Return of Organization Exempt From Income Tax

Form **990**

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.

OMB No. 1545-0047 Open to Public

2024

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2023 calendar year, or tax year beginning JUL 1, 2023 and	ending J	UN 30, 2024				
B C	heck if pplicable	C Name of organization		D Employer identifi	cation number			
	Addres	UNKNOWN NATIONS						
]Name change			**_***	**			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 4200 ALPINE AVENUE NW	Room/suite	E Telephone number 616-534-5689				
	termin- ated			G Gross receipts \$	4,919,637.			
	Amend	COMSTOCK PARK, MI 49321		H(a) Is this a group re	etum			
	Application	F Name and address of principal officer: GREG KELLEY		for subordinates	? Yes X No			
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
$\overline{11}$	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions			
	Vebsit			H(c) Group exemption	n number			
		organization: X Corporation Trust Association Other	L Year		A State of legal domicile: MI			
	rt I	Summary	1					
		Briefly describe the organization's mission or most significant activities: UNKN	AN NWC	TIONS IS A	CHRISTIAN			
Activities & Governance		NONPROFIT FOCUSED ON REACHING THE UNREACH	ED IN	AREAS THAT	ARE LESS			
nan		Check this box if the organization discontinued its operations or dispos						
Je.	_			3	10			
ĝ		Number of independent voting members of the governing body (Part VI, line 1b)			10			
ಂಶ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			25			
lies		Total number of volunteers (estimate if necessary)			10			
ξ		Total rumber of volunteers (estimate in necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
_	_ D	Net unrelated pusitiess taxable income noni Form 990-1, Farti, line FF	T	Prior Year	Current Year			
		Contributions and grants (Part VIII, line 1h)		4,396,759.	4,325,552.			
Revenue				642,195.	417,365.			
		Program service revenue (Part VIII, line 2g)		1,114,181.	45,578.			
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-43,126.	-92,937.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,110,009.	4,695,558.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,893,476.	2,925,761.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		1,054,452.	1,239,529.			
Se.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 706, 34	<u> </u>	0.	0.			
Expenses	_b	, , , , , , , , , , , , , , , , , , , ,		843,164. 818,539.				
ш	l ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,791,092.	4,983,829.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		318,917.	-288,271.			
		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year			
Net Assets or				5,709,054.	5,267,526.			
Sset	20	Total assets (Part X, line 16)		439,115.	285,858.			
et A	21	Total liabilities (Part X, line 26)	·····-	5,269,939.	4,981,668.			
음	rt II	Net assets or fund balances, Subtract line 21 from line 20		3,203,333.	4,501,000.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and atatame	ante and to the best of m	knowledge and halief it is			
		tties of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of wh			/ Knowledge and Deller, it is			
true,	correc	t, and complete. Declaration of preparer (utile) than unicery is pased on all information of wi	iicii preparei	nas any knowieuge.				
		Signature of officer		Date				
Sigi		L		Duto				
Her	е	GREG KELLEY, EXECUTIVE DIRECTOR Type or print name and title						
_				Date Check [PTIN			
D. T.		Print/Type preparer's name JENNIFER L. ROGELL, CPA		if	701001707			
Paid				self-emplo	*_****			
	arer	Firm's name HUNGERFORD CPAS + ADVISORS		FIFTH S EIN **				
use	Only	Firm's address 2910 LUCERNE DR SE		Dhana na £1	6-949-3200			
_		GRAND RAPIDS, MI 49546		I Priorite no. 0 1				
May	/ the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

4d Other program services (Describe on Schedule O.)
(Expenses \$ 273,588. including grants of \$

264,587.) (Revenue \$

218,750.)

Total program service expenses 3,765,691.

Form **990** (2023)

12001216 400738 869887.00

TO DEMONSTRATE AND TEACH ABOUT THE LOVE OF CHRIST.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
E	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		<u> </u>
5	similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III	5		x
c	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
6		6		x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	اٹ		
7		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ا ۾ ا		x
_	Schedule D, Part III	8		 ^
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	ا ا		x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			₩
	or in quasi-endowments? # "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,		H	
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l	7.7	
	Part VI	11a	X	_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	_
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			١.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	_
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	X	
			000	(0000)

Form	1990 (2023) UNKNOWN NATIONS **-***	****	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
-		,,	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	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	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,		4	= 20
	instructions for applicable filing thresholds, conditions, and exceptions):			ALC:
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ### The contributor of the contrib	00.	x	
	"Yes," complete Schedule L, Part IV	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_
·		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		_
••	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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	_	<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		"	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
	The second strength of		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		1190	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			7-5
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	22		17.0

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(gambling) winnings to prize winners?

			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 return2a25			1.74
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		X
b	If "Yes," enter the name of the foreign country			100
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_	_
6a				
	any contributions that were not tax deductible as charitable contributions?	6a	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	l		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	-	X
þ	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	_		Ψ.
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		Х
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/n		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organization have excess business holdings at any time during the year?	ı		
9_	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
10 a	Initiation fees and capital contributions included on Part VIII, line 12			30
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	Land		IS II
11	Section 501(c)(12) organizations. Enter:			30
··a	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.)	la ye		5 B
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		-	1
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.		711	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	3, 5	HEI	1
	organization is licensed to issue qualified health plans	Z	15	
C	Enter the amount of reserves on hand			- 0
14a		14a		X
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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		4.1	77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	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	ا ـــ ا		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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UNKNOWN NATIONS Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions, Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 10 1a 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 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No

10a	Did the organization have local chapters, branches, or affiliates?	10a		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 filling the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			MIS
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			10
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	100	lan.	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			- 17
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		112	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			

7 List the states with which a copy of this Form 990 is required to be filed	MI, CO, FL, GA, UT, OK, MD, MN, OR, NC, PA,	TI
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18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection, Indicate how you made these available, Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records DEBBIE AUSTIN - 616-534-5689

4200 ALPINE AVE NW, COMSTOCK PARK, MI 49321

SEE SCHEDULE O FOR FULL LIST OF STATES 332006 12-21-23

UNKNOWN NATIONS

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if paither the organization nor any related organization compensated any current officer, director, or trustee

- 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.

(A)	(B)			(C Posi	ک) ition	١.		(D)	(E) Reportable	(F)
Name and title	Average hours per week	box, offic	(do not check more box, unless person officer and a direct			on is both an		Reportable compensation from	compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) HOPE LOOMIS CHIEF DEVELOPMENT OFFICER	40.00			x				145,000.	0.	2,300.
(2) GREG KELLEY	40.00	Н	Н			\vdash				
EXECUTIVE DIRECTOR				x				85,160.	0.	17,117.
(3) MARK YOUNG, SR	1.00		П							
DIRECTOR		x						0.	0.	0.
(4) DAVE DISHAW	2.00	П								
PRESIDENT		X		X				0.	0.	0.
(5) KURT POLL	2.00									
SECRETARY		X	_	X				0.	0.	0.
(6) SALLY VANDERPLOEG	2.00							_		_
TREASURER		X		X		_		0.	0.	0.
(7) SCOTT BAKER	2.00									
VICE PRESIDENT		X		X			_	0.	0.	0.
(8) JAMES ROBERT PARKER	1.00									_
DIRECTOR	1 00	X	H	_	_	\vdash	_	0.	0.	0.
(9) KEVIN ROOSIEN	1.00	x						0.	0.	
DIRECTOR	1 00	A	_	_	-	H	_	0.	0.	0.
(10) STEVE DESUTTER	1.00	x						0.	0.	0.
DIRECTOR (11) JOHN GROOTERS	1.00	₽	Н	Н	\vdash	\vdash	_	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(12) KURT KOSTER	1.00	<u> </u>				\vdash	_	•	•	
DIRECTOR	1100	x						0.	0.	0.
211201011		-				\vdash	_			
		П	П	П		Г				
										Name and the same
		H	-			\vdash	-			
	-									
200027 40 04 00				-	_	_				Form 990 (2023)

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_	*	*	*	*	*	*	*	Page
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Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	st C		s (continued)	_			_
(A)	(B)	l)) Pos	C) ition			(D)	(E)			(F)	
Name and title	Average hours per		not c	heck	more	than (Reportable compensation	Reportable compensation			mated ount of	
	week		cer an					from	from related			ther	
	(list any	ector						the	organizations		comp		on
	hours for related	or dir	98			ated		organization (W-2/1099-MISC/	(W-2/1099-MISC) 1099-NEC)	′		m the	_
	organizations	Individual trustee or director	Institutional trustee		#	шреч		1099-NEC)	1099-NEC)		_	nizatio related	
	below	idual	tetion	늅	oldma	estco	je j	,,				ization	
	line)	igi	Insti	Officer	Key	Highest compensated employee	Former			\perp			
		Г	Н		Т	\vdash				\dagger			
						-	_			+			_
		Г			Г	Г							
		\vdash	H		H	\vdash				+			_
		L				L				4			
		Γ	Г		Γ	Г	Г			T			
		H	\vdash		\vdash	\vdash				+			_
		1_	L							\downarrow			
1b Subtotal		_					_	230,160.	(7.	19	,41	7.
c Total from continuation sheets to Part V								0.).			0.
d Total (add lines 1b and 1c)								230,160.).[19	,41	7.
2 Total number of individuals (including but r	ot limited to th	ose	liste	dab	oove	e) wh	o re	eceived more than \$100,	000 of reportable				1
compensation from the organization					_		_				T	/es	1 No
3 Did the organization list any former officer	, director, trust	ee, l	кеу є	empl	loye	e, or	hig	hest compensated emp	oyee on	Γ			
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the se	•							·	-				
and related organizations greater than \$15										-	4		X
5 Did any person listed on line 1a receive or a					_					- 1	5		x
rendered to the organization? If "Yes," con Section B. Independent Contractors	ipiete Schedul	eJI	or st	ICD.	oers	on					3		
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comper	nsati	on fron	n	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith (or wi	thin		ear.				
(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	Сс	(C) ompens		
							T						
			_				-						
							+						
							-						_
2 Total number of independent contractors (i	-	ot lir	nited	to '			ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation				()				г	-orm 9	90 (20	1221

_**

Form 990 (2023) UNKNOWN
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	or note to any lin	ne in this Part VIII			
_		Officer il Goriodale e contains a response o	Thoto to drift in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
_	_						36000013 312 314
Contributions, Gifts, Grants and Other Similar Amounts	1:	Federated campaigns 1a					
E i		Membership dues1b					
F, 6	'	Fundraising events 1c	192,187.	And the Paris		STEEL STREET	
al la	١,	Related organizations 1d					
E.O.	١,	Government grants (contributions)					
Sil	١,	All other contributions, gifts, grants, and				Charles St.	
le le			133,365.				
불형			462,269.				
o B		Total. Add lines 1a-1f		4,325,552.			
0 8	-	1 Total. Add lines (a-1)	Business Code	1,323,332.			
		HOME GOROOT BUILDING B		218,750.	218,750.		
Ce	2 :	HOME SCHOOL BUILDING R	532000				
<u>V</u> 9		THE TREASURE SALES	459900	198,615.	198,615.		
S I	١ ١						
Program Service Revenue							
g q	,	,					
Ę.	1	All other program service revenue					
		Total. Add lines 2a-2f		417,365.			
_	3	Investment income (including dividends, interes					
	•	other similar amounts)	45,578.			45,578.	
	4	Income from investment of tax-exempt bond pr					
	5	Royalties		6,000.	6,000.		
	3	(i) Real	(ii) Personal	0,0001	0,000		
			(ii) i cioonai	The second			
		Gross rents 6a					
		Less: rental expenses 6b					
	۱ ۱	Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 :	a Gross amount from sales of (i) Securities	(ii) Other		The late of the late of		
		assets other than inventory 7a		Little of the land			
		Less: cost or other basis					
e		and sales expenses 7b					
e	Ι,	Gain or (loss) 7c					
ě		Net gain or (loss)					
Other Revenue		Gross income from fundraising events (not					
훗	"	including \$192,187 of					
٦		contributions reported on line 1c). See		Strate I			
			21,000.				
	١.		40,205.				
			40,205.	-19,205.			-19,205.
		Net income or (loss) from fundraising events		-13,403.			13,203.
	9 :	a Gross income from gaming activities. See				MIT 4.6	
		Part IV, line 199a		A CONTRACTOR OF THE PARTY OF TH			
		Less: direct expenses 9b					
	-	Net income or (loss) from gaming activities					
	10 :	Gross sales of inventory, less returns					
		and allowances10a	103,804.				
	l i	Less: cost of goods sold	183,874.				
		Net income or (loss) from sales of inventory		-80,070.			-80,070.
$\overline{}$			Business Code			CT. IST'IN	
S	44.	MISCELLANEOUS INCOME	522220	338.	338.		
Miscellaneous Revenue	1 ' '			1111			
scellane Revenue	'						
Sce	· '	All other researce					
Ž	۱ ۱	All other revenue		338.			
_		Total. Add lines 11a-11d			122 702	^	E2 607
_	12	Total revenue. See instructions		4,695,558.	423,703.	0.	-53,697.

869887.1

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

Sect	ion 501(c)(3) and 501(c)(4) organizations must compa Check if Schedule O contains a response			ipiete column (A).	
Do	not include amounts reported on lines 6b.	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	251,243.	251,243.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			National Colors	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	2,674,518.	2,674,518.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	277,098.	94,641.	24,832.	157,625.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	837,928.	315,327.	154,315.	368,286.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,136.	2,076.	1,190.	1,870.
9	Other employee benefits	50,766.	14,175.	10,704.	25,887.
10	Payroll taxes	68,601.	24,971.	11,192.	32,438.
11	Fees for services (nonemployees):				
	Management				
	Legal	6,372.	2,124.	1,888.	2,360.
	Accounting	14,988.	4,996.	4,441.	5,551.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	122 220	16 500	110 156	6 004
	column (A), amount, list line 11g expenses on Sch O.)	133,230.	16,790.	110,156.	6,284.
12	Advertising and promotion	25,464.	5,762.	11,423.	8,279.
13	Office expenses	80,722.	11,458.	57,597.	11,667.
14	Information technology	38,014.	2,928.	33,200.	1,886.
15	Royalties				
16	Occupancy	70 450	0 210	24 000	25 050
17	Travel	78,452.	9,312.	34,090.	35,050.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	795.	204	401	
20	Interest	195.	394.	401.	
21	Payments to affiliates	46,311.	35 365	0 204	2 752
22	Depreciation, depletion, and amortization	14,518.	35,265.	8,284.	2,762.
23	Insurance	14,310.	4,839.	7,259.	2,420.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),	-			
	amount, list line 24e expenses on Schedule 0.) PURCHASES & SUPPLIES	189,125.	151,423.		37,702.
a	DIRECT PROGRAM EXPENSES	130,243.	130,243.		31,102.
Þ	BANK FEES	19,114.	2,057.	17,057.	
C	UTILITIES	15,190.	5,063.	7,595.	2 522
d		26,001.	6,086.	16,173.	2,532. 3,742.
	All other expenses			511,797.	
25	Total functional expenses. Add lines 1 through 24e	4,983,829.	3,765,691.	211,/3/•	706,341.
26	Joint costs. Complete this line only if the organization	1			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
_	Check here if following SOP 98-2 (ASC 958-720)				F 990 (2222

332010 12-21-23

Pai	rt 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	2,360,396.	1	1,044,410.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,537,504.	3	1,564,387.
	4	Accounts receivable, net	20 507	4	49,761.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
LO.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	547,353.	8	383,523.
As	9	Prepaid expenses and deferred charges	120 /02	9	165,661.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2, 407, 101			
	ь	Less: accumulated depreciation 10b 1,386,554	1,053,552.	10c	1,020,547.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	1,017,248.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	33,260.	15	21,989.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,709,054.	16	5,267,526.
	17	Accounts payable and accrued expenses		17	213,622.
	18	Grants payable		18	
	19	Deferred revenue	33,582.	19	50,024.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		144	
abi		controlled entity or family member of any of these persons		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	20.044		22 242
		of Schedule D	33,214.		22,212.
	26	Total liabilities. Add lines 17 through 25	439,115.	26	285,858.
4.0		Organizations that follow FASB ASC 958, check here		5	
Ses		and complete lines 27, 28, 32, and 33.	4 201 167		4 107 760
lan	27	Net assets without donor restrictions		27	4,197,768.
Ba	28	Net assets with donor restrictions	968,772.	28	783,900.
Ē		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	1 001 660
Š	32	Total net assets or fund balances		32	4,981,668.
	33	Total liabilities and net assets/fund balances	5,709,054.	33	5,267,526. Form 990 (2023)

Form	1 990 (2023) UNKNOWN NATIONS	**_**	***	Pag	e 12
	rt 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)		4,695		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,983		
3	Revenue less expenses. Subtract line 2 from line 1	3	-288		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,269	,93	<u> 39.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			_	
D	column (B))	10	4,981	, 6	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			37
2a			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		-7	
	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	X	
	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:			107	
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	_
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.	100		
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	-	<u>x</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	200	
			Form	99U (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization **_**** UNKNOWN NATIONS Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 l activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. _____ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10) support (see instructions) support (see instructions) organization Yes No above (see instructions))

(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.)

Calendar year (or fixedl year beginning in) Gifts, grants, contributions, and membership feee received. (Do not include any "unusual grants.") 1547523. 2646390. 4084147. 4403809. 4346552. 17028421.	Se	ction A. Public Support						
membership fees neolived, (Do not include any *unusual grants.*) 1 Tax revenues levided for the organization is benefit and either paid to ore opened on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add Inset 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or public) apported organization included on line 1 that exceeds 2% of the amount shown on line 11. Column (f) 7 Amounts from line 4 6 Public support, Service the 5 tensilise 4 Section B. Total Support Calendar year (or flexil year beginning in) 7 Amounts from line 4 6 Gross income from interest, dividends, payments received on securities loans, rents, royalbles, and income from similar sources. 9 Not Income from unrelated bushness activities, whether or not the business for nor unrelated bushness activities, whether or not the business from unrelated bushness activities, whether or not the business from related activities, etc. (see instructions) 10 Other income. Do not include gain or loss from the sales of capital assets (Explain in Part VI). 10 Gross receipt from related activities, etc. (see instructions) 11 Total support. Add lines? Through 10 12 Gross receipte from related activities, etc. (see instructions) 12 Jan 19 Jan 1	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1547523 2646390 4084147 4403809 4346552 17028421	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behelf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Setsetties 5 has lines 4 7 Amounts from line 4 7 Amounts from line 4 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities locars, ents, royalbies, and income from similar sources 9 Net income from individed gain or loss from the sale of capital assetties (Explain in Part VI) 11 Total support. Add lines 7 through 16 12 Gross receipts from related activities, etc. (see instructions) 12 A first 5 years the from 900 is for the organization of line 1, line 14 13 First 5 years. If the Form 900 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(S) organization. Check this box and stop here. The organization qualifies as a publicly supported organization in Part VI how the organization of land 16 facts and chroumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts and circumstances test. The organization contents and the organization in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts and circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 in 10% or more, and if the organization meets the facts		membership fees received. (Do not						
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Schedule A (Form 990) 2023 UNKNOWN NATIONS Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	to an a section E40						

4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				-		
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		HIS HOLDER				
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	1					
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						
Se	ction C. Computation of Publ						
15	Public support percentage for 2023 (line 8, column (f), d	livided by line 13,	column (f))	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15	%
16	Public support percentage from 2022	Schedule A. Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	023 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2022. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23						A (Form 990) 2023

Vac. No.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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	10b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu		•	
Section	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ectio	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		Same San San	
	instructions for short tax year or assets held for part of year):	. If y		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	'5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		O ASSESSMENT OF THE OWNER.	
	emergency temporary reduction (see instructions).	6	للتاريخ واللبوا	
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

	dule A (Form 990) 2023 UNKNOWN NATIO	NS	1	**	-*****	Page 7
Pai	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ued)		
Sect	ion D - Distributions				Current Ye	ar
<u>_1_</u>	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
_ 5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6_	Other distributions (describe in Part VI). See instructions.			6		
	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6	Name of the Party				
2	Underdistributions, if any, for years prior to 2023 (reason-				100	2 1-6
_	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023				-41	
	From 2018					1-7
b	From 2019					
C	From 2020					
d	From 2021					
	From 2022					L T
	Total of lines 3a through 3e					
_	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
						- 023
4	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$			- 11		Total I
a	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
_	Remainder, Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if				Hebrier -	
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j			= 5		
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2019					
	Excess from 2020					
_	Excess from 2021					
d	Excess from 2022	P. W. W. S. T. Deve (PO)				
е	Excess from 2023					

Schedule A (Form 990) 2023

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

Inspection

Name of the organization

UNKNOWN NATIONS

Employer identification number **_****

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or A	CCOUNTS. Complete if the
_	olganization answered 100 cm cm coo, i arriv, mile	(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 donor advisors in w	riting that the assets held in do	nor advised fun	ds
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			
Ū	for charitable purposes and not for the benefit of the donor or			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Par				
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreat		rvation of a hist	orically important land area
	Protection of natural habitat			ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in	the form of a co	nservation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
h				2b
c	Number of conservation easements on a certified historic stru			2c
q	Number of conservation easements included on line 2c acquire			
•	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
Ū	year		,,	
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		ndling of	
•	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
_		•		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing	conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of sect	ion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and	expense staten	nent and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financia	al statements th	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures	s, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		Y
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue sta	atement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or rese	arch in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes t	hese items.	
þ	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statem	ent and balance	e sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS		-	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			4
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

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

332051 09-28-23

Sche		NATIONS					****	Page 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Othe	er Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accessi	ion, and other record	s, check any of the	following that make	significant u	se of its		
	collection items (check all that apply).			-				
а	Public exhibition	d	I ☐ Loan or ex	change program				
b	Scholarly research	e						
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's exe	empt purpos	e in Part	XIII.	
5	During the year, did the organization solicit of			_				
	to be sold to raise funds rather than to be m						Yes	□ No
Pai	t IV Escrow and Custodial Arran							110
	reported an amount on Form 990, Pa				, , , , , , , , , , , , , , , , , , , ,		,	
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for contribution	ons or other assets no	t included			
	on Form 990, Part X?					[Yes	X No
ь	If "Yes," explain the arrangement in Part XIII							
	3-4						Amount	
c	Beginning balance				1c			
d	Additions during the year							
e	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Pai					10.			
	•	(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities			1	1	\neg		
•	and programs							
f	Administrative expenses			†		-		
g g	End of year balance							
2	Provide the estimated percentage of the cur		line 1a column (a)) held as:	.1			
	Board designated or quasi-endowment		%	ajj ricia as.				
	Permanent endowment							
	Term endowment							
·	The percentages on lines 2a, 2b, and 2c sho							
30	Are there endowment funds not in the posse		tion that are hold	and administered for t	ha			
Oa	organization by:	ssion of the organiza	don that are new a	and administered for t	110		L.	es No
							3a(i)	00 110
							3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the						SD	
<u> </u>	t VI Land, Buildings, and Equipm		Willett Iulius.					
_	Complete if the organization answere		. Part IV. line 11a.	See Form 990. Part X	. line 10.			
	Description of property	(a) Cost or o			Accumulated	d	(d) Book	value
	a coordinate of property	basis (investr			epreciation		, a, 200k	- 3.00
12	Land	1	300.			19-0	66	,300.
	Buildings			1.1.	193,36	4.		,483.
	Leasehold improvements		230.	1 - /	57,23			0.
	Equipment		116.		48,76		2.2	,356.
	Other				87,20			,408.
	. Add lines 1a through 1e. (Column (d) must e			n (B))			1,020	
			THE RESERVE TO SERVE THE PARTY OF THE PARTY					

Schedule D (Form 990) 2023

Total, (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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

Schedule D (Form 990) 2023

22,212.

(2)(3)(4) (5)(6)(7)(8)

332054 09-28-23 Schedule D (Form 990) 2023

AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES. THE ORGANIZATION'S

FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS ARE GENERALLY

SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR THREE YEARS AFTER THEY

WERE FILED.

Schedule D (Form 990) 2023 UNKNOWN NATIONS	**_***** Page 5
Schedule D (Form 990) 2023 UNKNOWN NATIONS Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
	102.054
COST OF GOODS SOLD	183,874.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	183,874.

Schedule D (Form 990) 2023

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.

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

UN	KNOWN NATIONS					**_****	
Pa			ctivities Out	side the United States. Comple	ete if the organ	ization answered "\	es" on
	Form 990, Part I						
1				ds to substantiate the amount of its grather the selection criteria used to award the			Yes No
2	For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance outs	ide the
3				n be duplicated if additional space is n	eeded.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro- describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
3 =	Subtotal	0	0				0.
	Total from continuation					JA I STATE OF THE	, · · · ·
-	sheets to Part I	0	0		151 4	الماسريسات	0.
C	Totals (add lines 3a and 3b)	0	0				0.

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

Schedule F (Form 990) 2023

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

(i) Method of valuation (book, FMV, appraisal, other) 300K BOOK BOOK BOOK BOOK BOOK BOOK BOOK (h) Description of noncash assistance 59,520, BIBLES 34,432, BIBLES 7,212, BIBLES 38,752, BIBLES 23,406. BIBLES 7,239 BIBLES 18,035, BIBLES 9,147, BIBLES (g) Amount of noncash assistance cash disbursement (f) Manner of ٥, ö 0 0 ं ó ö of cash grant (e) Amount MINISTRY/OUTREACH MINISTRY/OUTREACH MINISTRY/OUTREACH MINISTRY/OUTREACH MINISTRY/OUTREACH MINISTRY/OUTREACH MINISTRY/OUTREACH MINISTRY/OUTREACH (d) Purpose of BAST ASIA AND THE AST ASIA AND THE TAST ASIA AND THE BENIN, BOTSWANA, ENIN, BOTSWANA, FRICA - ANGOLA, FRICA - ANGOLA, RUNEI, BURMA HUTAN, INDIA, SHUTAN, INDIA, SHUTAN INDIA BRUNEI, BURMA (c) Region RUNEI, BURMA URKINA FASO, SURKINA FASO OUTH ASIA -OUTH ASIA -FGHANISTAN FGHANISTAN, FGHANISTAN SUB-SAHARAN UB-SAHARAN AMGLADESH OUTH ASIA ANGLADESH, ANGLADESH USTRALIA USTRALIA, USTRALIA ACIFIC -ACIFIC -ACIFIC and EIN (if applicable) (b) IRS code section (a) Name of organization

Enter total number of other organizations or entities က

Schedule F (Form 990) 2023

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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Schedule F (Form 990) Part II Continuation o	UNKNO	UNKNOWN NATIONS	(Form 990) UNKNOWN NATIONS Continuation of Grants and Other Assistance to Organizations or Entitles Outside the United States.		**************************************	*****		Page 2
<u></u>	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant		(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,		,			1	
		BHUTAN, INDIA,	MINISTRY/OUTREACH	0		222, 352.	BIBLES	BOOK
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	MINISTRY/OUTREACH	0.		43,050.	BIBLES	BOOK
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	MINISTRY/OUTREACH	0.		76,624.	BIBLES	BOOK
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO	MINISTRY/OUTREACH	0		5.257	BIBLES	BOOK
		SUB-SAHARAN						
		AFRICA - ANGOLA						
		BENTH BOTSWANA						
		BURKINA FASO	MINISTRY/OUTREACH	0		10 396.	BIBLES	BOOK
		SUB-SAHARAN						
		AFRICA - ANGOLA						
		BENTN ROTSWANA						
		BURKINA FASO	MINISTRY/OUTREACH	0		7 197.	BIBLES	BOOK
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	MINISTRY/OUTREACH	0		20,741. BIBLES	BIBLES	BOOK
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	MINISTRY/OUTREACH	0.		142,169.	BIBLES	BOOK
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	MINISTRY/OUTREACH	0.		219,030. BIBLES	BIBLES	BOOK

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Page	
****	(Schedule F (Form 990), Part II, line 1)
	ations or Entitles Outside the United States.
NATIONS	to Or
UNKNOWN N	Frants and Other Assistance
(Form 990)	Continuation of G

Schedule F (Form 990)	UNKNOMN	WN NATIONS			****	****		Page 2
Part II Continuation of	f Grants and Other	Continuation of Grants and Other Assistance to Organizati	tions or Entities Outside the United States.	United States.	(Schedule F (Form 990), Part II, line 1)	90), Part II, line	6	
f (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN						
		- ANTIGUA &	and the contract of the contra	6		r r		
		GIR-SAHARAN	MINISIRI/OOINERCH			.616,62	STRIES	ROOM
		AFRICA - ANGOLA						
		BENIN, BOTSWANA,						
		BURKINA FASO,	MINISTRY/OUTREACH	0.		5,677.	677. BIBLES	BOOK
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	MINISTRY/OUTREACH	.0		19,600.	600. BIBLES	BOOK
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
The second second		BURKINA FASO,	MINISTRY/OUTREACH	0.		6,909.	BIBLES	BOOK
		SUB-SAHARAN						
		BENIN, BOTSWANA,						
		BURKINA FASO,	MINISTRY/OUTREACH	0.		18,278.	BIBLES	BOOK
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	MINISTRY/OUTREACH	°		19,828.	BIBLES	BOOK
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	MINISTRY/OUTREACH	0.		46,772.	BIBLES	BOOK
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	MINISTRY/OUTREACH	0.		14,502,	BIBLES	BOOK
		SUB-SAHARAN AFRICA	HDKERTO/AETSINIM	c		9 615	9 615 HIBLES	B008
								Tool I

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	I all all the state of October
UNKINOWN NATIONS	
UNKNOWE	
F (Form 990)	

Page 2		(I) Method of valuation (book, FMV, appraisal, other)	A	UK			BOOK				
		(h) Description of non-cash assistance	5				BIBLES				14
***	90), Part II, line 1	(g) Amount of non-cash assistance	с. г.	331.			23,406.				
****	(Schedule F (Form 990), Part II, line 1	(f) Manner of cash disbursement									
		(e) Amount of cash grant	c	0			0.				
	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	(d) Purpose of grant	TO KECHIMAN / ANDREAST	MINISTRI/OUTREACH			MINISTRY/OUTREACH				
UNKNOWN NATIONS	ssistance to Organizat	(c) Region	aaran		SUB-SAHARAN AFRICA - ANGOLA,	INA,	BURKINA FASO,				
UNKNO	Grants and Other A	(b) IRS code section and EIN (if applicable)									
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization									

04-01-23

Schedule F (Form 990) 2023

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 chalicated if additional space is needed.

Part III can be duplicated if additional space is needed.	dditional space is needec	-					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	MIDDLE EAST AND						
	TOTAL WILLIAM						
HOMANITAKIAN	ч						
RELIEF/DISCIPLESHIP	DJIBOUTI, EGYPT,	0	607,286.	WIRE	0.		
	SOUTH ASIA -						
	AFGHANISTAN,						
HUMANITARIAN	BANGLADESH						
RELIEF/DISCIPLESHIP	BHUTAN, INDIA,	0	681,352.	WIRE	0		
	SOUTH ASIA -						
	AFGHANI STAN,						
HUMANITARIAN	BANGLADESH,						
RELIEF/DISCIPLESHIP	BHUTAN, INDIA,	0	128,024.	WIRE	0		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
HUMANITARIAN	BENIN, BOTSWANA,						
RELIEF/DISCIPLESHIP	BURKINA FASO,	0	14,344.	WIRE	0		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
HUMANITARIAN	BENIN, BOTSWANA,						
RELIEF/DISCIPLESHIP	BURKINA FASO,	0	28,498.	WIRE	0		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
HUMANITARIAN	BENIN BOTSWANA						
RELIEF/DISCIPLESHIP	BURKINA FASO,	0	150.	WIRE	0		
	EUROPE (INCLUDING						
HUMANITARIAN	ICELAND &						
RELIEF/DISCIPLESHIP	GREENLAND)	0	1,828.	WIRB	0		
						Sched	Schedule F (Form 990) 2023

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Tart	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 the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? 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 the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	☐ Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** **_***** UNKNOWN NATIONS Part I 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 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (iv) Gross receipts (i) Name and address of individual (or retained by) to (or retained by) (ii) Activity have custody or control of contributions or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

			NATIONS			***** Page 2
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gro				
		of fundraising event contributions and gr	(a) Event #1 CELEBRATION	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			DINNER	(cupt tine)	(total number)	col. (c))
<u>a</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	213,187.			213,187.
	2	Less: Contributions	192,187.			192,187.
_	3	Gross income (line 1 minus line 2)	21,000.			21,000.
	4	Cash prizes			,	
s	5	Noncash prizes				p:
Direct Expenses	6	Rent/facility costs	5,000.			5,000.
rect E	7	Food and beverages	16,000.			16,000.
۵	8	Entertainment	19,205.			19,205.
		Other direct expenses Direct expense summary. Add lines 4 through				40,205. -19,205.
Pa		Net income summary. Subtract line 10 from I Gaming. Complete if the organization				-17,203.
		\$15,000 on Form 990-EZ, line 6a.	anovoida 100 on 100			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>8</u>	_1	Gross revenue		,		
es	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	Yes % No	Yes % No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	iter the state(s) in which the organization conducted the organization licensed to conduct gaming a "No," explain:	ctivities in each of these s			Yes No
U		red explains				
	_					
		ere any of the organization's gaming licenses re Yes," explain:		rminated during the tax y	year?	Yes No

Schedule G (Form 990) 2023

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Sch	edule G (Form 990) 2023 U	NKNOWN NATIONS	**_****	Page 3
11	Does the organization conduct gamin	g activities with nonmembers?	Yes	☐ No
		ary or trustee of a trust, or a member of a partnership or other entity formed		
			Yes	No
13	Indicate the percentage of gaming ac			
		with conductor in	13a	%
				
				70
14	Enter the name and address of the pe	rson who prepares the organization's gaming/special events books and record	s:	
	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	evenue received by the organization \$ and the amount	ount	
	of gaming revenue retained by the thi	d party \$		
·c	If "Yes," enter name and address of the			
	,	• •		
	Name			
	Traine			
	Address			
	Address			
16	Gaming manager information:			
	Name			
	Ivalle			
	Gaming manager compensation			
	Gaming manager compensation	\		
	Description of services provided			
	-			
	-			
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
	-	te law to make charitable distributions from the gaming proceeds to		
		to make character and passens with the gaming proceeds to	Yes	No
		ired under state law to be distributed to other exempt organizations or spent in		
K.	· ·		ruie	
Do	organization's own exempt activities or IV Supplemental Informa		and Dort III lines 0. 0	h 10h
Pa		tion. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9	b, IUb,
	15b, 15c, 16, and 17b, as ap	olicable. Also provide any additional information. See instructions.		
_				
_				
-				
_				
-				
_				
_				

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Schedule G	(Form 990) UNKNOWN NATIONS	**_****	Page 4
Part IV	(Form 990) UNKNOWN NATIONS Supplemental Information (continued)		

Schedule G (Form 990)

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.

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

2023

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service

Part I General Information on Grants and Assistance UNKNOWN NATIONS

I the selection	☐ Yes 🛣 №	
boes the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the sel	riteria used to award the grants or assistance?	bescribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government (if applicable) cash grant	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LEGACY THRIFT CENTERS 2900 WILSON AVENUE GRANDVILLE, MI 49418	****	501 (C) 3	28,640.	0.	саѕн	RENT	RENT
HBS INC. 5625 BURLINGAME WYOMING, MI 49509	****	501 (C) 3	•0	218,750. FMV		RENT	DONATED USE OF BUILDING AT FMV
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	d government org listed in the line 1	anizations listed in the table	line 1 table				

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

332101 11-01-23

H

Schedule I (Form 990) 2023

332102 11-01-23

Schedule I (Form 990) 2023

SCHEDULE L

Department of the Treasury

(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.

Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization							Em	ployer	r ident	ificati	on nu	mber
U	NKNOWN N	ATIONS					**	_**	***	**		
Part I Excess Bene	fit Transacti	ons (section 50	01(c)(3), sect	ion 501(c)(4), and se	ction 501(c)(29) orgar	nizatio	ns on	ly)			
						; or Form 990-EZ, Pa						
1 (a) Name of disqualified p	erson (b) F	Relationship bety person and or			lified (e	c) Description of trans	sactio	n		-	-	cted?
(1)		F	5				_			+*	es	No
(2)										+	\neg	
(3)										+	\neg	
(4)										\top	\neg	
(5)	i									1		
(6)												
2 Enter the amount of tax i section 4958	-	-	-					\$				
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$												
Part II Loans to and	I/or From Inte	erested Pers	sons									
Complete if the o	organization ansv	vered "Yes" on F	orm 9	990-EZ	, Part V, line 38a, or	Form 990, Part IV, lin	e 26;	or if th	ie orga	anizatio	on	
reported an amo	unt on Form 990	Part X, line 5, 6	or 22	2								
(a) Name of interested person	(b) Relationship with organization		fror	oan to or n the ization?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) Ap by bo comm	proved ard or nittee?		Vritten ement?
			То	From			Yes	No	Yes	No	Yes	No
(1)												

· ·			Organii	ZZUUIII		1			communices; -			
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)							E7					
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					\$							
Part III Grant	te or Assistance R	enefiting Inter	eter	1 Per	eone		- C= - C					

t III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (d) Type of (b) Relationship between interested person and assistance assistance the organization (1) (2)(3) (4) (5) (6) (7) (8) (9)

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

Schedule L (Form 990) 2023

(10)

Schedule L (Form 990) 2023

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNKNOWN NATIONS

Employer identification number **_****

Pai	πι	ן וין	pes of Property							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			S
1	Art	- Works	of art							
2			ical treasures							
3			onal interests							
4			publications							
5			nd household goods	Х		51,474.	FMV			
6			ther vehicles							
7			planes							
8			property							
9	Sec	curities -	Publicly traded							
10			Closely held stock							
11			Partnership, LLC, or							
	trus	st intere	sts							
12	Sec	curities -	Miscellaneous							
13	Qua	alified c	onservation contribution -							
	His	storic str	uctures							
14	Qua	alified o	onservation contribution - Other							
15	Rea	al estate	- Residential							
16	Rea	al estate	- Commercial							
17	Rea	al estate	e - Other							
18	Col	llectible	s							
19	Foo	od inven	tory							
20			medical supplies							
21										
22			rtifacts							
23			pecimens							
24	Arc	cheologi	cal artifacts							
25	Oth	ner (BIBLES)	X	1	410,795.	FMV			
26	Oth	ner ()							
27	Oth	ner ()							
28	Oth)				L			
29			Forms 8283 received by the organic							
	for	which t	he organization completed Form 82	83, Part V, D	onee Acknowledg	ement29		_	_	
									Yes	No
30a			year, did the organization receive b							
			for at least 3 years from the date of							v
			rposes for the entire holding period	?				30a	\dashv	X
			escribe the arrangement in Part II.	15	and a late of the second					v
31			rganization have a gift acceptance					31	\dashv	X
32a			rganization hire or use third parties		_	•		00		x
		ntributio						32a		^
			escribe in Part II.		a time of access	for which column (a) is ab-	okod			1711
33			nization didn't report an amount in c	olumn (c) fo	a type of property	tor which column (a) is che	скеа,			115
	des	scribe in	Part II.							

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023	UNKNOWN	NATIONS					**_**	***	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information I, column (b), the	Provide the i	information re ontributions, f	equired by Pa the number o	rt I, lines 30b, and items receive	32b, and 33, a d, or a combi	and whether t nation of both	he organiza . Also com	tion olete
						_				
								-		

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNKNOWN NATIONS

Employer identification number **_****

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THAN 2% CHRISTIAN. THESE ARE THE MOST ZERO-ACCESS, BARRIER RIDDEN,
SPOKEN WORD RELIANT PEOPLE GROUPS ON THE PLANET. THIS IS ACHIEVED
THROUGH OUR THREE STRATEGIC INITIATIVES OF CREATING PROVIDING ACCESS TO
THE WORD OF GOD, TARGETED HUMANITARIAN PROJECTS AND DISCIPLESHIP
TRAINING.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE HEART LANGUAGE OF THE PEOPLE RECEIVING THEM, ALONG WITH
DISCIPLESHIP TRAINING AND HUMANITARIAN AID.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
DOMESTIC EDUCATION - TEACHING ABOUT THE GREAT COMMSSION AND THE NEED
FOR JESUS IN MANY PARTS OF THE WORLD
EXPENSES \$ 273,588. INCLUDING GRANTS OF \$ 264,587. REVENUE \$ 218,750.
FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO THE FILING OF FORM 990 THE FORM IS REVIEWED BY THE BOARD FOR
COMMENT AND APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE PERIODICALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST
QUESTIONNAIRE WHEREBY THEY MUST DISCLOSE OWNERSHIP OF FINANCIAL INTERESTS,
LOANS, AND OTHER INVOLVMENT WITH ENTITIES WITH WHOME THE ORGANIZATION HAS A
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 Schedule O (Form 990) 2023

Employer identification number

RELATIONSHIP.

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

COMPENSATION OF THE CEO AND EXECUTIVE DIRECTOR ARE SUBJECT TO THE

PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

ORGANIZATION'S COMPENSATION POLICY WHICH REQUIRES THAT EITHER THE BOARD OR

A BOARD-APPOINTED COMPENSATION COMMITTEE MEET WITH THE INDIVIDUAL AND ALSO

REVIEW ALL PERTINENT INFORMATION, INCLUDING A REVIEW OF COMPENSATION PAID

BY COMPARABLE ORGANIZATIONS FOR COMPARABLE SERVICES, IN MAKING A DECISION

ON COMPENSATION. ALL COMPENSATION DECISIONS REQUIRE A VOTE OF THE BOARD AND

ALL COMPENSATION RELATED DISCUSSIONS ARE DOCUMENTED IN CONTEMPORANEOUS

MINUTES.

PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

DECISIONS REGARDING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES ARE

SUBJECT TO THE SAME PROCESS AS DESCRIBED ABOVE FOR THE CEO AND EXECUTIVE

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
MI,CO,FL,GA,UT,OK,MD,MN,OR,NC,PA,TN,VI,WA,WI,SC,VA,WI,MA,MS,DC,VA,WA,WI

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AND OTHER GOVERNING DOCUMENTS REQUIRED TO BE DISCLOSED

TO THE PUBLIC ARE AVAILABLE ON THE ORGANIZATION WEBSITE. ANYTHING ELSE

REQUIRED TO BE DISCLOSED WOULD BE AVAILABLE UPON REQUEST.

DIRECTOR.

***	Used for	Used for
FEIN;	Amount Used for	Amount Used for
	Amount Used for	Amount Used for
	Used for	Amount Used for
IEDULE	Amount Used for	Amount Used for
DETAIL CARRYOVER SCHEDULE	Used for	Amount Used for
DETAIL C	Amount Used for	Amount Used for
FED		Amount Used for
	Used for	Amount Used for
TIONS NET POSITIVE ACE ADJUSTMENT	Total Amount Used	Amount Used for
N.	Year Original Origi- Carryover nated Amount 2019 9,310,	Amount Used for
Name: UNKNOWN	Year Originated 2019	Detail S Type C C

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