Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

Α	For the	e 2022 ca	endar year, or tax year	beginning		, and e	nding_				
В	Check if a	applicable:	C Name of organization	222 FOUNDA	TION		D	Employer ide	entification n	umber	
□.	Address	change	Doing business as								
$\overline{}$	N		Number and street (or P.C). box if mail is not	delivered to street addres	ss) Room/suite	82-	-4823763			
Ш	Name cha	ange	119 NORTH AVENUE				E	Telephone nu	mber		
	Initial retu	ım	City or town		State	ZIP code	22	4-655-1900			
二			BARRINGTON		IL	60010	22	4-655-1900			—
닏	rinai return	/terminated	Foreign country name	Foreign	province/state/county	Foreign posta	l code				
	Amended	d return					G	Gross receipts	5\$	667,0	91
П	Applicatio	on pending	F Name and address of prin	cinal officer			LI/a\ la ffica		442	Yes X	No.
ш	Аррисано	on pending	•	•	DARRINGTON II	C0040		group return for su		= =	
			JIM JODREY 119 NOF	RIH AVENUE,			1	subordinates in			No
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J	Website	: WV	W.222FOUNDATION.	ORG			H(c) Group	exemption num	ber		
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nai											
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Form 990 (2022) 222 FOUNDATION 82-4823763 Page 2 **Statement of Program Service Accomplishments** Part III Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE 222 FOUNDATION IS A 501(C)3 PUBLIC CHARITY THAT WAS FOUNDED TO INVEST IN THE FUTURE CHRISTIAN 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. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 463,701 including grants of \$ 140,306) (Revenue \$ (Code:) (Expenses \$ THE 222 FOUNDATION PARTNERS WITH SEMINARY STUDENTS AND PROVIDES FINANCIAL AND SPIRITUAL SUPPORT including grants of \$ (Code:) (Expenses \$ including grants of \$

Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0)(Revenue \$ 0) Total program service expenses 463,701 4e Form **990** (2022) Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Х 2 Χ 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ 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 9 Χ Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 10 Χ 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Χ Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more Χ 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X. 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 13 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		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? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		+
		24 u		+
25 a	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		 ^
C	"Yes," complete Schedule L, Part IV	200	Х	
20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	28c	^	X
29		29		₩^
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	L	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
30	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	50		
Гаі	Check if Schedule O contains a response or note to any line in this Part V			
	Oncor ii Ochedule O containo a response oi note to any inte in tilis Falt v			屵
,	February and the book of February 2000 Febru		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	7		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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	() ===: 00:12:11:01:	0.00		9-
Part	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	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
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		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	L	Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	•			È
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2022) 222 FOUNDATION 82-4823763

Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-	V	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b	Χ	
9	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Soct	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C		١	^
Jeci	ion B. Folicies (This Section B requests information about policies not required by the internal Nevenue C	oue.	/ Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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	Χ	
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
• •	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed IL	:04/-\		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.) I (C)		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy.	icv		
	and financial statements available to the public during the tax year.	. Jy ,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-				
	SEAN GLORE 224-655-1900			

Form 990 (2022) 222 FOUNDATION 82-4823763 Page **7**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any	/ related organiz	ation	con	npe	nsa	ted ar	ту с	urrent officer, di	rector, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	ition more than rson is bo irrector/trus Highest compensated (Key employee		an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SEAN GLORE	40.00									
EXECUTIVE DIRECTOR	0.00		_					105,974		
(2) ANTHONY TAKO	5.00	1								
CHAIRMAN	0.00	X		Х						
(3) GREGORY KIST	2.00									
VICE CHAIRMAN	0.00	Х		Х						
(4) JIM JODREY	2.00									
TREASURER	0.00	Х		Х						
(5) ADAM GASCHO	2.00									
SECRETARY	0.00	Х		Х						
(6) MARLEEN BARRETT	1.00									
MEMBER	0.00									
(7) TONY CIRO	1.00	1								
MEMBER	0.00									
(8) DANA LEAHY	1.00	1								
MEMBER CONTRACTOR OF THE PROPERTY OF THE PROPE	0.00	Х								
(9) LANCE RODGERS	1.00	.,								
MEMBER	0.00	Х								
(10) MATT SEES	1.00									
MEMBER	0.00	Х								
(11) BRIAN COFFEY	1.00	· ·								
MEMBER (40)	0.00	Х								
(12)										
(13)										
(14)										

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Pa	art VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	ees,	and	iH b	ghes	t Co	ompensated Em	iployees (continu	ued)		
-	•				(0	C)								
	(A)	(B)	(do i	not ch		ition more	than o	one	(D)	(E)			(F)	
	Name and title	Average	box,	unles	ss pe	rson	is both	an	Reportable	Reportat			ated amount	i
		hours per week					or/trust		compensation from the	compensa from rela			of other pensation	
		(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/	organizations		fr	rom the	
		hours for related	idua	utio	е	emp	est o	еŗ	1099-MISC/ 1099-NEC)	1099-MIS 1099-NE			nization and organization	
		organizations	약출	nal t		loye	om		1303 1123)	1000112	٥,	Tolatoa	organization	
		below dotted line)	stee	rust		ě	pens							
		dotted line)		ee			sate							
							۵							
(15)														
(16)														
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(17)														
(18)														
(19)														
(22)					<u> </u>									
(20)														
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(21)														
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(00)						Ė								
(23)														
(24)														_
(24)			-											
(2E)														_
(25)			/											
1b	Subtotal				l				105,974		0			0
C	Total from continuation sheets to Part VII, So			•	•	•			0		0			0
d	Total (add lines 1b and 1c)		· ·		•				105,974		0			0
2	Total number of individuals (including but not lin							ved) 000 of				_
-	reportable compensation from the organization		otou c	400 V	, 0, 1	V 110	10001	vou	more than \$100	,,000 01				1
	repertable compensation from the eigenfluxer.												Yes N	<u>.</u>
3	Did the organization list any former officer, dire	ctor. trustee. ke	v em	vola	ee.	or h	niahes	st co	ompensated		Ī		100	Ĭ
	employee on line 1a? If "Yes," complete Sched										.	3	Х	(
4	For any individual listed on line 1a, is the sum of										1			
-	the organization and related organizations grea	•	•						•	h				
							-					4	X	
_											•	-		Ì
5	Did any person listed on line 1a receive or accr	•			-			_				_		,
500	for services rendered to the organization? If "Yotion B. Independent Contractors	es, complete st	meat	ıı c J	101	Suc	n per	501	<u>' </u>	· · · · ·		5	Х	_
1	Complete this table for your five highest compe	naatad indanan	dont	oont	root	oro	that r		ived more than	\$100 000 c	·t			_
'	compensation from the organization. Report co											ay ve:	ar	
		inpensation to t	uie ca	alCII	uai	yea	i enu	iiig		organizat	10113 1			
	(A) Name and business addi	ress							(B) Description of ser	vices	С	(C) compens		
									· · · · · · · · · · · · · · · · · · ·					0
														0
														0
														0
														0
2	Total number of independent contractors (inclu-	ding but not limit	ted to	tho	se l	iste	d abo	ve)	who received					j
	more than \$100,000 of compensation from the	-					0							

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or	note to any line in	i this Part VIII			
					(A) Total revenue	(B) Related or exempt func ion revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S (6	1a	Federated campaigns	1a	0				
ant ints	b	Membership dues	1b	0				
Gra	С	Fundraising events	1c	109,054				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d	0				
Gif Iar	u	-	1e	0				
s, (mi	e	Government grants (contributions)	ie	U				
ion Si	T	All other contributions, gifts, grants, and		224.254				
out		similar amounts not included above	1f	364,654				
trit Ot	g	Noncash contributions included in						
on nd		lines 1a–1f	1g	\$ 4,394				
O e	h	Total. Add lines 1a-1f			473,708			
				Business Code				
Се	2a				0			
e Ţ	b				0			
gram Serv Revenue	С				0			
m	d				0			
jra Re					0			
Program Service Revenue	•	All other program convice revenue			0			
Δ_	'	All other program service revenue						
	g	Total. Add lines 2a–2f			0			
	3	Investment income (including dividends, in						
		other similar amounts)			13,219			
	4	Income from investment of tax-exempt bon	•		0			
	5	Royalties			0			
		(i) Rea	al	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses . 6b						
	С	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)		.(0			
	7a	Gross amount from (i) Securi	ties	(ii) Other				
		sales of assets						
			5,831	0				
<u>e</u>	b	Less: cost or other basis	,,50.					
Revenue	_ ~		1,047	0				
ЭVЕ	_		1,784					
A.	C	` '			11 701			
ier	d	Net gain or (loss)	 I		11,784			
Oth	8a	Gross income from fundraising						
•		events (not including \$ 109,054						
		of contributions reported on line 1c).		0.4.000				
	_	See Part IV, line 18	8a	24,333				
		Less: direct expenses	8b	42,451				
		Net income or (loss) from fundraising even	ts		-18,118			
	9a	Gross income from gaming activities.						
		See Part IV, line 19	9a	0				
	b	Less: direct expenses	9b	0				
	С	Net income or (loss) from gaming activities			0			
		Gross sales of inventory, less						
		returns and allowances	10a	0				
	h	Less: cost of goods sold	10b	0				
		-		· ·	0			
	С	Net income or (loss) from sales of inventor	y . .		0			
Sn	44			Business Code				
eo	11a				0			
an en	b				0			
scellaneo Revenue	С	·			0			
Miscellaneous Revenue	d	All other revenue			0			
Σ	е	Total. Add lines 11a-11d	<u></u>	<u> </u>	0			
	12	Total revenue. See instructions			480,593	0	0	

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations		'	j	,					
	and domestic governments. See Part IV, line 21	0								
2	Grants and other assistance to domestic									
_	individuals. See Part IV, line 22	85,587	85,587							
3	Grants and other assistance to foreign	00,00.	30,00.							
•	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	54,719	54,719							
4	Benefits paid to or for members	04,715	04,710							
5	Compensation of current officers, directors,									
Ū	trustees, and key employees	105,974	74,182	10,597	21,195					
6	Compensation not included above to disqualified	100,974	14,102	10,537	21,193					
·	persons (as defined under section 4958(f)(1)) and			,						
	persons (as defined under section 4950(r)(1)) and persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	148,005	103,603	14,801	29,601					
8	Pension plan accruals and contributions (include	140,003	103,003	14,001	29,001					
0	section 401(k) and 403(b) employer contributions)	0								
9	Other employee benefits	12,338	8,636	1,234	2.469					
9 10		20,749	14,524	2,075	2,468					
	Payroll taxes	20,749	14,524	2,075	4,150					
11	Fees for services (nonemployees):	76,240	24 655	2 200	20 705					
a	Management	367	34,655	2,800	38,785					
b	Legal		92	184	91					
C	Accounting	5,851	585	3,803	1,463					
d	Lobbying	0								
e	Professional fundraising services. See Part IV, line 17.			0.000						
f	Investment management fees	2,268		2,268						
g	Other. (If line 11g amount exceeds 10% of line 25, column	40.400	4 000	0.570	0.000					
40	(A), amount, list line 11g expenses on Schedule O.)	13,199	1,320	8,579	3,300					
12	Advertising and promotion	11,085	· ·	005	1,524					
13	Office expenses	6,807	4,209	665	1,933					
14	Information technology	3,495	2,898	145	452					
15	Royalties	0	22.224	0.004	2.004					
16	Occupancy	29,913	23,931	2,991	2,991					
17	Travel	14,286	13,997		289					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	0								
20	Interest	0								
21	Payments to affiliates	0	_							
22	Depreciation, depletion, and amortization	0	0	0	0					
23	Insurance	4,340	2,821	434	1,085					
24	Other expenses. Itemize expenses not covered									
	above. (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A), amount, list line 24e expenses on Schedule O.)									
а	Dues and Subscriptions	662	530	66	66					
b	Meals and Entertainment	6,650	4,356	290	2,004					
С	In-kind expenses	4,393			4,393					
d	Miscellaneous Expense	24,291	23,495		796					
е	All other expenses	0								
25	Total functional expenses. Add lines 1 through 24e	631,219	463,701	50,932	116,586					
26	Joint costs. Complete this line only if the									
	organization reported in column (B) joint costs									
	from a combined educational campaig <u>n</u> and									
	fundraising solicitation. Check here if									
	following SOP 98-2 (ASC 958-720)									

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X.			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	123,651	1	23,819
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	8,989	4	24,125
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		A	
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
ets	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	
⋖	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	731,981	12	573,891
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	864,621	16	621,835
	17	Accounts payable and accrued expenses	1,112	17	1,942
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons	0	22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	1,112	26	1,942
es		Organizations that follow FASB ASC 958, check here X			
E C		and complete lines 27, 28, 32, and 33.			
al	27	Net assets without donor restrictions	863,509	27	619,893
8	28	Net assets with donor restrictions	0	28	
Ē		Organizations that do not follow FASB ASC 958, check here			
Ŧ		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds	0	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
Asi	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	863,509	32	619,893
Z	33	Total liabilities and net assets/fund balances	864,621	33	621,835

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		480),593
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,219
3	Revenue less expenses. Subtract line 2 from line 1	3),626
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-		3,509
5	Net unrealized gains (losses) on investments	5	-		2,990
6	Donated services and use of facilities	6	-		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
. •	column (B))	10		619	9,893
Part	XII Financial Statements and Reporting				,,,,,,
	Check if Schedule O contains a response or note to any line in this Part XII			.	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			163	NO
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Za		_^
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)
	V)				
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

SCHEDULE A (Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization 222 FOUNDATION 82-4823763

Par	tΙ	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.	
he.	orga	nization is not a private foundat	ion because it is: (F	or lines 1 through 12, o	check only	one box.)	
1		A church, convention of church	es, or association o	f churches described in	nsection	170(b)(1)	(A)(i).	
2	П	A school described in section 1	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)		A	
3	Ħ	A hospital or a cooperative hos		•		b)(1)(A)(ii	i).	
4	Ħ	A medical research organizatio						ter the
7	ш	hospital's name, city, and state		notion with a noopital c	icoci ibcu		170(2)(1)(2)(11)	
5	П	An organization operated for th		e or university owned	or operate	ed by a go	vernmental unit desc	rihed in
·	ш	section 170(b)(1)(A)(iv). (Com		je or university evineur	or operate	a by a go	Tommental and acco	onbed in
6		A federal, state, or local govern	•	ntal unit described in se	ection 170	(b)(1)(A)((v).	
7		An organization that normally redescribed in section 170(b)(1)(m a gove	rnmental u	unit or from the gene	ral public
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)			
9	同	An agricultural research organia	zation described in	section 170(b)(1)(A)(ix) operate	d in coniur	nction with a land-gra	ant college
		or university or a non-land-gran university:	nt college of agricult	ure (see instructions).	Enter the	name, city	, and state of the co	llege or
10	X							
		receipts from activities related t support from gross investment	income and unrelate	ed business taxable in	come (les	s, and (2) i s section	511 tax) from busine	% OF ILS SSES
		acquired by the organization af						
11		An organization organized and	operated exclusivel	ly to test for public safe	ty. See se	ection 509	9(a)(4).	
12		An organization organized and	operated exclusivel	ly for the benefit of, to	perform th	e function	s of, or to carry out t	he purposes
		of one or more publicly support Check the box on lines 12a thro						
а	[Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to regu	larly appoint or elect a				
b	[Type II. A supporting organia control or management of the	zation supervised o	r controlled in connecti	on with its	s supporte	d organization(s), by ntrol or manage the	having supported
		organization(s). You must o						
С	l	Type III functionally integrates its supported organization(s)	ated. A supporting o) (see instructions).	organization operated i You must complete F	n connect Part IV, Se	ion with, a ections A,	and functionally integ , D, and E.	rated with,
d	L	Type III non-functionally in that is not functionally integr	ated. The organizat	ion generally must sati	sfy a distr	ibution re	quirement and an att	
	г	requirement (see instruction						
е	L	Check this box if the organized functionally integrated, or Ty					ı Type I, Type II, Typ	e III
f		Enter the number of supported			ig organiz			0
g		Provide the following information		ed organization(s).				
		Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				, , , ,			ĺ	,
					Yes	No		
A)								
B)								
C)								
<u> </u>								
D)								
E)								
ota	I						0	0

222 FOUNDATION Schedule A (Form 990) 2022 82-4823763 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contr butions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 **4 Total.** Add lines 1 through 3 0 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (e) 2022 (f) Total 0 0 0 0 Amounts from line 4 0 **8** Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business

	activities, whether or not the business is regularly carried on	•					0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (see in	nstructions)				12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop here.			•	` ' ' '		
Sec	tion C. Computation of Public Suppo	rt Percenta	ige				
14	Public support percentage for 2022 (line 6, colur	nn (f), divided b	y line 11, column	(f))		14	0.00%
15	Public support percentage from 2021 Schedule	A, Part II, line 1	4			15	0.00%
16a	33 1/3% support test—2022. If the organization and stop here. The organization qualifies as a p			·			
b	33 1/3% support test—2021. If the organization box and stop here. The organization qualifies at			•		-	
17a	10%-facts-and-circumstances test—2022. If 10% or more, and if the organization meets the facts-and organization	acts-and-circund-circund	nstances test, che s test. The organi	eck this box and st o	op here . Explain in		
b	10%-facts-and-circumstances test—2021. If the 15 is 10% or more, and if the organization meets the facts of the 15 is 10% or more and in Part VI how the organization meets the facts of the 15 is 10% or more and 15 is 10%	the facts-and-	circumstances tes	st, check this box a	nd stop here . Expl	ain	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990) 2022 222 FOUNDATION 82-4823763 Page **3**

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	tion A. Public Support			, I	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contribu ions, and membership fees						
•	received. (Do not include any "unusual grants.")	242,243	249,772	348,424	367,793	498,041	1,706,273
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activi ies that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						•
_	or expended on its behalf					_	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
•	-	242 242	240 772	249 424	367,793	409.041	1,706,273
6	Total. Add lines 1 through 5	242,243	249,772	348,424	-307,793	498,041	1,700,273
/a	received from disqualified persons	31,702	38,983	73,422	72,887	66,581	283,575
h	Amounts included on lines 2 and 3	31,702	30,903	13,422	12,001	00,301	200,010
b	received from other than disqualified						
	persons that exceed the greater of \$5,000			• 4 7			
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	31,702	38,983	73,422	72,887	66,581	283,575
8	Public support (Subtract line 7c from	,			,	,	·
	line 6.)						1,422,698
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	242,243	249,772	348,424	367,793	498,041	1,706,273
10a	Gross income from interest, dividends,	♦					
	payments received on securities loans, rents,	_1					
	royalties, and income from similar sources		23,457	20,486	63,927	25,003	132,873
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		00.457	22.422	20.00	25.000	0
	Add lines 10a and 10b	0	23,457	20,486	63,927	25,003	132,873
11	Net income from unrelated business	X					
	activities not included on line 10b, whether						0
40	or not the business is regularly carried on . Other income. Do not include gain or						0
12	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	242,243	273,229	368,910	431,720	523,044	1,839,146
14	First 5 years. If the Form 990 is for the orga						1,000,140
	organization, check this box and stop here						X
Sec	ction C. Computation of Public Su						·
15	Public support percentage for 2022 (line 8, c			(f))		15	0.00%
16	Public support percentage from 2021 Sched	ule A, Part III, line	15			16	0.00%
Sec	ction D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2022 (line	e 10c, column (f), d	ivided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2021 Se	chedule A, Part III,	line 17			18	0.00%
19a	33 1/3% support tests—2022. If the organi						·
	not more than 33 1/3%, check this box and \$	-			-		
b	33 1/3% support tests—2021. If the organi						
	line 18 is not more than 33 1/3%, check this	-	_				
20	Private foundation. If the organization did it	not check a box on	line 14, 19a, or 19	b, check this box a	ind see instructions	3	

Schedule A (Form 990) 2022 222 FOUNDATION 82-4823763 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
36		
40-		
10a		
10b		
IUD		

Schedul	e A (Form 990) 2022 222 FOUNDATION	82-4823763		Page 5
Part I				
		_	Yes	s No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b			
b	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11	_	+
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>			
•	detail in Part VI.	11	С	
Section	on B. Type I Supporting Organizations	<u> </u>	ı	
		_	Yes	s No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's c			
	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			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated an supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	10 Ing the		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u>'</u>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in F	Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
		_	Yes	s No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the direct			
	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 management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the support of th			
	or management of the supporting organization was vested in the same persons that controlled or management description that controlled or management of the supported organization (s).	1		
Section	on D. All Type III Supporting Organizations			
	J. Company of the com		Yes	s No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ie 💮		
	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			
_	organization's governing documents in effect on the date of notification, to the extent not previously provi			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part the organization maintained a close and continuous working relationship with the supported organization			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations h			
·	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		
Section	on 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 y	ear (see instructio	ns).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	ental entity (see instri	ıctions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	s No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purpose	s of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purpo	ses,		
	how the organization was responsive to those supported organizations, and how the organization determ	nined		
	that these activities constituted substantially all of its activities.	28	1	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvem			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain that its supported organization(s) would have engaged			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged these activities but for the organization's involvement.	2 In 2k		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	21		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this reg			

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 222 FOUNDATION
 82-4823763
 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	•		,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5	A	
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	<i></i>	
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functionally	y inte	egrated Type III supporting	organization (see
instructions).			

Schedule A (Form 990) 2022 22 FOUNDATION 82-4823763 Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 **7 Total annual distributions.** Add lines 1 through 6. 7 0 8 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. **9** Distributable amount for 2022 from Section C, line 6 9 0 **10** Line 8 amount divided by line 9 amount 10 0.000 (ii) (iii) Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 0 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 **b** From 2018 0 0 **c** From 2019 **d** From 2020 0 **e** From 2021 **f** Total of lines 3a through 3e 0 **g** Applied to underdistributions of prior years 0 **h** Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 0 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years 0 **b** Applied to 2022 distributable amount 0 Remainder. Subtract lines 4a and 4b from line 4. 0 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 0 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2018. 0 0 **b** Excess from 2019. 0 c Excess from 2020. d Excess from 2021. 0 e Excess from 2022. 0

Schedule A (Form 990) 2022 222 FOUNDATION 82-4823763 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name	of the organization		Employer identification number
222 F	OUNDATION		82-4823763
Par		Advised Funds or Other Similar Fun	
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono		
	funds are the organization's property, subject to		
6	Did the organization inform all grantees, donors		
	only for charitable purposes and not for the ben		
	conferring impermissible private benefit?		, Yes No
Par	Conservation Easements.		
	Complete if the organization answere		
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (for example	e, recreation or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	n held a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easem	nents	2b
С	Number of conservation easements on a certific		2c
d	Number of conservation easements included in		
	on a historic structure listed in the National Reg		
3	Number of conservation easements modified, to	ransferred, released, extinguished, or term	inated by the organization during
	the tax year		
4	Number of states where property subject to cor		bandling of
5	Does the organization have a written policy reg violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring, ins		
·	otali and volunteer nours devoted to monitoring, ins	pooling, manding or violations, and emoreing of	onservation casements during the year
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing conse	rvation easements during the year
			ů ,
8	Does each conservation easement reported on	line 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization repo	rts conservation easements in its revenue	and expense statement and
	balance sheet, and include, if applicable, the te	xt of the footnote to the organization's finar	ncial statements that describes the
	organization's accounting for conservation ease		
Par	Organizations Maintaining Collecti		Other Similar Assets.
	Complete if the organization answere		
1a	If the organization elected, as permitted under I		
	works of art, historical treasures, or other similar	•	
	public service, provide in Part XIII the text of the		
b	If the organization elected, as permitted under I	· •	
	works of art, historical treasures, or other similar		on, or research in furtherance of
	public service, provide the following amounts re	•	_
	(i) Revenue included on Form 990, Part VIII, lir		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		s tor tinancial gain, provide the
	following amounts required to be reported under	<u> </u>	•
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

Part	III Organizations Maintaining Coll	ections of Ar	t, Histor	ical Tre	asures, or	Other S	imilar Assets	(contir	nued)	
3	Using the organization's acquisition, acces	sion, and other	records, c	heck any	of the followi	ng that m	nake significant	use of it	S	
а	collection items (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5									
b	Scholarly research		е 🗌	Other						
С	Preservation for future generations									
4	· · · · · · · · · · · · · · · · · · ·	collections and	explain h	ow they fu	rther the orga	anization'	's exempt purpo	se in Pa	rt	
5	During the year, did the organization solicit	or receive dona	ations of a	ırt, historic	cal treasures,	or other	similar			
	assets to be sold to raise funds rather than	to be maintaine	ed as part	of the org	ganization's c	ollection?	?	Ye	s	No
Part	V Escrow and Custodial Arrange	ments.				4				
			n Form 9	90, Part	IV, line 9, c	r report	ed an amount	on For	m	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custo	dian or other int	termediar	y for contr	ibutions or ot	her asse	ts not			
								Ye	s	No
b	If "Yes," explain the arrangement in Part X	III and complete	the follow	ving table		_				
_	Deginning belongs					10	A	mount		
_										0
_										0
2a	-				ow or custodi	al accour	nt liability?	Ye	s X	No
	_						=			
		III. OHOOK HOIO I	T tillo oxpit	ariation he	ao boon provi	404 011 1	<u> </u>		<u> </u>	
rait		vered "Yes" or	n Form 9	90 Part	IV line 10					
						back (e	d) Three vears back	(e) Fo	ur vears	back
1a	 			,	(-, ,	,	, ,	(-)		
_										
С	Net investment earnings, gains,									
	and losses	. (1							
d										
е	The state of the s									
	· · ·	4								
f	T T									
g							()		0
2				ine 1g, co	iumn (a)) nei	d as:				
		\	70							
•		nould equal 100	%.							
3a				n that are	held and adr	ninistere	d for the			
									Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b			•					3b		
4			s endown	nent funds	3.					
Part			_							
	Description of property	` '						(d) Bo	ok value	•
1a	Land	(iiiveətilik	0	,(0	uel	Journal			0
ia b	Buildings		0		0		0			0
C	Leasehold improvements		0		0		0			0
d	Equipment	1	0		0		0			0
e	Other		0		0		0			0
Total	. Add lines 1a through 1e. (Column (d) must	equal Form 990	0, Part X,	column (E	B), line 10c.) .	<u>.</u>	<u></u> .			0

Schedule D (Form 990) 2022 222 FOLINDATION 82-4823763 Page 3

222 I OUNDATION			02- 4 020700 Fage 0
Part VII Investments—Other Securities.	"Vos" on Form 000	Dart IV line 11h See Form (000 Part V line 12
Complete if the organization answered ' (a) Description of security or category	(b) Book value	(c) Method of va	aluation:
(including name of security)		Cost or end-of-year r	market value
(1) Financial derivatives	0		
(2) Closely held equity interests	572.004		
(3) Other INVESTMENTS		F 	
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	573,891		
Part VIII Investments—Program Related.			
Complete if the organization answered '	"Yes" on Form 990,	Part IV, line 11c. See Form 9	990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	
		Cost of end-of-year r	market value
(1)			
(2)		()	
(3) (4)	A 4		
(5)			
(6)			
(7)			
(8)			
(9)	V		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	0		
Part IX Other Assets.			
Complete if the organization answered '		Part IV, line 11d. See Form 9	
(a) Descri	iption		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)		C
Part X Other Liabilities.	,		
Complete if the organization answered '	"Yes" on Form 990,	Part IV, line 11e or 11f. See	Form 990, Part X,
line 25,			
1. (a) Descript	tion of liability		(b) Book value
(1) Federal income taxes			C
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 25)		0
		<u></u>	ı

Χ

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

Par	Reconciliation of Revenue per Audited Financial Statements With Rev	•	n.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		407.700
1	Total revenue, gains, and other support per audited financial statements	1	427,786
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	00.000	
а		-92,990	
b	=		
C	1 , 3	40.454	
d		42,451	50 500
e	3 3		
3	Subtract line 2e from line 1	3	478,325
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	A 4000	
a	,	2,268	
b			2 200
_ C	Add lines 4a and 4b	5	· ·
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		.00,000
Par	TXII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		urn.
1	Total expenses and losses per audited financial statements	1	671,402
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а			
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	42,451	
е	Add lines 2a through 2d	26	42,451
3	Subtract line 2e from line 1		628,951
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	2,268	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	40	2,268
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	631,219
	t XIII Supplemental Information.		
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		
Part 2	X Line 2 The Organization is a nonprofit corporation that is exempt from income taxes		
	vs Continue F04 (a) 2 of the Internal Devenue Code and senerted an unrelated hydrone		
unue	er Section 501 (c) 3 of the Internal Revenue Code and reported no unrelated business		
incon	me for the year ended December 31, 2022. Management represents there are no uncertain		
tax p	position or other provisions for income taxes that should be recognized in these		
finan	ncial statements.		
Part :	XI Line 2d Fundraising Expenses: 42,451		
Part :	XII Line 2d Fundraising Expenses:: 42,451		
_			

Schedule D (Fo		22 FOUNDATION	82-4823763	Page 5
Part XIII	Supplement	al Information (continued)		
		· (O		
		(C-)		
		V		
		· · · · · · · · · · · · · · · · · · ·		
		<u> </u>		
		7		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 222 FOUNDATION 82-4823763

Pai	Form 990, Part IV		ivities Outside	e the United States. Com	plete if the organization ansv	wered "Yes" on
1		antees' eligibility	for the grants or	ds to substantiate the amount assistance, and the selection	<u> </u>	X Yes No
2	For grantmakers. Desc outside the United State		e organization's	procedures for monitoring the	use of its grants and other	assistance
3	Activities per Region. (T	he following Par	t I, line 3 table c	an be duplicated if additional	space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in he region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in he region	(f) Total expenditures for and investments in the region
(1)	1				9)	
(2)						1
(3)						
(4))					
(5)	1					
(6)			*	O		
(7)			•			
(8)						
(9)						
(10))					
(11))			
(12)		O				
(13)						
(14)						
(15))					
(16))					
(17)						
	Subtotal	0	0			0
b	Total from continuation sheets to Part I	0	0			0
_	3110013 10 1 all 1	0	0			0

Schedule F (Form 990) 2022 222 FOUNDATION 82-4823763 Page **2**

Par						ted States. Complete duplicated if addition		tion answered "Yes" ded.	on Form 990,
1	(a) Name of organiza ion	(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) Descrip ion of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1))							1	
(2)									
(3)									
(4)									
(5)									
(6)						100			
(7)									
(8))								
(9))			*					
(10)								
(11)								
(12))								
(13)								
(14)								
(15))								
(16)									
2	exempt 501(c)(3) organization b	y the IRS, or for which	the grantee or counse	I has provided a sec	foreign country, recogretion 501(c)(3) equivale	ency letter	. •	
3	Enter total num	ber of other orga	nizations or entities .					. ▶	0

Schedule F (Form 990) 2022 222 FOUNDATION 82-4823763 Page **3**

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.

line 16. Part III car	n be duplicated if additional sp	ace is needed.	1				
(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, o her)
Grants	South Asia			PAID TO US		4	
(1)		5	18,677	EDUCATIONAL	0		
Grants	South America			PAID TO US			
(2)		1	2,000	EDUCATIONAL	0		
Grants	East Asia and the Pacific			PAID TO US			
(3)		3	13,277	EDUCATIONAL	0		
Grants (4)	Sub-Saharan Africa	2	19.485	PAID TO US EDUCATIONAL	0		
Grants	Europe (Including Iceland			PAID TO US			
_(5)	and Greenland)	2	9,254	EDUCATIONAL	0		
(6)			•				
(8)							
(9)		+ (
_(10)							
(11)							
(12)	4()					
(13)	C/C						
(14)	18						
<u>(15)</u>							
<u>(</u> 16)							
<u>(17)</u>							
<u>(18)</u>							

 Schedule F (Form 990) 2022
 222 FOUNDATION
 82-4823763
 Page 4

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)
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)
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations. (see Instructions for Form 5471)
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)
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)
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 222 FOUNDATION 82-4823763 Page **5**

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.

Part I Line 2 STUDENTS ARE REQUIRED TO SUBMIT A TUITION STATEMENT FROM THEIR SCHOOL AT THE
BEGINNING OF THE SEMESTER AND THEN A RECEIPT AT THE END OF THE SEMESTER TO VERIFY THAT
THERE WAS NO OVERPAYMENT. ALL FUNDS ARE SENT DIRECTLY TO THE SCHOOL.
•.C
. 7)

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organiza ion

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

Employer identification number

222 F	222 FOUNDATION 82-4823763							
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.								
Form 990-EZ filers are not required to complete this part.								
1	<u></u>							
а	Mail solicitations				of non-government g	•		
b	☐ Internet and email solicitations f☐ Solicitation of government grants							
С	Phone solicitations		g S	pecial fund	Iraising events			
d	In-person solicitations							
2a	Did the organization have a written of	or oral agreemer	nt with any	individual	(including officers, o	lirectors, trustees,		
	or key employees listed in Form 990), Part VII) or enf	tity in conn	ection with	professional fundra	aising services?	Yes No	
b	If "Yes," list the 10 highest paid indiv	iduals or entities	s (fundrais	ers) pursu	ant to agreements u	nder which the fund	raiser is to	
	be compensated at least \$5,000 by	the organization	i.					
			(iii) Did fun	draicor havo		(v) Amount paid to	(vi) Amount paid to	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity		draiser have r control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)	
	or chitty (turidiaser)		contrib	utions?	individually	col. (i)	organiza ion	
			Yes	No				
1								
					0	0	0	
2						0	0	
3					0	0	0	
					0	0	0	
4								
5					0	0	0	
					0	0	0	
6		•						
7					0	0	0	
					0	0	0	
8								
9					0	0	0	
					0	0	0	
10							0	
					U	U	0	
Total					o	0	0	
3	List all states in which the organizati	on is registered	or license	d to solicit	contributions or has	been notified it is e		
	registration or licensing.	J					'	

Schedule G (Form 990) 2022 222 FOUNDATION 82-4823763 Page **2**

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Golf Fundraiser ndraising Dinner 9/28 3 (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts 96,378 10,000 27,009 133,387 Less: Contributions . . . 72,045 10,000 27,009 109,054 Gross income (line 1 minus line 2) 24,333 24,333 Cash prizes 200 200 Noncash prizes 4,645 1,624 3.061 9,330 Direct Expenses Rent/facility costs 1,000 1,000 Food and beverages . . . 2,288 7,417 9,705 Entertainment 13,528 0 13,528 Other direct expenses . . 7,788 744 8,688 Direct expense summary. Add lines 4 through 9 in column (d). 42,451) Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue. 0 Direct Expenses Cash prizes 2 0 Noncash prizes . . . 3 0 Rent/facility costs . . . 0 Other direct expenses 0 5 Yes Yes Yes Volunteer labor . . . No Direct expense summary. Add lines 2 through 5 in column (d) 0) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . If "Yes," explain:

Sched	ule G (Form 990) 2022 222 FOUNDATION	82	-4823763	Page 3
11	Does the organization conduct gaming activities with nonmembers?		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:			
а	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 an records:	d		
	Name			
	Address	}		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$0 and the amount of gaming revenue retained by the third party \$0			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		— ,,	—
h	retain the state gaming license?		Yes	No
b	spent in the organization's own exempt activities during the tax year \$			0
Part		(iii) a	and (v); a	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	infor	mation.	
	See instructions.			

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Attach to Form 990.

OMB No. 1545-0047

2022
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organiza ion

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

222 FOUNDATION						82	-4823763
Part I General Information	n on Grants	and Assistance					
Does the organization mainta the selection criteria used to aDescribe in Part IV the organ	award the grants	s or assistance? .				or assistance, and	X Yes No
					ts. Complete if the or cated if additional spa		d "Yes" on Form
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	(f) Method of valua ion (book, FMV, appraisal, o her)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)			10				
(6)							
(7)		4					
(8)							
(9)	10						
(10)							
(11)							
(12)							
2 Enter total number of section3 Enter total number of other or							0

Schedule I (Form 990) 2022

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Descrip ion of noncash assistance
larship					
	27	97,047			1
				7	

Supplemental Information. P	Provide the information red	nuired in Part I line	2: Part III. column	(h): and any other addit	ional information
				. (),	
ne 2 STUDENTS ARE REQUIRED TO	SUBMIT A TUITION STATEM	MENT FROM THEIR	SCHOOL AT THE BI	EGINNING OF THE SEMES	TER AND THEN A RECEIPT
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Page **2**

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

222 F	OUNDATION							82-48	323763	3				
Part		it Transactions e organization ar	(section 501(c)(3), se on For	ection 50 m 990, F	11(c)(4), and Part IV, line	d secti 25a o	on 501(c)(29) or r 25b, or Form 9	ganiza 90-EZ	ations ., Part	only). V, line	e 40b.		
1	(a) Name of disqualifi	ied nerson	(b) Relationship be			person and		(c) Descriptio	n of tran	saction			(d) Cor	rected?
	(a) Namo or aloqualiii	lou person		organiza	ation			(b) Bosonpus		<u> </u>			Yes	No
(1)										1				
(2)								-	4					
(3)											_			
(4)										4				
(5)														
<u>(6)</u> 2	Enter the amount of	tox incurred by	the ergenizatio	n man		diagualifia	d noro	and during the ve						
2	Enter the amount of under section 4958	-	_		agers or	uisquaiiiled 	person.	ons during the ye			\$			
3	Enter the amount of	tax, if any, on li	ne 2, above, re	imburs	sed by th	e organizat	ion .				. \$			
Part	Complete if the	or From Interese organization are	nswered "Yes"				ine 38	a or Form 990, F	Part IV	, line 2	26; or	if the		
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origii principal an	nal nount	(f) Balance due	(g) In o	default?	by bo	proved ard or nittee?	(i) W agree	ritten ment?
				То	From				Yes	No	Yes	No	Yes	No
(1)					1,0,				100	1				
(2)														
(3)														
(4)														
(5)														
(6)			•	1										
(7)														
(8)														
(9)														
(10)														
Total					·		. \$	0						
Part		istance Benefit organization ar				Part IV, line	27.							
(a)	Name of interested person		ship between intereand the organization		(c) Amount	of assistance		(d) Type of assistanc	e	(6	e) Purpo	ose of a	ssistand	се
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)		V												
(8)														
(9)														

Schedule L (Form 990) 2022 222 FOUNDATION 82-4823763 Page **2**

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 (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (d) Description of transaction (e) Amount of transaction (e) Description (e) Description (e) D	orga	Sharing o
Interested person and the organization Interested person and the organizat	orga	Sharing o
(2) (3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information.		ganization's evenues?
(2) (3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information.	Ye	es No
(2) (3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information.		Х
(3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information.		
(4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information.		
(5) (6) (7) (8) (9) (10) Part V Supplemental Information.		
(6) (7) (8) (9) (10) Part V Supplemental Information.		
(7) (8) (9) (10) Part V Supplemental Information.		
(8) (9) (10) Part V Supplemental Information.		
(9) (10) Part V Supplemental Information.		
(10) Part V Supplemental Information.		
Part V Supplemental Information.		
Provide additional information for responses to questions on Schedule L (see instructions).	•	
• C)		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

2022 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organiza ion

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

222 FOUNDATION	82-4823763
Form 990, Part I, Line 1: MINISTRY LEADERS OF THE WORLD. IN ADDITION TO FINANCIAL	ASSISTANCE,
OUR GOAL IS TO INVEST IN EACH OF OUR STUDENT PARTNERS IN THREE AREAS: PERS	SONAL GROWTH,
SPIRITUAL GROWTH, AND MINISTRY DEVELOPMENT.	
Form 990, Part VI, Section B, Line 11b: THE FORM 990 IS PREPARED BY AN OUTSIDE ACCO	DUNTING FIRM
AND IS REVIEWED BY MEMBERS OF THE BOARD.	
Form 990, Part VI, Section B, Line 12c: ALL BOARD MEMBERS ARE AWARE OF THE CONFLI	CT OF
INTEREST POLICY AND THAT THEY ARE REQUIRED TO DISCLOSE CONFLICTS, ANY, ANI	D ALL, CONFLICTS OF
INTEREST (IF THEY EXIST) ARE DISCUSSED AND ADDRESSED BY THE BOARD IN ACCOR	RDANCE WITH THE
POLICY.	
Form 990, Part VI, Section B, Line 15: THE COMPENSATION FOR THE EXECUTIVE DIRECTO	OR IS APPROVED
BY THE BOARD OF DIRECTORS AND COMPARED WITH OTHER SIMILAR NON-PROFITS.	
Form 990, Part VI, Section C, Line 19: DOCUMENTS ARE AVAILABLE UPON REQUEST AND A	AT
GUIDESTAR.COM •	
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Name of the organization	Employer identification number
222 FOUNDATION	82-4823763
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