								\neg						
2	Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				()				F	orm S	990 (;	2019)

932008 01-20-20

Pa	rt VII	Statement of Reve	nue					
		Check if Schedule O con	ntains a response o	or note to any line		(B)	(C)	
					(A) Total revenue	Related or exempt	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a		<u>1a</u>					
Contributions, Gifts, Grants and Other Similar Amounts	b			75 020				
Αŭ, (с	Fundraising events		75,830.				
ilar İlar	d							
ns, Sim	e	Government grants (contribu						
utio	f	All other contributions, gifts, gra		973,942.				
off Off		similar amounts not included abo		<u>975,942</u> .				
Log D	9 5	Noncash contributions included in lines			1,049,772.			
0 0		Total. Add lines 1a-1f		Business Code	1,019,112.			
•	2 a			Buoineeo ooue				
Program Service Revenue	b							
Ser	c							
	d							
Bag	e							
Pro	f	All other program service rev	/enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		►	23,457.			23,457.
	4	Income from investment of ta	ax-exempt bond pr	roceeds 🕨 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents6						
	b							
	с	Rental income or (loss) 6	c					
	d _		(i) Coortinities					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7	<u>a</u>					
Ø	d	Less: cost or other basis						
Revenue		and sales expenses						
eve		· · · · · · · · · · · · · · · · · · ·						
<u> </u>		Net gain or (loss)						
Othe	0 0		830. of					
U		contributions reported on line						
		Part IV, line 18		30,100.				
	b	Less: direct expenses		77,406.				
		Net income or (loss) from fun		►	-47,306.			-47,306.
	9 a	Gross income from gaming a	activities. See					
		Part IV, line 19	9a					
	b	Less: direct expenses						
		Net income or (loss) from gar	-	>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale	es of inventory					
SD				Business Code				
ne ol	11 a							<u> </u>
scellaneo Revenue	b							
Miscellaneous Revenue	с С	All other revenue						
Ϊ		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			1,025,923.	0.	0.	-23,849.
93200	09 01-20			F [•			Form 990 (2019)

222 FOUNDATION

Form 990 (2019)

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Form 990 (2019) 222 FOUNDATION
Part IX Statement of Functional Expenses

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Secti	on 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	41,993.	41,993.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	15 050	1		
	individuals. See Part IV, lines 15 and 16	17,250.	17,250.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	80 0FF	E0 470	0 006	22 100
•	trustees, and key employees	89,955.	58,470.	8,996.	22,489.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	40,583.	26,379.	4,058.	10,146.
7 0	Other salaries and wages	40,303.	20,313.	±,030•	10,140.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,053.	3,935.	605.	1,513.
9 10		8,806.	5,724.	881.	2,201.
11	Payroll taxes Fees for services (nonemployees):	0,000.	5,724.		2,201•
a	Management				
	Legal	8,281.	2,070.	4,141.	2 070.
	Accounting	6,669.	667.	4,335.	2,070. 1,667.
	Lobbying	0,0001			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,484.	1,615.	248.	621.
g	Other. (If line 11g amount exceeds 10% of line 25,	_,	_,		•
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	6,402.	3,201.		3,201.
13	Office expenses	5,150.	3,605.	515.	1,030.
14	Information technology		-		-
15	Royalties				
16	Occupancy	12,000.	8,400.	1,200.	2,400.
17	Travel	184.	92.		92.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,886.	2,597.		289.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,241.	2,107.	324.	810.
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	OUTSIDE SERVICES	2,776.	694.	1,388.	694.
a b	TELEPHONE	2,413.	1,689.	241.	483.
c	MEALS AND ENTERTAINMENT	2,025.	911.	203.	911.
d	MISCELLANEOUS EXPENSE	1,849.	1,267.	220.	362.
	All other expenses	5,414.	3,875.	355.	1,184.
25	Total functional expenses. Add lines 1 through 24e	266,414.	186,541.	27,710.	52,163.
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)				
			1		Earm 990 (2010

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Form **990** (2019)

222 FOUNDATION

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			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	185,869.	1	16,966
	2	Savings and temporary cash investments		2	•
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
	Ũ	trustee, key employee, creator or founder, substantial contributor, or 35	6		
				5	
	6	Loans and other receivables from other disqualified persons (as defined			
	U	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7			7	
	7	Notes and loans receivable, net			
1000	8	Inventories for sale or use		8	1,500
`	9	Prepaid expenses and deferred charges	<u>1,500</u> .	9	1,500
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
		Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	064 470
	12	Investments - other securities. See Part IV, line 11		12	964,478
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	982,944
	17	Accounts payable and accrued expenses	1,859.	17	852
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 359	%		
		controlled entity or family member of any of these persons		22	
i	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part 3	()		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,859.	26	852
		Organizations that follow FASB ASC 958, check here 🕨 🗴	······		
ß		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	185,510.	27	982,092
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
5	29			29	
3	29 30	Capital stock or trust principal, or current funds		30	
	30 31			31	
		Retained earnings, endowment, accumulated income, or other funds			982,092
	32	Total net assets or fund balances	107 260	32	982,944
	33	Total liabilities and net assets/fund balances		33	Form 990 (20

Form 990 (2019)
Part X Balance Sheet

	<u>1 990 (2019) 222 FOUNDATION</u>	82-48	23763	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			4 =		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,025		
2	Total expenses (must equal Part IX, column (A), line 25)	2	266	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	759	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	185		
5	Net unrealized gains (losses) on investments	5	37	,0	73.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			~ ~	~ ~
De	column (B))	10	982	,09	92.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			37
2a			2 a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				37
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	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 Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			37
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2019)

Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2019
Open to Public

Interr	al Reve	nue Service		► Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection
Nar	ne of t	the organizati								identification numbe
_				FOUNDATION					8	2-4823763
Pa	nrt I	Reason	for Public (Charity Status	(All organizations must co	omplete th	is part.) Se	e instructions	3.	
The	organ	ization is not a	ı private found	lation because it is: ((For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or association	on of churches described	in sectio	on 170(b)(1	l)(A)(i).		
2					(Attach Schedule E (Forn					
3		•	•		anization described in se			•		
4			-	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat								
5		-	-		ollege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6			-	-	mental unit described in					
7		-		•	antial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
				omplete Part II.)						
8					(1)(A)(vi). (Complete Par					
9		-	-	-	l in section 170(b)(1)(A)(-		-	-
			or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or
	37	university:								
10	X				e than 33 1/3% of its sup					
					ct to certain exceptions,					-
					e (less section 511 tax) fro	om busines	sses acqui	red by the org	janization a	after June 30, 1975.
				mplete Part III.)				O(-)(A)		
11 12	\square	0	•	•	sively to test for public satisfies the banafit of the				rn, out tho	purpassa of ana ar
12		-	-	-	sively for the benefit of, to ed in section 509(a)(1) o	-			•	
				-	of supporting organization					
a		-	-	• •	supervised, or controlled		-		-	aivina
					egularly appoint or elect a	• • •	-			
			-	complete Part IV, Se	• • • • •	majority c				pporting
b		¬ -		-	d or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hay	vina
				-	anization vested in the sa			-		-
			-	t complete Part IV,		•			5 11	
c	: [¬ ~	. ,	•	ng organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
			-		s). You must complete I					
c] Type III no	n-functionally	/ integrated. A sup	porting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not f	unctionally int	egrated. The organized	zation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness
		requiremen	t (see instruct	ions). You must co	mplete Part IV, Sections	A and D,	and Part	V .		
e		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	r Type III non-functio	onally integrated supportion	ng organiz	ation.			
f		er the number		•						
<u>c</u>		vide the follow (i) Name of supp		n about the supporte (ii) EIN		(iv) is the oro	anization listed	(v) Amount of	monoton	(vi) Amount of other
	,	organizatior			(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see ir	-	support (see instruction
		9			above (see instructions))	Yes	No			
Tot	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 222 FOUNDATION

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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.)

Se	ction A. Public Support		-		-	_	-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support		1	1	-	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3)	
	organization, check this box and stop	phere					
Se	ction C. Computation of Publi	ic Support Per	centage			, ,	
	Public support percentage for 2019 (I		•	.,,		14	%
	Public support percentage from 2018					15	%
16 a	33 1/3% support test - 2019. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				
k	33 1/3% support test - 2018. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances test	: - 2019. If the org	anization did not o	check a box on lin	ie 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	sts-and-circumstan	ces" test, check th	nis box and stop	here. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
k	10% -facts-and-circumstances test	: - 2018. If the org	anization did not o	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explai	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization o	ualifies as a publi	cly supported orga	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	s >
					<u> </u>	dula A (Earm 000	

Schedule A (Form 990 or 990-EZ) 2019

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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.)

Sec	ction A. Public Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				242,243.	249,772.	492,015.
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						
Ŭ	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				242 243.	249,772.	492,015.
	Amounts included on lines 1, 2, and				212,213.	249,772.	492,013.
10	3 received from disqualified persons				31,702.	38,983.	70,685.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				51,702.	50,505.	,0,005.
	amount on line 13 for the year				21 800		0.
	Add lines 7a and 7b				31,702.	38,983.	
8 Sec	Public support. (Subtract line 7c from line 6.)						421,330.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6				242,243.	249,772.	492,015.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					23,457.	23,457.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b					23,457.	23,457.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				242,243.	273,229.	515,472.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectior	n 501(c)(3) organiza	ation,
	check this box and stop here	-			-		► X
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by l	ine 13, column (f)))	17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did r				3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiza	tion	
b	33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see ins	tructions	
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			15	5			

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Yes No

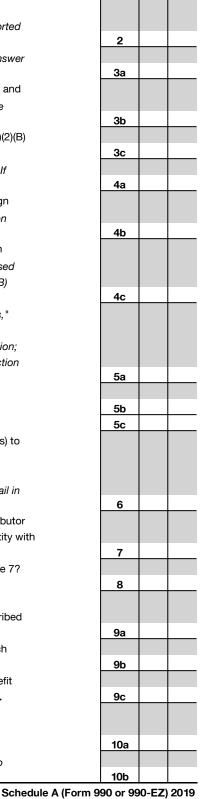
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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 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 or 990-EZ) 2019
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 Part IV
 Supporting Organizations (continued)

			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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			
			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			
	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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).			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
b				
	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 (a) and (b) below.			
а		0-		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	5	04		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 222 FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Rec	overies of prior-year distributions	2		
3 Othe	er gross income (see instructions)	3		
4 Add	l lines 1 through 3.	4		
5 Dep	reciation and depletion	5		
6 Port	tion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mair	ntenance of property held for production of income (see instructions)	6		
7 Othe	er expenses (see instructions)	7		
8 Adjı	usted 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 Agg	regate fair market value of all non-exempt-use assets (see			
instr	ructions for short tax year or assets held for part of year):			
a Ave	rage monthly value of securities	1a		
b Ave	rage monthly cash balances	1b		
c Fair	market value of other non-exempt-use assets	1c		
d Tota	al (add lines 1a, 1b, and 1c)	1d		
e Disc	count claimed for blockage or other			
facto	ors (explain in detail in Part VI):			
2 Acq	uisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	tract line 2 from line 1d.	3		
4 Cas	h deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see	instructions).	4		
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
	tiply line 5 by .035.	6		
	overies of prior-year distributions	7		
	imum Asset Amount (add line 7 to line 6)	8		
	- Distributable Amount			Current Year
1 Adju	usted net income for prior year (from Section A, line 8, Column A)	1		
	er 85% of line 1.	2		
	imum asset amount for prior year (from Section B, line 8, Column A)	3		
	er greater of line 2 or line 3.	4		
	ome tax imposed in prior year	5		
	tributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting org	nization (see

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

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Part V Type III Non-Functionally Integrated 509 ection D - Distributions		(continuou)	Current Year				
 Amounts paid to supported organizations to accomplish exercise 	empt purposes		Ourrent real				
 Amounts paid to supported organizations to accomption ext Amounts paid to perform activity that directly furthers exem 							
organizations, in excess of income from activity							
 Administrative expenses paid to accomption exempt purpos Amounts paid to acquire exempt-use assets 	Administrative expenses paid to accomplish exempt purposes of supported organizations						
 Gualified set-aside amounts (prior IRS approval required) 							
6 Other distributions (describe in Part VI). See instructions.							
 7 Total annual distributions. Add lines 1 through 6. 							
 B Distributions to attentive supported organizations to which the support of the su	the organization is responsive						
(provide details in Part VI). See instructions.	ane organization is responsive						
9 Distributable amount for 2019 from Section C, line 6							
0 Line 8 amount divided by line 9 amount	(i)	(;;)	(;;;)				
ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1 Distributable amount for 2019 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2019 (reason-							
able cause required- explain in Part VI). See instructions.							
3 Excess distributions carryover, if any, to 2019							
a From 2014							
b From 2015							
c From 2016							
d From 2017							
e From 2018							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2019 distributable amount							
i Carryover from 2014 not applied (see instructions)							
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4 Distributions for 2019 from Section D,							
line 7: \$							
a Applied to underdistributions of prior years							
b Applied to 2019 distributable amount							
c Remainder. Subtract lines 4a and 4b from 4.							
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h							
and 4b from line 1. For result greater than zero, explain in							
Part VI. See instructions.							
7 Excess distributions carryover to 2020. Add lines 3j							
and 4c.							
8 Breakdown of line 7:							
a Excess from 2015							
b Excess from 2016							
c Excess from 2017							
d Excess from 2018							
e Excess from 2019							

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Section D, lines 5, 6, and 8; and Part V (See instructions.)	b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
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SCHEDULE D)
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Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.



nployer	iden	ntifi	cati	on	number

	ment of the Treasury Revenue Service	► A Go to www.irs.gov/Form99	Attach to Form 990. 0 for instructions and the I	latest information.		Inspection
Nam	e of the organization	on				identification numbe
Par	t I Organiza	222 FOUNDATION ations Maintaining Donor Advised	Funds or Other Simi	ilar Funds or Ac		2-4823763
I UI		n answered "Yes" on Form 990, Part IV, line			oounto.	
	organization		(a) Donor advised fu	Inds	b) Funds an	d other accounts
1	Total number at en	nd of year	()			
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in w	riting that the assets held ir	n donor advised fund	ds	
	are the organizatio	n's property, subject to the organization's e	exclusive legal control?			Yes No
6	Did the organizatio	on inform all grantees, donors, and donor ad	lvisors in writing that grant f	funds can be used o	nly	
	for charitable purp	oses and not for the benefit of the donor or	donor advisor, or for any ot	her purpose conferr	ing	
_	impermissible priva					Yes No
Par	t II Conserva	ation Easements. Complete if the orga	anization answered "Yes" o	n Form 990, Part IV,	line 7.	
1	Purpose(s) of cons	servation easements held by the organizatio	n (check all that apply).			
	Preservation	of land for public use (for example, recreation	ion or education)	reservation of a histo	prically impor	tant land area
		f natural habitat	Pr	reservation of a certi	fied historic	structure
		of open space				
2		through 2d if the organization held a qualified	ed conservation contributior	n in the form of a co		
	day of the tax year					at the End of the Tax Yea
a L					2a	
b	•	•	atura includad in (a)		2b 2c	
c d		vation easements on a certified historic stru vation easements included in (c) acquired af			20	
u		al Register			2d	
3		vation easements modified, transferred, rele				the tax
•	year ►			inaccu by the organi		
4		where property subject to conservation ease	ement is located			
5		tion have a written policy regarding the perio		handling of		
		orcement of the conservation easements it		-		Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, h				
	▶					
7	Amount of expens	es incurred in monitoring, inspecting, handli	ing of violations, and enforc	ing conservation eas	sements dur	ing the year
	►\$					
8	Does each conserv	vation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)(B)	(i)	
_	and section 170(h)					Yes No
9		be how the organization reports conservatio				
		d include, if applicable, the text of the footno	ote to the organization's fina	ancial statements that	at describes	the
Par	t III Organization's acco	ounting for conservation easements. Ations Maintaining Collections of	Art Historical Treasu	ires or Other S	imilar Ase	sets
1 41		the organization answered "Yes" on Form				
19		elected, as permitted under FASB ASC 958		a statement and hale	nce sheet w	orks
Ia	-	easures, or other similar assets held for publ				
		Part XIII the text of the footnote to its finance				
b	•	elected, as permitted under FASB ASC 958			sheet works	sof
~	-	sures, or other similar assets held for public				
		ng amounts relating to these items:				,
	-	ded on Form 990, Part VIII, line 1			▶ \$	
					► \$	
2		received or held works of art, historical trea			orovide	

2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X b

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Schedule D (Form 990) 2019

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19101109 251678 10-2011210

Sche	dule D (Form 990) 2019 222 FOU							82-48			_{age} 2
Par	t III Organizations Maintaining Co	ollections of A	rt, Hist	torical Tre	easures, oi	r Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	: make sigr	nificant u	ise of its	·	,	
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	change progra	am					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	hey further tl	he organizatio	n's exemp	t purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, h	istorical trea	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comp	lete if th	e organizatio	on answered "	'Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	is or other ass	sets not ind	cluded				
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21, for	escrow or c	ustodial acco	unt liability	?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete it	f the organization a	nswered	I "Yes" on Fo	orm 990, Part	IV, line 10					
		(a) Current year	(b)	Prior year	(c) Two year	rs back (c	d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	ent year end baland	e (line 1	g, column (a	ı)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	nd administer	ed for the	organiza	tion	r		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered										
	Description of property	(a) Cost or o		. ,	t or other	• •	cumulate	d	(d) Bool	value	е
		basis (invest	ment)	Dasis	(other)	aepr	eciation				
	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must ed	<u>qual Form 990, Part</u>	X. colur	<u>mn (B), line 1</u>	0c.)				D (5	<u>.</u>	0.
								Schedule	D (Form	990)	2019

19101109 251678 10-2011210

a) Description	of security or category (including name of security)	(b) Book value	, ,	n: Cost or end-of-year market value
Financial de				Cool of one of your market value
	d e en liter internete			
Other				
	STMENTS	964,478.	END-OF-YEAR	MARKET VALUE
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	ust equal Form 990, Part X, col. (B) line 12.) 🕨	964,478.		
art VIII In	vestments - Program Related.			
Co	omplete if the organization answered "Yes"	on Form 990, Part IV, line 1		
	a) Description of investment	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(a)				
(8)				
(8) (9)				
(9) al . (Col. (b) m	ust equal Form 990, Part X, col. (B) line 13.)			
(9) al. (Col. (b) m art IX O	ther Assets.			
(9) al. (Col. (b) m art IX O	ther Assets. omplete if the organization answered "Yes" of		1d. See Form 990, Part X,	
(9) al. (Col. (b) m art IX O Co	ther Assets. omplete if the organization answered "Yes" of	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X,	line 15. (b) Book value
(9) al. (Col. (b) m art IX 0 Co	ther Assets. omplete if the organization answered "Yes" of		1d. See Form 990, Part X,	
(9) al. (Col. (b) m art IX O Co (1) (2)	ther Assets. omplete if the organization answered "Yes" of		1d. See Form 990, Part X,	
(9) al. (Col. (b) m art IX O Co (1) (2) (3)	ther Assets. omplete if the organization answered "Yes" of		1d. See Form 990, Part X,	
(9) al. (Col. (b) m art IX O Co (1) (2) (3) (4)	ther Assets. omplete if the organization answered "Yes" of		1d. See Form 990, Part X,	
(9) al. (Col. (b) m art IX O Co (1) (2) (3) (4) (5)	ther Assets. omplete if the organization answered "Yes" of		1d. See Form 990, Part X,	
(9) art IX O Ca (1) (2) (3) (4) (5) (6)	ther Assets. omplete if the organization answered "Yes" of		1d. See Form 990, Part X,	
(9) al. (Col. (b) m art IX O (1) (2) (3) (4) (5) (6) (7)	ther Assets. omplete if the organization answered "Yes" of		1d. See Form 990, Part X,	
(9) art IX O (1) (2) (3) (4) (5) (6) (7) (8)	ther Assets. omplete if the organization answered "Yes" of		1d. See Form 990, Part X,	
(9) art IX O Co (1) (2) (3) (4) (5) (6) (7) (8) (9)	ther Assets. omplete if the organization answered "Yes" (a) (a)	Description	1d. See Form 990, Part X,	
(9) al. (Col. (b) m art IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column	ther Assets. omplete if the organization answered "Yes" ((a)	Description	1d. See Form 990, Part X,	
(9) al. (Col. (b) m art IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) (31. (Column (9) (31. (Column (32. (O) (31. (Column (32. (O) (31. (Column (32. (O) (31. (Column (32. (Column (33. (Column	ther Assets. pmplete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities.	Description		(b) Book value
(9) I. (Col. (b) m art IX O (1) (2) (3) (4) (5) (6) (7) (8) (7) (8) (9) al. (Column art X O	ther Assets. omplete if the organization answered "Yes" ((a)	Description		(b) Book value
9) I. (Col. (b) m art IX O Ca (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column art X O Ca	ther Assets. pmplete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (b) (a) Description of liability	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column art X O Column (1) Federa	ther Assets. Demplete if the organization answered "Yes" ((a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities. Demplete if the organization answered "Yes" (Description		(b) Book value
9) I. (Col. (b) m Irt IX O Column 2) 3) 4) 5) 6) 7) 8) 9) al. (Column Irt X O Column (1) Federal (2)	ther Assets. pmplete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (b) (a) Description of liability	Description		(b) Book value
9) I. (Col. (b) m Irt IX O Column 2) 3) 4) 5) 6) 7) 8) 9) al. (Column Irt X O Column (1) Federa (2) (3)	ther Assets. pmplete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (b) (a) Description of liability	Description		(b) Book value
9) I. (Col. (b) m art IX O Column (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column art X O Column (1) Federa (2) (3) (4)	ther Assets. pmplete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (b) (a) Description of liability	Description		(b) Book value
9) I. (Col. (b) m art IX O Ca (1) (2) (3) (4) (5) (6) (7) (8) (9) (4) (5) (7) (8) (9) (7) (8) (9) (1) Federa (2) (3) (4) (5)	ther Assets. pmplete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (b) (a) Description of liability	Description		(b) Book value
9) I. (Col. (b) m art IX O Ca (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column art X O Ca (1) Federal (2) (3) (4) (5) (6) (5) (6)	ther Assets. pmplete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (b) (a) Description of liability	Description		(b) Book value
9) I. (Col. (b) m art IX O Ca (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column art X O Ca (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (7)	ther Assets. pmplete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (b) (a) Description of liability	Description		(b) Book value
9) I. (Col. (b) m Irt IX O Ca Ca (1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Column irt X O Ca (1) Federal (2) (3) (4) (5) (6)	ther Assets. pmplete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (b) (a) Description of liability	Description		(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 222 FOUNDATION		82-4823763 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>}_)</u>	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule D (Form 990) 2019

	-					
22	2 FOUNDATION				82-482376	53
	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
	 Form 990, Part I\					
1			n maintain record	ds to substantiate the amount of its gra	nts and other assistance,	
				the selection criteria used to award the		Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance outs	side the
3		he following Part	L line 3 table ca	an be duplicated if additional space is n	eeded)	
	(a) Region	(b) Number of offices 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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
	Subtotal	0	0			0.
	Total from continuation sheets to Part I	0	0			0.
с	Totals (add lines 3a and 3b)	0	0			0.

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932071 10-12-19

Schedule F (Form 990) 2019

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990, Part IV, line 14b, 15, Attach to Form 990.

5, or 16. OMB No. 1545-0047 **2019** Open to Public Inspection Employer identification number

SCHEDULE F	Stateme
(Form 990)	► Complete if
Department of the Treasury Internal Revenue Service	► Go to

Name of the organization

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

222 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) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f				1	
by the IRS, or for whic	ch the grantee or cou	nsel has provided a sect	ion 501(c)(3) equivalency letter					
3 Enter total number of	other organizations o	r entities				►		

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	SUB-SAHARAN			PAID TO US EDUCATIONAL INSTITUTIONS ON BEHALF OF			
GRANTS AND BENEVOLENCE	AFRICA	2	12,250.	FOREIGN STUDENTS	0.		
				PAID TO US EDUCATIONAL INSTITUTIONS ON BEHALF OF			
GRANTS	SOUTH ASIA	1	5,000.	FOREIGN STUDENTS	0.		

34

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. Part III can be duplicated if additional space is needed. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2019

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 (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see 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," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019	222	FOUNDATION
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Part V Supplemental Information

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

932075 10-12-19	36	Schedule F (Form 990) 2019

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2019
Department of the Treasury Internal Revenue Service	Ν.	Attach to Form 990						Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for instr	ruction	s and	the latest informati	on.	Employer id	entification number
_	222 FOU	NDATION					82-4823	
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
	complete this part	ed funds through any of the followir		ition	Chock all that apply			
a Mail solicitat	-		-		overnment grants			
b Internet and	email solicitations	f Solicita	ation of	gover	nment grants			
c 🔄 Phone solici		g 📃 Special	l fundra	ising	events			
d In-person so		r and agroomont with any individual	l (includ	ina of	ficara directora truc	tooo	or	
		r oral agreement with any individual art VII) or entity in connection with p				lees,		s 🗌 No
		viduals or entities (fundraisers) pursu			e	ne fur	ndraiser is to b	e
compensated at le	ast \$5,000 by the	organization.						
			(iii) fundr	Did	(1) Q		Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	fundr have c or con	ustody	(iv) Gross receipts from activity		to (or retained by) fundraiser	to (or retained by) organization
			contrib	utions?		lis	ted in col. (i)	organization
			Yes	No	-			
								·
		n is registered or licensed to solicit			or has been notified	it is d	evernet from r	
or licensing.	ch the organizatio		CONTINUE	110115	of has been notified	11 15 6	exempt nom n	gistiation
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form	990 or	990-E	Z. 9	Schee	dule G (Form	990 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 222 FOUNDATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 DINNER FUNDRAISER	(b) Event #2 GOLF	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	FUNDRAISER (event type)	(total number)	col. (c))
anuanau	1	Gross receipts	41,690.	64,240.		105,930
1	2	Less: Contributions	41,690.	34,140.		75,830
	3	Gross income (line 1 minus line 2)		30,100.		30,100
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	4,116.	77.		4,193
ادً	8	Entertainment	33,842.	29,599.		63,441
		Other direct expenses		1,998.		63,441 9,772
		Direct expense summary. Add lines 4 throug			►	77,406
	rtl	Net income summary. Subtract line 10 from				-47,306
		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or re	eported more than	
Т		\$13,000 011 F0111 990-EZ, line da.		(b) Pull tabs/instant		(d) Total gaming (ad
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
						., .
	1	Gross revenue				
	1	Gross revenue				
	<u>1</u> 2	Gross revenue				
	3	Cash prizes				
	3 4	Cash prizes				
	3 4	Cash prizes Noncash prizes Rent/facility costs	%	%	¥es %	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs		Yes%	Yes%	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%		No	
	3 4 5 6 7	Cash prizes	Yes% No	□ No	<u>No</u> No	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No	□ No	<u>No</u> No	
	3 4 5 7 8	Cash prizes	Yes % No sh 5 in column (d) 7 from line 1, column (d)	No No	<u>No</u> No	
	3 4 5 6 7 8 Ent	Cash prizes	yh 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _	No	No►	
	3 4 5 6 7 8 Ent	Cash prizes	yh 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these s	No No	No►	Yes N
	3 4 5 6 7 8 Ent	Cash prizes	yh 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these s	No No	No►	Yes N
а	3 4 5 6 7 8 Ent	Cash prizes	yh 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these s	No No	No►	Yes N
	3 4 5 6 7 8 Entl Is t If " We	Cash prizes	yevoked, suspended, or te	states?	No ►	
a b a	3 4 5 6 7 8 Entl Is t If " We	Cash prizes	yevoked, suspended, or te	states?	No ►	
	3 4 5 6 7 8 Entl Is t If " We	Cash prizes	yevoked, suspended, or te	states?	No ►	

Sch	nedule G (Form 990 or 990-EZ) 2019 222 FOUNDATION	82-4	823763	Page 3
11			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility		13a	%
	b An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:		
	Name			
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
k	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	ount		
	of gaming revenue retained by the third party $ ightarrow$ \$			
c	c If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	No No
ŀ	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i			
L	organization's own exempt activities during the tax year > \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part	t III, lines 9, 9	9b, 10b,
9320		G (Form	990 or 990	-EZ) 2019
	39			

l art i Cuppien	(continuea)		
			Schedule G (Form 990 or 990-EZ)

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SCHEDU (Form 99			Grants and Other of the other of the other of the other othe					OMB No. 1545-0047
(-,		lete if the organizatio					2019
Department	of the Treasury	o cinp		Attach to For				Open to Public
	enue Service		Go to www.ii	rs.gov/Form990 fo	or the latest inforn	nation.		Inspection
Name of	the organization 222 FOUND	ATION						Employer identification number 82-4823763
Part I	General Information on Grants a							
	es the organization maintain records t teria used to award the grants or assis							
2 De	scribe in Part IV the organization's pro	ocedures for monit	toring the use of grant	funds in the United	States.			
Part II	Grants and Other Assistance to	Domestic Organiz	zations and Domestic	c Governments.	Complete if the org	anization answered "א	res" on Form 990, Par	t IV, line 21, for any
	recipient that received more than s					(f) Method of		T
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 En	ter total number of section 501(c)(3) a	nd government or	ganizations listed in th	e line 1 table				
	ter total number of other organization							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

GRANTS

Part IV Supplemental Information. Provide the information req	ı uired in Part I, lir	I ne 2; Part III, column	l (b); and any other ac	l Iditional information.	1

(c) Amount of

cash grant

41,993.

(d) Amount of non-

cash assistance

Ο.

Schedule I (Form 990) (2019) 222 FOUNDATION

(a) Type of grant or assistance

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of

recipients

16

(f) Description of noncash assistance

(e) Method of valuation (book, FMV, appraisal, other)

SCHEDULE J		Compensation Info	rmation	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key		20	10		
		Compensated Employe Complete if the organization answered "Yes" or			20	IJ	J
Denar	tment of the Treasury	Attach to Form 990.			Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions	and the latest information.		Inspe		
Nam	e of the organization				identificatio		nber
		222 FOUNDATION		82-4	182376	3	
Ра	rt I Question	Regarding Compensation					
						Yes	No
1a		ate box(es) if the organization provided any of the following to o		990,			
		line 1a. Complete Part III to provide any relevant information re					
	First-class or c		owance or residence for perso				
	Travel for com		or business use of personal re-				
			ocial club dues or initiation fee				
		pending account Personal se	rvices (such as maid, chauffeu	ir, chei)			
h	If any of the bayes	on line to are checked, did the organization follow a written po	liou regarding pourport or				
b		on line 1a are checked, did the organization follow a written po rovision of all of the expenses described above? If "No," comp			1b		
2		require substantiation prior to reimbursing or allowing expense					
2	•	s, including the CEO/Executive Director, regarding the items c	•		2		
	trustees, and onlee						
3	Indicate which if a	y, of the following the organization used to establish the comp	pensation of the organization's				
-		ctor. Check all that apply. Do not check any boxes for method	-				
		tion of the CEO/Executive Director, but explain in Part III.					
	Compensation		ployment contract				
	·		ion survey or study				
	·		the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with	th respect to the filing				
	organization or a re	ated organization:					
а	Receive a severand	e payment or change-of-control payment?			4a		X
b	Participate in, or re	eive payment from, a supplemental nonqualified retirement pla	an?		4b		X
с	Participate in, or re	eive payment from, an equity-based compensation arrangeme	ent?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for	or each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete I					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pa	ay or accrue any compensatio	n			
	contingent on the r						
							X
b		ation?			5b		X
_		r 5b, describe in Part III.					
6	-	n Form 990, Part VII, Section A, line 1a, did the organization part	ay or accrue any compensatio	n			
	contingent on the r						v
a							X X
b		ation?			6b		
-		r 6b, describe in Part III.					
'		n Form 990, Part VII, Section A, line 1a, did the organization p			7		x
9		es 5 and 6? If "Yes," describe in Part III eported on Form 990, Part VII, paid or accrued pursuant to a d			7		
8					8		x
۵		ption described in Regulations section 53.4958-4(a)(3)? If "Yes					
9		d the organization also follow the rebuttable presumption proc			9		
ΙЦΛ		53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.			ule J (Forn	0001	2010
гпА				Sched	ane o (rom	1 990)	2019

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Schedule J (Form 990) 2019

222 FOUNDATION

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base (ii) Bonus & compensation incentive compensation		(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) BJORN OLSEN	(i)	32,837.	0.	0.	0.	0.	32,837.	0.	
FORMER EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

SCHEDULE L		Tra	nsactior	ıs V	Vith	Inter	ested	Pe	ersons			O	MB No.	1545-00)47
(Form 990 or 990-EZ)	Complete if	the o	rganization ans 28b, or 28c, o						line 25a, 25b, 2 40b.	6, 27,	28a,		20	19)
Department of the Treasury			Atta	ch to	Form	990 or Foi	rm 990-EZ	Z .					pen T		olic
Internal Revenue Service Name of the organization		io to v	www.irs.gov/Fo	orm99	0 for ir	nstruction	s and the	late	st information.	Em		ident	spect		wah av
Name of the organization	222 FO		аπт∩м								-	237		on nu	mber
Part I Excess B				01(c)(3), secti	ion 501(c)(4), and sec	ctior	n 501(c)(29) orga				0.5		
									Form 990-EZ, Pa						
1 (a) Name of disqualif	ied person	(b) R	Relationship bet			ified	le le	-) D4	escription of tran	sactio	n		(d)	Corre	ected?
			person and or	ganiza	ation		,	, De		Sactio			<u> </u>	es	No
													+-	\rightarrow	
													-	-	
													+		
2 Enter the amount of			•	•				Ũ			•				
section 4958 3 Enter the amount of											► \$ ► \$				
	tax, ii arry, orr ii	110 2, 0		cu by		gamzation					v				
Part II Loans to	and/or From	n Inte	erested Pers	sons.											
•	•					, Part V, lir	ne 38a or F	orm	990, Part IV, lin	e 26; o	or if th	e orga	nizatio	on	
			, Part X, line 5, 6		2. an to or	(1) (1)	riginal			(In	(h) Ap	proved	(3) V	Vritton
(a) Name of (b) Relativity (b) Relativity (c)				the second se			Original (f) Balance due bal amount		(9) defa	In ult?	by bo	ard or	rd or		
	-				From					Yes	No	Yes		Yes	No
Total Part III Grants or	r Assistance	Ren	efiting Inter	astar	l Por	sons	🕨 \$								
			vered "Yes" on F				27								
(a) Name of interes			b) Relationship interested pers	betwe son an	en	(c) A	mount of		(d) Type assistan) Purp assista		f
			the organiza	ation											
		_													
		+													
		+													
		+													
		_													
		+													

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

Schedule L (Form 990 or 990-EZ) 2019

932131 10-21-19

 Schedule L (Form 990 or 990 EZ) 2019
 222
 FOUNDATION

 Part IV
 Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person		interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
						Yes	No	
ALMEAJ	BLUE	INVESTMENTS	OFFICER	12,000.	RENT		X	
Part V		mental Information.	onses to questions on Schedule L (see i	instructions).				

Schedule L (Form 990 or 990-EZ) 2019

932132 10-21-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

222 FOUNDATION

OMB No. 1545-0047

19

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

MINISTRY LEADERS OF THE WORLD. IN ADDITION TO FINANCIAL ASSISTANCE, OUR

GOAL IS TO INVEST IN EACH OF OUR STUDENT PARTNERS IN THREE AREAS:

PERSONAL GROWTH, SPIRITUAL GROWTH, AND MINISTRY DEVELOPMENT.

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

AND MINISTRY DEVELOPMENT.

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

ANTHONY TAKO AND LINDSAY TAKO ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION'S BYLAWS WERE CHANGED TO UPDATE THE CLASSES AND TENURE OF BOARD MEMBERS.

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

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND IS REVIEWED BY MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS ARE AWARE OF THE CONFLICT OF INTEREST POLICY AND THAT

THEY ARE REQUIRED TO DISCLOSE CONFLICTS. ANY, AND ALL, CONFLICTS OF

INTEREST (IF THEY EXIST) ARE DISCUSSED AND ADDRESSED BY THE BOARD IN

ACCORDANCE WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

Schedule O (Form 990 or 990-EZ) (2019)

932212 09-06-19	49	Schedule O (Form 990 or 990-EZ) (2019)
DOCUMENTS ARE AVAILABLE OFON	KEQUESI.	
FORM 990, PART VI, SECTION C, DOCUMENTS ARE AVAILABLE UPON		

Page **2**

Employer identification number 82-4823763

Schedule O (Form 990 or 990-EZ) (2019)

222 FOUNDATION

Name of the organization