ef	ile P	ublic Visual Render ObjectId: 202321309349201117 - Submission: 2023-05-	10	1	IN: 20-0346437
	_	Short Form			OMB No. 1545-0047
For	9	90EZ Return of Organization Exempt From Income	Tax	c	0000
		of the Treasury Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priva			2022
Inter	nal Reve	Do not enter social security numbers on this form as it may be made pu	blic.		Open to
		Go to www.irs.gov/Form990EZ for instructions and the latest information	natio	n.	Public Inspection
Δ	For th	ne 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022			Inspection
_		if applicable: C Name of organization	D	Employer i	dentification number
_		s change HOPE CHEST NEWS		20-0346437	7
_	Name c Initial r	% Deboran A Vreeman	E	Telephone n	
_		eturn Number and street (or P. O. box, if mail is not delivered to street address) Room/suite urn/terminated 6417 PENN AVE S STE 8 -1210 Room/suite Room/suite			
0,	Amende	ed return City or town, state or province, country, and ZIP or foreign postal code	F	Group Exem	ption
0,	Applica	tion pending MINNEAPOLIS, MN 554231914		Number	
6	ccoun	ting Method: ☑ Cash ○ Accrual Other (specify) ► H Chec	k 🕨 🚺	2	
U /	ccoun	requi		attach Sch	
ΙW	/ebsit	Port Phopechestnews.org	11 990,	990-EZ, or	990-PF).
J Ta	ix-exe	mpt status (check only one) - 🗹 501(c)(3) 🥸 🛛 501(c)() ◀ (insert no.) 🔾 4947(a)(1) or 🛛 527			
K F	orm of	organization: 🗹 Corporation 🛛 Trust 🔍 Association 🔍 Other			
LA	dd line	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal as	sets (Part I	I, column (B) below)
-		,000 or more, file Form 990 instead of Form 990-EZ			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction Check if the organization used Schedule O to respond to any question in this Part I	ictions	s for Part I)	🧭
	1	Contributions, gifts, grants, and similar amounts received		1	45,837
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	4
	5a	Gross amount from sale of assets other than inventory 5a			
	b	Less: cost or other basis and sales expenses			
	с	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	•	5c	
	6	Gaming and fundraising events			
nue	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		-	
Revenue	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the			
		sum of such gross income and contributions exceeds \$15,000) 6b	4,438		
	с	Less: direct expenses from gaming and fundraising events 6c 1	0,541		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	3,897
	7a	Gross sales of inventory, less returns and allowances	0	-	
	b	Less: cost of goods sold	0	-	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	·	7c	0
	8	Other revenue (describe in Schedule O)	·	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	49,738
·	10	Grants and similar amounts paid (list in Schedule O)		10	40,820
	11	Benefits paid to or for members		11	
5	12	Salaries, other compensation, and employee benefits		12	
Expenses	13	Professional fees and other payments to independent contractors		13	
be	14	Occupancy, rent, utilities, and maintenance		14	
Ш	15	Printing, publications, postage, and shipping		15	11
	16	Other expenses (describe in Schedule O)		16	2,290
	17	Total expenses. Add lines 10 through 16 .	•	17	43,121
LD.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	6,617
Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			
As		end-of-year figure reported on prior year's return)		19	67,579
Net	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	•	21	74,196
For	Pape	erwork Reduction Act Notice, see the separate instructions. Cat. No. 10642	I		Form 990-EZ (2022)

- Page 2

Form 990-EZ (2022)	_				Pa	age 2	
Part II Balance Sheets(see the instruct	ions for Part II)						
Check if the organization used Sche	dule O to respond to any o	question in this Part II			0		
			eginning of year	(B) Er	d of year		
22 Cash, savings, and investments			67,579 22		74,	196	
23 Land and buildings			0 23			0	
24 Other assets (describe in Schedule O)			0 24			0	
25 Total assets			67,579 25		74,	196	
26 Total liabilities (describe in Schedule O).			26				
27 Net assets or fund balances (line 27 of col			67,579 27			196	
Part III Statement of Program Servi Check if the organization used Sche	edule O to respond to any	•	•t III) • • • •		Exper equired for s and 501(c)	section 5	501(c)
What is the organization's primary exempt purpo Support lung transplant patients	se?			òr	ganizations;		al for
Describe the organization's program service accomeasured by expenses. In a clear and concise m benefited, and other relevant information for eac	anner, describe the service			ot	hers.)		
28 Support patients with financial assistance for	housing medical bills trans	sportation etc.	_		28a	3	37,780
	nount includes foreign grai	nts, check here 🔒 🔒	. 🕨 🗆	, <u> </u>			
29 Support patients with gifts if hospitalized over	r the Christmas holidays		_		29a		3,040
(Grants \$ 0) If this an	nount includes foreign grai	nts, check here .	. 🕨 🗆	_			
30					30a		
(Grants \$) If this an	nount includes foreign grai	nts, check here .	. 🕨 🗆				
31 Other program services (describe in Schedule	0)						
	nount includes foreign grau				31a		
32 Total program service expenses (add lines					32		40,82
Part IV List of Officers, Directors, Truste				ictions for F	-		
Check if the organization used Sche	dule O to respond to any o	question in this Part IV.			• 0		
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	yee of oth	stimated am her compension		
Joe Stacvkhouse	10	0		0		0	
President							
Lori Kimm	5	0		0		0	
	5	0		U		0	
Vice President							
Deb Vreeman	10	0		0		0	
Treasurer							
Patty Wagner	10	0		0		0	
				-			
Secretary							
				Form	9 90-EZ (2	2022)	
	Pag	e 3					
5 000 57 (2022)						_	
Form 990-EZ (2022)						age 3	
Part V Other Information (Note th	•		•				
instructions for Part V.) Check if th	e organization used Sched	ule O to respond to any	question in this Part V .		0		
33 Did the organization engage in any signific detailed description of each activity in Sche			'Yes," provide a			<u>lo</u>	
. , ,				• 33		No	
34 Were any significant changes made to the of the amended documents if they reflect a on Schedule O. See instructions.	a change to the organizatio	on's name. Otherwise, ex	plain the change	. 34	7	No	
35a Did the organization have unrelated busine	ss gross income of \$1,000) or more during the yea	r from business				
activities (such as those reported on lines			• • • • • • • •	. 35a	1	No	
				35b	+		

с	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36	Did the organization undergo a liquidation dissolution termination or significant disposition of net assets during

36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during	g
	the year? If "Yes," complete applicable parts of Schedule N	•
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	

https://projects.propublica.org/nonprofits/organizations/200346437/202321309349201117/full

No

No

35c

36

.

• Initialization free, and capital contributions included on line 9. • Bross receipts, included on line 9, for public use of dub facilities • Bross receipts, included on line 9, for public use of dub facilities • Botton 501(c)(3) organizations. Enter amount of tax inposed on the organization regges in any section 4955 benefit transaction during the year, or duit engage in an excess benefit transaction use of the profession 900 be22. If 'new's, complete Schedule L, year 1 • Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or dub in point and excess benefit transaction in a prori year that has not been explored on my of the profession 900 be22. If 'new's, complete Schedule L, year 1 • At any time during the tax year, was the organization a party to a prohibited tax shelter transaction to solar a function of the tax was was the maniaction a party to a prohibited tax shelter transaction is down of this result in field. '110. • 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 (sch as a bark account; promission and off the organization have an interest in or a signature or other authority over a financial account in a foreign country (sch as a bark account; prom 2001. The system of the oreign country (sch as a bark account; prom 2002. If 'new's, 'enter financial account in a foreign country (sch as a bark account; prom 2002. If 'new's, 'enter the name of the foreign country (sch as a bark account; prom 2002. If 'new's, 'enter financial account in a concept interest received or accrued during the tax year. • At any time during the calendar year, did the organization maintain an office butside the US.? • At any time during the calendar year, did the organization maintain an office butside the US.? • At any time during the calendar year, did the organization maintain an office butsid	338. Dd He organization convol non, or make any loans 0, any differ, director, trustes, or key employee or were and all directoring at the and other tay or converted by the networ? 38. Dd He organizations. Enter: 38. Dd He organization converted by the organization during the year order by 33. Dd He organization during the year order: 38. Dd He organization. Enter: 38. Dd He organization converted by the year order: 38. Dd He organization. Enter: 38. Dd He organization converted by the year order: 38. Dd He organization. Enter: 38. Dd He organization. 40. Dd He organization. Enter: 40. Dd He organization. 40. Dd He organization. <td< th=""><th></th><th></th><th></th><th></th><th>No</th></td<>					No	
arr such loss made in a prior year and still outstanding at the end of the tax year covered by this return? 18 No 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 <	arr such bass made in a prior year and still outstanding at the end of the tax year covered by this return? 35a No b If "Yes," complete Schedule L, Port II and enter the total arrount involved 32b 32a cores metably inducted on ine 5, for public user of uth facilities 32a 1 B retion 501(c)(3) organizations. Enter arrount of tax imposed on the organization during the year under: 32a 40a Section 501(c)(3), solic(2)(4), and 501(c)(2)(2) organizations. To fit arround of tax imposed on the organization is a prior year that has not been reported on any of 15 prior forms 900 or 900-E21 11 "tex", complete Schedule L, Part I 40a No Section 501(c)(3), solic(2)(4), and 501(c)(2) organizations. Enter arround of tax imposed on organization of the imposed on organization are prior to any of 15 prior forms 900 or 900-E21 11 "tex", complete Schedule L, Part I 40a No Section 501(c)(3), solic(2)(4), and 501(c)(2)(2) organization a prior to a prior to a prior to are induced on organization are prior to are simplement of tax imposed on organization. The remound of tax imposed on organization are prior to are simplement or bits prior forms 900 or 900-E21 11 "tex", complete Schedule L, Part I 40a No Section 501(c)(1), solic(2), 4), and 501(c)(2) organization are prior to are prior to are simplement or bits prior forms 900 or 900-E21 11 "tex", complete Schedule L, Part I 40a No A any time during the tax year, due the organization have an interest in or a glopative or other authonty overa in francing lo	38a	Did the organization file Form 1120-POL for this year?	37b		NO	
	b If "mss," complete Schedule L, Part II and enter the total amount involved c Section 501(c)(2) organizations. Enter; industion frees and capital contributions included on line 9 c Section 501(c)(2) organizations. Enter amount of tax impacted on the organization during the year under: enter 411		Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were				
39 Sectors 501(c)(7) organizations. Enter: 10 Cross recepts, included on line 9, for public use of dub facilities 39 400 Sectors 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter anount of tax imposed on the organization during the year under: 400 50 Sectors 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter anount of tax imposed on reganization and mappel in any sector 4058 400 6 Sectors 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter anount of tax imposed on organization mappel in any sector 4058 400 6 Sectors 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter anount of tax imposed on organization and the organization and tax imposed on organization and tax imposed on organization. Enter anount of tax imposed on organization and tax imposed on organization and tax imposed on organization and tax imposed on organization. Term anount of tax imposed on organization. Term anount of tax imposed on organization and tax imposed on organization. Term anount of tax imposed on organization anount (set are tax anount (set are tax anount or tax imposed on organization. Term anount of tax imposed on organization. Term anount (set are tax anount (set are tax ano of the oreganization max ano organization max and timp	39 section 501(c)(2) organizations. Enter 1 Initiation fields and capital contributions included on line 9 390 20 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 1 section 501(c)(3).501(c)(4) and 501(c)(22) organizations. Dit the organization rengage in an vasces benefit transaction organization and profits prior forms 900 or 900 E2 17 fres/ complete Schedule L, Patri 1 400 No 5 Section 501(c)(3).501(c)(4) and 501(c)(22) organizations. Enter amount of tax imposed on organization and profits prior forms 900 or 900 E2 17 fres/ complete Schedule L, Patri 1 400 No 6 Section 501(c)(3).501(c)(4), and 501(c)(22) organizations. Enter amount of tax imposed on organization and profits prior forms 900 or 900 E2 17 fres/ complete Schedule L, Patri 1 400 No 6 Section 501(c)(3).501(c)(4), and 501(c)(22) organization. Enter amount of tax imposed on organization 400 100 400 100 400 100 400 100 400 100 400 100 <td></td> <td>any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? $\$.</td> <td>38a</td> <td></td> <td>No</td>		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? $\$.	38a		No	
a Instation fees and capital contributions included on line 9 b Gross meekpts, included on line 9, for public use of dub facilities b Gross meekpts, included on line 9, for public use of dub facilities b Gross meekpts, included on line 9, for public use of dub facilities b Gross meekpts, included on line 9, for public use of dub facilities b Gross meekpts, included on line 9, for public use of dub facilities b Gross meekpts, included on line 9, for public use of dub facilities b Gross meekpts, included on line 9, for public use of dub facilities b Gross meekpts, included on line 9, for public use of dub facilities b Gross meekpts, included on line 9, for public use of dub facilities b Gross meekpts, included on line 9, for public use of dub facilities b Gross meekpts, included on line 9, for public use of dub facilities b Gross meekpts, included on line 9, for public use of dub facilities b Gross meekpts, included on line 9, for public use of dub facilities b Gross meekpts, included on line 9, for public use of dub facilities b Gross meekpts, included on line 9, for public use of dub facilities b Gross meekpts, included on line 9, for public use of the sectors 912, CP (Sectors 916, GE) (Sectors 916	a Instation fees and apartal contributions included on line 9 b Gross receipts, included on line 9, for public use of chub facilities b Gross receipts, included on line 9, for public use of chub facilities b Gross receipts, included on line 9, is used on the eganization argues in any section 4555 b Gross To(C)(3) organizations. Enter annound of tax imposed on the eganization engage in any section 4555 b Gross To(C)(3), SUIC(4), and SUIC(22) organizations. Enter annound of tax imposed on organization anagers or aligned the year, ording the year, ording the ground estection 4512, complete Schedule L, hart I c Section 501(C)(3), SUIC(4), and SUIC(22) organizations. Enter annound of tax imposed on organization anagers or aligned the process of the gross means the fact and the section 4512, somplete Schedule L, hart I c C and Support C (4), and SUIC(22) organizations. Enter annound of tax imposed on organization c All organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction T lifes, complete Schedule C (4) c C At any time during the calendar year, did the organization have an interest: in or a signature or other authority over a c All organization active W of OLISTER. MM C IP + 4 \$5501 c At any time during the calendar year, did the organization mellation of foreign Bank and Financial account is foreign country; b c At any time during the calendar year, did the organization mellation of foreign Bank and Financial account is foreign country; b c C At any time during the calendar year, did the organization mellation on financial account is of the ergenization mellation are account during the year? The second second completed instead if the second second and affing requirements for FINCEN Form 114, Report of Foreign Bank and Financial c C at any time during the calendar year, did the organization mellation of the axy and c C at any time during the calendar year, did the organization mellation aregion and the tax year? C Mo firms 990-EZ (2022) C Mo firms 990-EZ	b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b				
b Grass receipts: included on line 9, for public use of dub facilities	b Gress receipts, included on line 9, for public use of dub facilities	39	Section 501(c)(7) organizations. Enter:				
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	40e Section 501(C)(3) organizations. Enter amount of tax imposed on the organization during the year under: extent of 911	а	Initiation fees and capital contributions included on line 9				
estion 4915	excluse 4312	b	Gross receipts, included on line 9, for public use of club facilities 39b				
b Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in any section 4958 Image:	b Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in any section 4958 excess benefit transaction during the yeaps, of all terages in an excess benefit transaction is prove that has not been reported on any of its poir forms 590 or 590-1752.11 "Yes," complete Schedule I, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax mount of tax mounts of tax measured tax impacts on transaction is prove that and appendix the section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax non-line 40c reinburned by the transaction if the tax year, we she organization a party to a prohibited tax shelter transaction? If Yes, Complete form 1886-7, Yea The organizations and any time during the tax year, we she organization a party to a prohibited tax shelter transaction? If Yes, Complete form 1886-7, Yea The organization's books are in care of Paoueth Viseman Located at \$\$ 489 Tonger Ave NW rOCHSTER, MM Located at \$\$ 489 Tonger Ave NW rOCHSTER, MM Located at \$\$ 489 Tonger Ave NW rOCHSTER, MM See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts in foreign country; b See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FIRA). C At any time during the calendar year, did the organization maintain an office outside the U.S.? If Yes,* enter the name of the foreign country; b 33 Section 4947(a)(1) nonexempt chartable trusts filing Form 900-FZ in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received of accrued during the year? If Yes,* form 990 must be completed instead of form 900-FZ. 444 145 146 147 147 147 147 147 147 147 147	40a					
excess benefit transaction in a prior year that has not been reported on any of its prior forms 900 e990 e790 e790 e790 e790 e790 e790	excess benefit transaction during the year; or did the enganizations. Enter amount of tax imposed an erpanization managers or disquelled period. 400 No c: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed an erpanization managers or disquelled period in the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed an erpanization in the dot enditation of the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c embraned 400 No eating and an error tax imposed an erpanization. The error of the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c embraned 400 No eating and error tax imposed an erpanization. The error of		section 4911 ; section 4912 ; section 4955				
managers of disjuiling diprisons during the year under sections 4912, 4955, and 4958	managers or disgualized persons during the issue under sections 4012, 4058, and 4058 All organization, AL any time during the tasy vear, was the organization a party to a prohibited tax shelter All organization is the intervent in the intervent intervent in the intervent in the intervent in or a signature or other authority over a intervent in or a signature or other authority over a infinited account in a foreign country (such as a bank account, securities account, or other finited account)? If "res," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account)? If "res," enter the name of the foreign country: Section 4947, (1) nonescentry chartable tax is filing form 990-EZ in lieu of Form 1041 - Check here	b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that	40b		No	
by the organization All organizations, At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "ves," complete form 886-T Lust the states with which a corp of this return is the <u>P</u> NI Located at <u>All 39 Tongen Ave NW FOCHESTER</u>, <u>MN</u> ZIP + 4 55901 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)? If "Yes," enter the name of the foreign country : See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account; (FAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: 	by the organization Image: Complete form 8865.T Im	с	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 sections4912, 4955, and 4958				
transaction? If "Yes," complete Form 886-T. Image: the instant of the return is fleet. MN 123 The organization's books are in care of the books which were not the organization's books are in care of the books are inclused by the books are inclevely and books are inclused by the books are inclevely	tart massition? If "Yes," complete Form 886-T. Image: complete Form 886-T. The organization's books are in care of the total vineman. Telephone no. (057) 951-3055 Located at \$ 439 Tangen Ave NW. POCHESTER. MN ZIP + 4 Set to add the calendar year, did the organization have an interest in or a signature or other authority over a financial account () such as a bank account, securities account, or other financial account()? Image: complete form 800-E2 If "Yes," enter the name of the foreign country: > See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account (FBAR). Ves No 42c No No No No No 43 Section 4974(2)(1) nonexempt interest received or accrued during the tax year 43 Account (FBAR). Ves No 44a No Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of form 990-E2. 43 Add No 45b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of form 990-E2. 444 No 45b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of form 990-E2. 444 No 45b Did the organiza	d					
22a The organization's books are in care of > <u>Deboneh Vireeman</u> Telephone no> (057) 951-3055 Located at > 4839 Tongen Ave WV_rOCHESTER, MM ZIP + 4 > 55901 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, is a foring nountry (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: > See the instructions for exceptions and filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial account, if "Yes," enter the name of the foreign country: > If "Yes," enter the name of the foreign country: > 43 C At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: > 43 C At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," form 990-EZ 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ If "Yes," to me organization have a controlled entity within the meaning of section 512(b)(13)? If 44a No 45 Did the organization nave a controlled entity within the meaning of section 512(b)(13)? If 44a No 45 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 44a No 46 If "Yes," torm 990	The organization's books are in care of Debookent treema Telephone no. (057) 951-3055 Located at AB39 Tongen Ave NW rOCHESTER, MN ZIP + 4 \$55901 • At any time during the calendar year, did the organization have an interest in or a signature or other attornty over a financial account, is of other financial account)? If "yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? If "yes," enter the name of the foreign country: If "yes," enter the name of the foreign country: If "yes," enter the name of the foreign country: If "yes," enter the name of the foreign country: If "yes," enter the name of the foreign country: If "yes," enter the name of the foreign country: If "yes," enter the name of the foreign country: If "yes," enter the name of the foreign country: If "yes," form 990-EZ in lieu of Form 1041 - Check here Image: State of the organization maintain any donor advised funds during the year? If "yes," Form 990 must be completed instead of form 990-EZ in the organization aperate one or more hospital facilities during the year? Image: State of the organization aperate one or more hospital facilities during the year? Image: State of the organization have a controlled entity within the meaning of section 512(b(13)? Image: State of the organization have a controlled entity within the meaning of section 512(b(13)? Image: State of the organization have a controlled entity within the meaning of section 512(b(13)? Image: State of the organization have and Schedule R may need to be completed instead of the		transaction? If "Yes," complete Form 8886-T	40e		No	
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2/19/24, 11:49 AM

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									49b
b If "Yes," was the related organization a section 527 organization?									49D

(a) №	ame and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)		ployee of other compensation
ONE					
f Total	number of other employees paid over	- \$100,000			<u> </u>
	te this table for the organization's fiv sation from the organization. If there		dependent contracto	rs who each received m	nore than \$100,000 of
	(a) Name and business address of	f each independent contra	actor	(b) Type of service	(c) Compensation
ONE					
d Total	number of other independent contrac	tors each receiving over \$	5100,000		·
2 Did t comp	ne organization complete Schedule A leted Schedule A	? NOTE. All section 501(c	:)(3) organizations m	ust attach a	▶ 🗌 Yes 🗌 No
ider penalti	es of perjury, I declare that I have ex	amined this return, includ	ling accompanying so	chedules and statement	
owledge an s any know	d belief, it is true, correct, and compledge.	ete. Declaration of prepar	er (other than office	r) is based on all inform	ation of which preparer
				2023-05-10	
gn	Signature of officer			Date	
ere	Deborah A Vreeman Treasurer Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Dat	Check 🖵 if	PTIN
oid				self-employed Firm's EIN	
reparer	Firm's name				
aid reparer se Only	Firm's name			Phone no.	

Form 990-EZ (2022)

Additional Data

Return to Form

Software ID: 22016104

Software Version: V1.0

Form 990-EZ, Special Condition Description:

Special Condition Description

Breathing New Life - Full Filing- Nonprofit Explorer - ProPublica

efil	e Put	olic Visual	Render	ObjectId: 2	20232130934920	1117 - Submi	ission: 2023-	05-10	TIN: 20-0346437
(Forr	n 990) nent of th	ne Treasury		nplete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 00-EZ.	a section	OMB No. 1545-0047
Interna	Revenu	e Service		Go to <u>www.irs</u>	<u>.gov/Form990</u> for in	nstructions and	the latest info		Open to Public Inspection
	e of th CHEST	ne organiza NEWS	tion					Employer identifi	cation number
De	ut T	Deser	far Dublia	Chavity Ctat		a much comple	to this part) C	20-0346437	
	r t I rganiz				us (All organization e it is: (For lines 1 thro			see instructions.	
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school de	escribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990).)		
3		A hospital of	or a cooperat	ive hospital serv	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical r name, city,		nization operate	ed in conjunction with	a hospital descr	ibed in section 1	L70(b)(1)(A)(iii).	Enter the hospital's
5				d for the benefi mplete Part II.)	t of a college or unive	rsity owned or o	perated by a gov	ernmental unit desci	ibed in section
6				• • •	governmental unit de	escribed in sectio	on 170(b)(1)(A)(v).	
7				mally receives (vi). (Complete		s support from a	i governmental u	nit or from the gene	ral public described in
8	\Box				n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9									llege or university or a
10		An organiza from activit investment	ation that nor ties related to income and	mally receives: ts exempt fun unrelated busin	ee instructions. Enter (1) more than 331/3% actions—subject to cer less taxable income (le omplete Part III.)	6 of its support fitain exceptions,	rom contribution: and (2) no more	s, membership fees, than 33 1/3% of its s	and gross receipts
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public on lines 12	cly supported a through 12	organizations of that describes	described in section 5 s the type of supportin	609(a)(1) or se og organization a	ction 509(a)(2) nd complete line). See section 509(s 12e, 12f, and 12g.	he purposes of one or (a)(3). Check the box
а		organizatio	n(s) the pow		appoint or elect a majo				y giving the supported anization. You must
b		manageme	nt of the sup		ervised or controlled i ation vested in the sar and C.				
с	\Box				supporting organizatio ions). You must com				ated with, its
d		Type III n functionally	on-function	ally integrate The organizatio	,	ization operated fy a distribution	in connection with requirement and	th its supported orga	anization(s) that is not quirement (see
е		Check this	box if the org	anization receiv	ved a written determir integrated supporting	nation from the I		pe I, Type II, Type I	II functionally
f				2				· · · · · · · · - <u>-</u>	
g		de the follow lame of supp		on about the su (ii) EIN	upported organization((iii) Type of		anization listed	(v) Amount of	(vi) Amount of
		organizatior			(described on lines 1- 10 above (see instructions))		ing document?	(see instructions)	· · /
						Yes	No		
									I
Tota									
	-	work Reduc or 990-EZ.	tion Act Not	tice, see the Iı	nstructions for	Cat. No. 1128	5F	Schedul	e A (Form 990) 2022
					——— Ра	ge 2			
Scho	۵ مانیا	(Form 990)	2022						
	rt II	. ,		e for Organiz	ations Described	in Sections 1	.70(b)(1)(A)	(iv) and 170(b)(Page 2 (1)(A)(vi)
	-	(Comple If the o	ete only if y rganization	ou checked th		or 8 of Part I of	or if the organi	zation failed to qu	alify under Part III.
	ction	A. Public	Support		<u> </u>				<u> </u>
			a.org/nonprof	its/organizations	s/200346437/2023213	09349201117/full			5/

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	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
2	include any "unusual grant.") Tax revenues levied for the						
2	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
- 5	Section B. Total Support						
	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(0	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(C) 2020	(u) 2021	(e) 2022	
7	Amounts from line 4.						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on.						
10							
-	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	k year as a sectior	n 501(c)(3) organ	ization, check
	this box and stop here					🕨 🗆	
5	Section C. Computation of Public						
14	Public support percentage for 2022 (lin	e 6, column (f) div	vided by line 11, c	olumn (f))		14	
15						15	
	a 33 1/3% support test-2022. If the o						00X
100	and stop here. The organization gualif						_
ŀ	33 1/3% support test-2021. If the						
-	box and stop here. The organization						\sim
17a	a 10%-facts-and-circumstances test	-2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10	% or more,
	and if the organization meets the "facts	s-and-circumstance	es" test, check thi	s box and stop h e	ere. Explain in Par	t VI how the orga	nization
	meets the "facts-and-circumstances" te	est. The organization	on qualifies as a p	ublicly supported	organization		🕨 🗆
b							
	more, and if the organization meets the		•				-
	meets the "facts-and-circumstances" t	est. The organizat	ion qualifies as a	publicly supported	organization		🏲 🗆
18	Private foundation. If the organization						
	instructions						🕨 🗆
						Schedule A (F	orm 0001 2022
							orm 990) 2022
			D 0				orm 990) 2022
_			Page 3				form 990) 2022
			Page 3				orm 990) 2022
Sch	iedule A (Form 990) 2022		Page 3				orm 990) 2022
		r Organization	5	Section 509(a)(2)		
	Part III Support Schedule fo		s Described in				Page 3
		checked the box	s Described in	art I or if the or	ganization failed	to qualify und	Page 3
e	Part III Support Schedule fo (Complete only if you the organization fails t Section A. Public Support	checked the box	s Described in	art I or if the or	ganization failed	to qualify und	Page 3
Ca	Part III Support Schedule fo (Complete only if you the organization fails t Section A. Public Support lendar year	checked the box o qualify under	S Described in on line 10 of Pathe tests listed	art I or if the or below, please co	ganization failed omplete Part II.	d to qualify undo)	Page 3 er Part II. If
Ca (o	Part III Support Schedule for (Complete only if you the organization fails t Section A. Public Support lendar year r fiscal year beginning in)	checked the box	s Described in	art I or if the or	ganization failed	to qualify und	Page 3
Ca	Part III Support Schedule fo (Complete only if you the organization fails t Section A. Public Support lendar year r fiscal year beginning in)	checked the box o qualify under	s Described in on line 10 of Pathe tests listed	art I or if the or below, please co	ganization failed omplete Part II.	d to qualify undo)	Page 3 er Part II. If
Ca (o	Part III Support Schedule for (Complete only if you the organization fails t Section A. Public Support Ilendar year r fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	checked the box o qualify under (a) 2018	s Described in on line 10 of Pathe tests listed	art I or if the or below, please co (c) 2020	ganization failed omplete Part II. (d) 2021	d to qualify und) (e) 2022	Page 3 er Part II. If (f) Total
Ca (o	Part III Support Schedule for (Complete only if you the organization fails t Section A. Public Support Ilendar year r fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions,	checked the box o qualify under (a) 2018	s Described in on line 10 of Pathe tests listed	art I or if the or below, please co (c) 2020	ganization failed omplete Part II. (d) 2021	d to qualify und) (e) 2022	Page 3 er Part II. If (f) Total
Ca (o 1	Part III Support Schedule for (Complete only if you the organization fails t Section A. Public Support lendar year r fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services	checked the box o qualify under (a) 2018	(b) 2019	art I or if the or below, please co (c) 2020	ganization failed omplete Part II. (d) 2021	d to qualify und) (e) 2022	Page 3 er Part II. If (f) Total
Ca (o 1	Part III Support Schedule for (Complete only if you the organization fails t Section A. Public Support lendar year r fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	checked the box o qualify under (a) 2018 27,024	(b) 2019	art I or if the or below, please co (c) 2020 20,961	ganization failed omplete Part II. (d) 2021 38,983	d to qualify unde) (e) 2022 45,837	Page 3 er Part II. If (f) Total 157,902
<u>e</u> Ca (o 1 2	Part III Support Schedule for (Complete only if you the organization fails t Section A. Public Support Ilendar year r fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 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	checked the box o qualify under (a) 2018 27,024 17,248	(b) 2019	art I or if the or below, please co (c) 2020 20,961	ganization failed omplete Part II. (d) 2021 38,983	d to qualify unde) (e) 2022 45,837	Page 3 er Part II. If (f) Total 157,902
Ca (o 1	Part III Support Schedule for (Complete only if you the organization fails t Section A. Public Support Ilendar year r fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 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 Gross receipts from activities that are	checked the box o qualify under (a) 2018 27,024 17,248	(b) 2019	(c) 2020 20,961 275	ganization failed omplete Part II. (d) 2021 38,983	d to qualify unde) (e) 2022 45,837	Page 3 er Part II. If (f) Total 157,902
<u>e</u> Ca (o 1 2	Part III Support Schedule for (Complete only if you the organization fails the Section A. Public Support Ilendar year r fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 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 Gross receipts from activities that are not an unrelated trade or business under section 513	checked the box o qualify under (a) 2018 27,024 17,248	(b) 2019 (5,097 15,871	(c) 2020 20,961 275	ganization failed omplete Part II. (d) 2021 38,983 250	d to qualify unde (e) 2022 45,837 200	Page 3 er Part II. If (f) Total 157,902 33,844
<u>e</u> Ca (o 1 2	Part III Support Schedule for (Complete only if you the organization fails the section A. Public Support lendar year r fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 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 Gross receipts from activities that are not an unrelated trade or business under section 513.	checked the box o qualify under (a) 2018 27,024 17,248	(b) 2019 25,097 15,871	(c) 2020 20,961 275	ganization failed omplete Part II. (d) 2021 38,983 250 0	d to qualify unde (e) 2022 45,837 200	Page 3 er Part II. If (f) Total 157,902 33,844

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5	The value of services or facilities							
5	furnished by a governmental unit to	0	0	0	0		0	0
	the organization without charge							
6	Total. Add lines 1 through 5	44,272	40,968	21,236	39,233		46,037	191,746
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0		0	0
b	Amounts included on lines 2 and 3							
	received from other than disqualified persons that exceed the greater of	0	0	0	0		0	0
	\$5,000 or 1% of the amount on line							
	13 for the year.							
	Add lines 7a and 7b Public support. (Subtract line 7c	0	0	0	0		0	0
8	from line 6.)							191,746
Se	ction B. Total Support							
	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
(or 1 9	fiscal year beginning in) Amounts from line 6	44,272	. ,	21,236	. ,	(-)	46,037	191,746
9 10a	Gross income from interest,	++,272	40,900	21,250	39,233		40,037	191,740
104	dividends, payments received on securities loans, rents, royalties and	29	153	437	5		4	628
	income from similar sources.							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30,	0	0	0	0		0	0
	1975.							
с	Add lines 10a and 10b.	29	153	437	5		4	628
11	Net income from unrelated business							
	activities not included on line 10b, whether or not the business is	0	0	0	0		0	0
	regularly carried on.							
12								
	loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0		0	0
13	Total support. (Add lines 9, 10c,	44,301	41,121	21,673	39,238		46,041	192,374
	11, and 12.).			-	· · · · · ·		1	
14	First 5 years. If the Form 990 is for t	-						
	this box and stop here						<u></u>	►□
	ction C. Computation of Public Public support percentage for 2022 (lir			column (f))				100.00
15						15		100 %
16	Public support percentage from 2021 S					16	L	100 %
	ction D. Computation of Invest			line 12 column (6 \ \			
17	Investment income percentage for 20					17		0 %
18	Investment income percentage from 2					18	L	0 %
19a	33 1/3% support tests-2022. If the							
	more than 33 1/3%, check this box and							
b	33 1/3% support tests-2021. If the							
20	not more than 33 1/3%, check this box							
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	.9a, or 19b, check	this box and see			
						Schedu	ile A (F	orm 990) 2022
			Page 4					
Sche	dule A (Form 990) 2022							Page 4

Pa	rt IV	Supporting Organizations				
		(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and E box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you 12d, of Part I, complete Sections A and D, and complete Part V.)				
Se	ection	A. All Supporting Organizations				
				Yes	No	
1	If "No	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,				
	aescri	ibe the designation. If historic and continuing relationship, explain.	1			
2	509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was					
	aescri	ibed in section 509(a)(1) or (2).	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.				
	SC Del		32		I	

- 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 b determination.
- 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. С

3a

Зb

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.						
	checked box 12a of 12b in Fait 1, 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.						
с	d the organization support any foreign supported organization that does not have an IRS determination under sect D1(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all su						
	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 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?	5b					

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other
	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its
	supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing
	organization's supported organizations? If "Yes," provide detail in Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
 10b

Schedule A (Form 990) 2022

Page 5

5c

6

7

8

9a

9b

9c

10a

Page 5

Schedule A (Form 990) 2022

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		

Section B. Type I Supporting Organizations

1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No,"
	describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization	ration(c) that
2 Did the organization organization of the supported organization? If "Yes," explain in Part VI how providing s carried out the purposes of the supported organization(s) that operated, supervised or controlled the support organization.	such benefit

		Yes	No
,			
	1		
	2		

Yes

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the

No

Section D. All Type III Supporting Organizations		
	Yes	No
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	L	
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the</i>		
organization maintained a close and continuous working relationship with the supported organization(s).	2	-
By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times		
during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - **a** \bigcirc The organization satisfied the Activities Test. Complete **line 2** below.
 - **b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in ? If "Yes," explain in Part VI the reasons for the organization's involvement.
 2b

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

3b Schedule A (Form 990) 2022

3a

1 1 1

1

Schedule A (Form 990) 2022

1

1

2

з

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Page 6

	Part VI). See
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections /	through E.

Page 6

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
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		
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	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat	ed Type III supporting organization (see

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022				Page 7
Part V Type III Non-Functionally Integrated Section D - Distributions	I 509(a)(3) Supporting	Organizations (co	ntinued)	Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		1	
 Amounts paid to perform activity that directly furthers excess of income from activity 		organizations, in	2	
3 Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instructio	ns		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	sive (<i>provide</i>	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) Underdistributio Pre-2022	ons	(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:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
 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 Applied to 2022 distributable amount				

c Remainder. Subtract lines 4a and 4b from line 4.

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5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018. . . . b Excess from 2019. • . . . c Excess from 2020. d Excess from 2021. e Excess from 2022. Schedule A (Form 990) (2022)

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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)

Facts And Circumstances Test Return Reference Part III - Line 12 Year:, Amount:, Description: | -4, , | -3, | -2, | -1, | 0, | Schedule A (Form 990) 2022

Additional Data

		Softwa	re ID:		
		Software Ve	rsion:		
efile Public	Visual Render	ObjectId: 202321309349	201117 - Submission: 2023-05	-10	TIN: 20-0346437
SCHEDULE O S		Complete to provide informatio Form 990 or 990-EZ or to Attach to	ation to Form 990 or 99 In for responses to specific question provide any additional information. Form 990 or 990-EZ. <u>rm990</u> for the latest information.		OMB No. 1545-0047
Name of the org HOPE CHEST NEWS				mployer iden)-0346437	tification number
Return Reference			Explanation		
Part I, line 10	Grants And Simi	lar Amounts Paid:, Amount: Grants	, \$40820		
Part I, line 16	Other Expenses	, Amount: Printing postage, \$2290			
- For Paperwork Redu	ction Act Notice, see the	Instructions for Form 990 or 990-EZ.	Cat. No. 51056K		Schedule O (Form 990) 2021
Additiona	al Data				Return to Form

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