## Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For t	the 2022 calendar year, or tax year beginning $7/01$ , 2022, and ending $6/30$	,	2023
В	Check	if applicable: C	mployer id	entification number
		s change	22 042	20600
		PO Box 6801	83-043 elephone n	
닏	Initial r	Donger CO 90206		
닏		urn/terminated	(720)	254-4049
			iroup Ex lumber	emption
G	Acco	unting Method: X Cash Accrual Other (specify):	if the	organization is <b>not</b>
I	Webs	site: N/A required to	attach \$	
J	Tax-ex	cempt status (check only one) — X 501(c)(3)       501(c) (       ) (insert no.)       4947(a)(1) or       527       (Form 990)	).	
		of organization: X Corporation Trust Association Other:		
L	Add I asset	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	al \$	143,743.
_	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct		
		Check if the organization used Schedule O to respond to any question in this Part I		
-	1	Contributions, gifts, grants, and similar amounts received	1	135,109.
	2	Program service revenue including government fees and contracts.	2	100,100.
	3	Membership dues and assessments.	3	_
	4	Investment income.	4	8,634.
	5a	Gross amount from sale of assets other than inventory	-	0,034.
		Less: cost or other basis and sales expenses		
		Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).	5c	
	6	Gaming and fundraising events:		
<u>e</u>	а	Gross income from gaming (attach Schedule G if greater than \$15,000)   6a		
Ē	b	Gross income from fundraising events (not including \$ of contributions		
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	С	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7с	
	8	Other revenue (describe in Schedule O)	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	143,743.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
es	12	Salaries, other compensation, and employee benefits	12	113,432.
Expenses	13	Professional fees and other payments to independent contractors	13	2,007.
ğ	14	Occupancy, rent, utilities, and maintenance	14	<u> </u>
ш	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O).  See Schedule O	16	58,011.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	173,450.
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-29,707.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	70,269.
¥⊅	20	Other changes in net assets or fund balances (explain in Schedule O).	20	10,203.
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	40,562.
BA		r Paperwork Reduction Act Notice, see the separate instructions.	<u>ı l</u>	Form <b>990-EZ</b> (2022)

Par	Check if the organization used Sch	tructions for Part II) edule O to respond to any qu	estion in this Part II				X
				(A) Beginning			(B) End of year
22	Cash, savings, and investments			69,	969.		39,113.
22 Cash, savings, and investments 23 Land and buildings. 24 Other assets (describe in Schedule O) 25 Total assets. 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21).  Part III  Statement of Program Service Accomplishments (see the instructions for Par Check if the organization used Schedule O to respond to any question in this What is the organization's primary exempt purpose? See Schedule O		· · · · · · · · · · · · · · · · · · ·			23	1 110	
					300.		1,449.
				70,	269. 0.	26	40,562.
	•	•		70.	<del>269</del> .		40,562.
Par	t III Statement of Program Service A	ccomplishments (see the inst	ructions for Part III)	•			Expenses
\4/I 4	Check if the organization used So	chedule O to respond to any o	question in this Part	: III			uired for section 501
Wilat Desc	ribe the organization's program service a	SChedule U	its three largest pro	gram services a			) and 501(c)(4) nizations; optional
meas	ribe the organization's program service a sured by expenses. In a clear and concis fited, and other relevant information for	e manner, describe the servi	ces provided, the nu	imber of persons	5		thers.)
28	During FY 2023 there were						
	University.	<u></u>	<u> </u>	-+			
	(Grants \$ ) If the	nis amount includes foreign g	rants, check here			28a	118,785.
29							
	(Grants \$ ) If the	nis amount includes foreign g	rants, check here	<del></del>		29a	
30							
				- – – – – – .			
	(Grants \$ ) If the	nis amount includes foreign g	rants chock horo			30a	
31	Other program services (describe in Scl					Jua	
٠.	, ,	nis amount includes foreign g				31 a	
32	Total program service expenses (add li					32	118,785.
Par							
	Check if the organization used So	<u> </u>	(c) Reportable compensa				<u>⊔</u>
	(a) Name and title	(b) Average hours per week devoted to	(Forms W-2/1099-MIS 1099-NEC)	dtion (d) Health contributions to benefit plans, a	o emplo and defe	yee erred	(e) Estimated amount of other compensation
		position	(if not paid, enter -0-	) compens			
	<u>ce McGuire</u> ecutive Dir.	40	F2 00			0.	0
	in Montana	40	52,00	10.		υ.	0.
	rector	5		0.		0.	0.
	ny Eulberg						
	esident	5		0.		0.	0.
	h Ortega Bruce retary	1		0.		0.	0.
Jar	net Dickson			· ·		υ.	0.
	ector	5		0.		0.	0.
	colette Richardson						
Dir	rector Ffany Tasker	5		0.		0.	0.
	e President	1		0.		0.	0.
Ibr	ahima Gueye	1		<u> </u>		0.	0.
Dir	rector	5		0.		0.	0.
	<u>rissa Messinger</u>		F0.00			^	
Dli	rector	40	52,00	10.		0.	0.
		1					
		-					
		1					
BAA		TEEA0812L 0	09/28/22				Form <b>990-EZ</b> (2022)

Par	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	see S		<sup>5</sup> П
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If "Yes," provide a detailed description of each activity in Schedule O	33		X
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
ŀ	of "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		Λ
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
26	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
	disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions.  Did the organization file Form 1120-POL for this year?	37b		37
	Did the organization line <b>Form 1120-FOL</b> for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were	3/10		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Χ
D	o If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			i
<b>40</b> a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: 0.; section 4912: 0.; section 4955: 0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		Х
41	List the states with which a copy of this return is filed: None	400		
	The organization's books are in care of: Elke McGuire Telephone no. (720)  Located at: PO Box 6801 Denver CO ZIP + 4 80206	<u>254</u>	-404 Yes	9 <b>No</b>
b	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)?	42b	103	Х
	If "Yes," enter the name of the foreign country:	420		
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:  Senegal	<b>42</b> c	Χ	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		Yes	N/A N/A <b>No</b>
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a		Χ
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		Χ
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	I If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?  If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Χ
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		Х

						Yes	No
46 Did th	ne organization engage, directly or indiredidates for public office? If "Yes," completed	ctly, in political campai e Schedule C. Part I	gn activities on behalf of	of or in opposition to	46		Х
Part VI	Section 501(c)(3) Organizations				10		
	All section 501(c)(3) organization for lines 50 and 51.		uestions 47-49b and	d 52, and complete	e the tabl	es	
	Check if the organization used S	Schedule O to resp	ond to any questio	n in this Part VI			🔲
<b>47</b> Did th	ne organization engage in lobbying activities	or have a section 501(h)	A election in effect during	the tay year? If "Yes "		Yes	No
	ete Schedule C, Part II				47		Х
	e organization a school as described in se		·				X
	ne organization make any transfers to an	•	~				X
	es," was the related organization a section este this table for the organization's five high	-				)	
	byees) who each received more than \$100,00				,		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estima other co	ted amou mpensati	
None_							
4 Total	number of other employees paid over \$1	00 000					
	plete this table for the organization's five high	·	endent contractors who ea	ach received more than S	\$100.000 of		
comp	ensation from the organization. If there i	s none, enter "None."			, , -		
ı	(a) Name and business address of each independent co	ontractor	<b>(b)</b> Type	of service	(c) Con	npensatio	n
None_							
<b>d</b> Total	number of other independent contractors	each receiving over \$	100,000				
	ne organization complete Schedule A? <b>N</b> oleted Schedule A				X Ye	. [	No
Under penaltie	s of perjury, I declare that I have examined this return,	including accompanying sche	dules and statements, and to the	e best of my knowledge and be		<u> </u>	
true, correct, a	and complete. Declaration of preparer (other than office	r) is based on all information of	of which preparer has any knowl	edge.			
Sign	Signature of officer			Date			
Here	John Montana			Director			
	Type or print name and title	Dranavaria aignatura	Doto		OTINI		
	Print/Type preparer's name	Preparer's signature	Date	Check Lif	PTIN		
Paid Proparer	Firm's name	Non-Paid Prepa	itei	self-employed			
Preparer Use Only	Firm's address			Firm's EIN			
				Phone no.			
May the IR	S discuss this return with the preparer sh	nown above? See instr	uctions		Ye	s	No
BAA					Form 9	9 <b>0-EZ</b>	(2022)

#### **SCHEDULE A** (Form 990)

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

2022

Open to Public Inspection

Name	Name of the organization Employer identification number							
	Friends of Gueoul Inc.  Part   Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
	-			<u> </u>			1 /	ctions.
1 2	rga	anization is not a private found A church, convention of church A school described in <b>sectio</b>	es, or association of ches, or	nurches described in <b>sec</b> ach Schedule E (Form	tion 1 <b>70(</b> 990).)	b)(1)(A)(	(i).	
3		A hospital or a cooperative h					• • •	
4	L	A medical research organiza name, city, and state:	tion operated in conju	unction with a hospital	describe	d in sec	ction 1/0(b)(1)(A)(iii).	enter the hospital's
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ge or university owned	or oper	ated by	a governmental unit o	lescribed in
6		A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	<b>70(b)(</b> 1)	)(A)(v).	
7	X	An organization that normally rin section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	ublic described
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part	II.)			
9		An agricultural research organi or university or a non-land-grauniversity:	nt college of agriculture		r the nan	ne, city,		
10		An organization that normall from activities related to its investment income and unre June 30, 1975. See section!	exempt functions, sub lated business taxable	eject to certain exception	ns: and	(2) no r	more than 33-1/3% of	its support from gross
11		An organization organized a	nd operated exclusive	ly to test for public saf	ety. See	section	1 509(a)(4).	
12		An organization organized and or more publicly supported of lines 12a through 12d that de	rganizations describe	d in <b>section 509(a)(1)</b> d	or <b>sectio</b>	n 509(a	)(2). See section 509(	a)(3). Check the box on
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect					
b		Type II. A supporting organize management of the supporting must complete Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organiza	having control or tion(s). <b>You</b>
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connection	n with, a	nd function	onally integrated with, its	supported
d		Type III non-functionally integ functionally integrated. The c instructions). You must com	rated. A supporting org	anization operated in co	nnection	with its	supported organization( It and an attentiveness	s) that is not s requirement (see
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from	the IRS			
f	Εı	nter the number of supported crovide the following information ame of supported organization	organizations					
g	Pı	rovide the following informatio	n about the supported	d organization(s).			T	+
,	( <b>i)</b> N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	ın your g	s the tion listed loverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
<u>(E)</u>								
Total								

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	122,015.	85,522.	149,224.	100,755.	135,109.	592,625.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	122,015.	85,522.	149,224.	100,755.	135,109.	592,625.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						175,990.		
6	Public support. Subtract line 5 from line 4						416,635.		
Sec	tion B. Total Support						410,033.		
Cale	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total		
7	Amounts from line 4	122,015.	85,522.	149,224.	100,755.	135,109.	592,625.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	822.	756.	-909.	104.	8,634.	9,407.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	000.	7001	303.	101.	3, 331.	0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.		
	Total support. Add lines 7 through 10						602,032.		
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.		
	<b>First 5 years.</b> If the Form 990 is organization, check this box and			third, fourth, or fi	fth tax year as a	section 501(c)(3)			
Sec	tion C. Computation of Pub Public support percentage for 20	olic Support P	ercentage	44 1 (0)		1			
	Public support percentage for 20 Public support percentage from 2						69.20 % 86.00%		
	33-1/3% support test—2022. If the and stop here. The organization	ne organization di	d not check the bo	ox on line 13, and	d line 14 is 33-1/3	% or more, check	this box		
b	33-1/3% support test—2021. If the and stop here. The organization	e organization did	I not check a box	on line 13 or 16a	, and line 15 is 33	3-1/3% or more, c	neck this box		
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-	meets the facts-ar	nd-circumstances	test, check this b	oox and stop here	• Explain in Part \	/I how		
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-ar I-circumstances te	nd-circumstances est. The organizati	test, check this bon qualifies as a	oox and <b>stop here</b> publicly supporte	Explain in Part \ d organization	/I how the		
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	tructions		

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Friends of Gueoul Inc.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support	,					
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization'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						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						T-
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
	Amounts from line 6						
	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.).						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)					501()	
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	fifth tax year as a	section 501(c)	(3)
	tion C. Computation of Pul			10		- I -	- 1 ^
	Public support percentage for 20	•			•		
	Public support percentage from 2					1	6 %
	tion D. Computation of Inv				(0)	1 -	<b>,</b>   0
	Investment income percentage for	•	• • •	-			
	Investment income percentage for						
19a	<b>33-1/3% support tests—2022.</b> If t is not more than 33-1/3%, check	the organization of this box and <b>sto</b>	ald not check the t <b>p here.</b> The organ	ization qualifies	nd line 15 is more as a publicly supp	e tnan 33-1/3%, oorted organiza	ion
b	<b>33-1/3% support tests—2021.</b> If t line 18 is not more than 33-1/3%		lid not check a bo		ne 19a, and line 1	6 is more than	

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## Friends of Gueoul Inc.

Schedule A (Form 990) 2022

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**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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 <b>Part VI.</b>	9a		
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 <b>Part VI</b> .	9b		
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 <b>Part VI.</b>	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)	10b		

Pa	rt IV	Supporting Organizations (continued)			
11	Hac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the g	overning body of a supported organization?	11a		
		mily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
1	or mo office organ than were	he governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers		Yes	No
2	Did that of the bene	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such controlled the supported organization(s) that operated, supervised, or controlled the corting organization.	2		
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees also of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations			
				Yes	No
1	orgar year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	the o	nization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how</i> organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played			
	in thi	is regard.	3		
Sec	tion	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
i	a 🗌 T	The organization satisfied the Activities Test. Complete line 2 below.			
ı	b 🗌 T	The organization is the parent of each of its supported organizations. Complete line 3 below.			
•	c 🗌 T	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activ	ities Test. Answer lines 2a and 2b below.		Yes	No
i	suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
I	more reaso	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or to of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the cons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	<b>a</b> Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
ı	<b>b</b> Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in t complete Sections A	n Part VI). <b>See</b> A through E.
Sec	tion 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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
- 6	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	e 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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in <b>Part VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
RΛΛ		Calaad	ule A (Form 990) 2022

BAA Schedule A (Form 990) 2022

Part VI

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

# Schedule B (Form 990)

**Schedule of Contributors** 

2022

Employer identification number

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2022

OMB No. 1545-0047

	.ds of Gueoul L ation type (check one)		83-0430609
Filers of:		Section:	
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on
		527 political organization	
Form 990-PF		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
-	•	red by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a Special Rule and a Spec	pecial Rule. See instructions.
General	Rule		
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special	Rules		
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.		
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.		table, scientific,
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year.		no such at were received arts unless the etc., contributions
must ans	swer "No" on Part IV, line	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 the filing requirements of Schedule B (Form 990).	

### SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number 83-0430609 Friends of Gueoul Inc. Form 990-EZ. Part I. Line 16 Other Expenses Advertising and Promotion 414. 764. Donor Relations Dues & Fees..... 873. Information Technology 2,117. 147. 549. Misc In-Kind 3,375. 49,772. Office Expenses Senegal Education Exp..... Total 58,011. Form 990-EZ, Part II, Line 24 Other Assets Beginning Endina Due from Employee..... 449 Form 990-EZ, Part III - Organization's Primary Exempt Purpose Friends of Gueoul enables female students in Gueoul, Senegal to achieve economic and life successes by creating access to education through annual scholarships and learning enrichment opportunities to pursue education through high school and beyond. Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No Did the organization, during the year, pay premiums, directly or

indirectly, on a personal benefit contract?

No