Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 20 23Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer A NEW LEAF COTTAGES, INC. 86-0820084 CATHERINE DYCIEWSKI Name and title of officer or person subject to tax CAO Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b** 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 8a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize BAKER TILLY US 15666 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. DocuSigned by: 5/13/2024 Catherine Dyciewski **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 86415515666 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. SHARLYNN GARZA 05/09/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning UL 1, 2022 and end	ding J	UN 30, 2023	
B c	heck if oplicable	C Name of organization		D Employer identifi	cation number
	Addres				
	Name change			86-08200	84
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone numbe	r
	Final return/	868 E UNIVERSITY DRIVE	480-969-		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	232,474.
L	Amend return	MESA, AZ 85025	H(a) Is this a group re		
	Applica tion pendin	F Name and address of principal officer: MICHAEL 1. HOGHES		for subordinates	
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 501(c)	527	•	list. See instructions
	Vebsit	e: WWW.TURNANEWLEAF.ORG organization: X Corporation Trust Association Other		H(c) Group exemption	
		Summary	L Year c	of formation: 1990	M State of legal domicile; AZ
		Briefly describe the organization's mission or most significant activities: PROVID	E HOI	USING ASSIS	TANCE TO
ce		LOW INCOME CLIENTS AND SERVICES TO SPECIAL			1111101110
nan		Check this box if the organization discontinued its operations or disposed			sets
ver		Number of voting members of the governing body (Part VI, line 1a)			7
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)			7
Š		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
/itie		Total number of volunteers (estimate if necessary)			8
Activities & Governance	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
<u>e</u>	8 (Contributions and grants (Part VIII, line 1h)		40.	0.
enc		Program service revenue (Part VIII, line 2g)		213,242.	225,174.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,056.	3,417.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,764.	3,883.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		220,102.	232,474.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		34,799.	32,873.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
oen		Fotal fundraising expenses (Part IX, column (D), line 25)		<u> </u>	
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		171,502.	200,314.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		206,301.	233,187.
		Revenue less expenses. Subtract line 18 from line 12		13,801.	-713.
or			Beg	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,983,105.	1,973,121.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		1,949,319.	1,940,048.
		Net assets or fund balances. Subtract line 21 from line 20		33,786.	33,073.
	rt II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and			/ knowledge and belief, it is
true,	correct	and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer f	has any knowledge.	
٥.	-	Signature of officer		I Date	
Sign		CATHERINE DYCIEWSKI, CAO		Duto	
Her	e	Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	Date Check C	PTIN
Paid	ļ	SHARLYNN GARZA SHARLYNN GARZA	0	5/09/24 if self-employ	
Prep	1	Firm's name BAKER TILLY US, LLP			9-0859910
Use	1	Firm's address 2055 E WARNER RD, STE 101	oen		
		TEMPE, AZ 85284		Phone no. 48	0.839.4900
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

Form 990 (2022)

Form 990 (2022) A NEW LEAF COTTAGES, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21				x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

Form 990 (2022)

Part IV Checklist of Required Schedules (continued)

	· · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
		_	agn	(0000)

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Form **990** (2022)

Form 990 (2022) A NEW LEAF COTTAGES, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 2				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с			
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l	
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	+		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
•	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a			
a b		9b			
10	Section 501(c)(7) organizations. Enter:	30			
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders 11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	4			
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	+	<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1		
	excess parachute payment(s) during the year?	15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.			77	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		1		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				

232005 12-13-22

Form **990** (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 7 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request X Another's website Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 480-969-4024

Form **990** (2022)

85023

MESA, AZ

868 E UNIVERSITY DRIVE,

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

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

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

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

Check this box if neither the organization		orga T	niza			nper	sate				
(A)		(B) (C)						(D)	(E)	(F)	
Name and title	Average	(do	not c				one	Reportable	Reportable	Estimated	
	hours per	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of		
	week	—	T				I,	from the	from related organizations	other compensation	
	(list any hours for	direct				_		organization	(W-2/1099-MISC/	from the	
	related	e or (stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	ndividual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	10001120)	and related	
	below	idual	ution	, in	Key employee	est co	er			organizations	
	line)	Indiv	Instit	Officer	Key 6	High empl	Former				
(1) MICHAEL HUGHES	0.25										
CEO	44.75			Х				0.	289,011.	6,337.	
(2) CATHERINE DYCIEWSKI	0.25					K					
CAO	44.75			X			K	0.	155,393.	12,869.	
(3) CONSTANCE ORR	0.25										
<u>coo</u>	44.75			Х				0.	139,289.	7,080.	
(4) NICOLE SALTER	0.25										
cco	44.75			Х				0.	122,522.	11,780.	
(5) WILLIAM SCOTT	0.25	47									
CHAIR	2.20	X		X				0.	0.	0.	
(6) TYLER ABRAHAMS	0.25										
VICE CHAIR	1.20	Х		X				0.	0.	0.	
(7) CAROLYN IACOBELLI	0.25	ļ		l							
TREASURER	2.20	Х		Х		_		0.	0.	0.	
(8) REBECCA LINDREN	0.25	ļ									
SECRETARY (RESIGNED)	1.20	X		Х				0.	0.	0.	
(9) DEB SMITH	0.25	ļ									
BOARD MEMBER	1.20	Х						0.	0.	0.	
(10) CHRISTINA WORDEN	0.25										
BOARD MEMBER	1.20	Х						0.	0.	0.	
(11) RENEE HIGGS	0.25	ļ									
BOARD MEMBER	1.20	Х						0.	0.	0.	
(12) DEANNA VILLANUEVA-SAUCEDO	0.25	l								_	
BOARD MEMBER	1.20	Х						0.	0.	0.	
		1									
		<u> </u>	-			_					
		4									
		<u> </u>	-			_					
		4									
		<u> </u>	-		_	_					
		-									
		-									
		1									
		<u> </u>	<u> </u>				<u> </u>	L			

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	(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)		n compensation compens		(F) Estimated n amount of							
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer		Highest compensated tary		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization: (W-2/1099-MIS 1099-NEC)	d s SC/	com fr org and	other pensa om the anizat d relat anizati	e ion ed
)				
			-											
						K	K							
1b	Subtotal								0.	706,21		3	8,0	
	Total from continuation sheets to Part VI								0.	706 21	0.	2	0 0	0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n								0.	706,21		38,066.		
	compensation from the organization	ot infinted to the	000		dub	010	, ,	010	, conved more than \$100,	ooo or reportable	<u> </u>			0
													Yes	No
3	Did the organization list any former officer,		-	-		•	-	_		•				v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		<u> </u>
7	and related organizations greater than \$150										ı	4	Х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	e <i>J f</i> o	or su	ıch p	ers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensat	ion fro	om	
	the organization. Report compensation for (A)	the calendar ye	ear e	nain	ig wi	ith c	or wi	tnin	the organization's tax y	ear.		(0	•	
	Name and business	address	NC	ONE	3				Description of s	ervices	С		nsatio	n
2	Total number of independent contractors (ii \$100,000 of compensation from the organic		ot lin	nitec	l to t	thos		ted	above) who received mo	ore than				
	,											Form	990 (2022)

232008 12-13-22

ue

		Check if Schedule O contains a response o	or note to any lin	e in this Part VIII			
		Officer if Octreditie O Contains a response of	i flote to arry iiri	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	Federated campaigns 1a					
irai our		Membership dues 1b					
An G		Fundraising events1c					
aifts ar /		d Related organizations1d					
s, G		Government grants (contributions)					
Sign		All other contributions, gifts, grants, and					
uti Per		similar amounts not included above 1f					
o E		Noncash contributions included in lines 1a-1f					
ou		Total. Add lines 1a-1f					
<u>U 10</u>		1 Total: Add lines 1a-11	Business Code				
	_	TENANT RENTALS AND FEE	623990	225,174.	225,174.		
ice	2		023990	443,174.	223,114.		
er v		·					
Program Service Revenue							
ran Sev		d					
og F		·					
P.		All other program service revenue					
		Total. Add lines 2a-2f		225,174.			
	3	Investment income (including dividends, interes					
		other similar amounts)		3,417.			3,417.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties					
	Ŭ	(i) Real	(ii) Personal				
	6		()				
		a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)	(") OH				
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		Less: cost or other basis					
ne		and sales expenses					
Revenue		Gain or (loss)7c					
Re		d Net gain or (loss)					
her	8	a Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
	9						
		Part IV, line 19 9a					
		Less: direct expenses					
		Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
,,			Business Code				
sno	11	MISCELLANEOUS	623990	3,883.	3,883.		
nec				-	-		
Miscellaneous Revenue							
Sco		d All other revenue					
Σ		Total. Add lines 11a-11d		3,883.			
	12			232,474.	229,057.	0.	3,417.
	14	Total revenue. See instructions		222,414		-	J, 41.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 26,184. 26,184. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,686. 4,686. Other employee benefits 9 2,003. 2,003. 10 Payroll taxes Fees for services (nonemployees): 6,000. 12,000. 6,000. Management Legal 12,300 12,300. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 14,545. 14,545. Office expenses 13 Information technology 14 Royalties 15 40,823. 40,823. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 53,704. 53,704. 22 Depreciation, depletion, and amortization 2,311. 2,311. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 56,226. 56,226. REPAIRS AND MAINTENANCE **MISCELLANEOUS** 8,320. 8,320. LICENSES AND PERMITS 85. 85. С d All other expenses 233,187. 214,887. 18,300. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Par	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in	this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		125,544.	1	153,857.
	2	Savings and temporary cash investments		339,455.	2	342,280.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		5.	4	333.
	5	Loans and other receivables from any current or former officer,	director,			
		trustee, key employee, creator or founder, substantial contribut	or, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as	defined			
		under section 4958(f)(1)), and persons described in section 495			6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		748.	9	782.
	10a	Land, buildings, and equipment: cost or other	0.45 0.04			
		basis. Complete Part VI of Schedule D 10a 1	,947,031. 572,018.	4 400 545		1 255 212
	b		1,428,717.	10c	1,375,013.	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		00 626	14	100 056
	15	Other assets. See Part IV, line 11		88,636.	15	100,856.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		1,983,105.	16	1,973,121.
	17	Accounts payable and accrued expenses		14,009.	17	5,088.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21 22	Escrow or custodial account liability. Complete Part IV of Schedules and other payables to any current or former officer directions.			21	
Liabilities	22	Loans and other payables to any current or former officer, direct				
bilit		trustee, key employee, creator or founder, substantial contribut controlled entity or family member of any of these persons			22	
Lia	23	Secured mortgages and notes payable to unrelated third partie		1,929,025.	23	1,929,025.
	24	Unsecured notes and loans payable to unrelated third parties		1,525,025.	24	1,525,025
	25	Other liabilities (including federal income tax, payables to relate	d third			
	20	parties, and other liabilities not included on lines 17-24). Compl				
		of Schedule D		6,285.	25	5,935.
	26	Total liabilities. Add lines 17 through 25		1,949,319.	26	1,940,048.
			X	,		, , , , , , , , , , , , , , , , , , , ,
es		and complete lines 27, 28, 32, and 33.	_			
auc	27	Net assets without donor restrictions		33,786.	27	33,073.
Bal	28	Net assets with donor restrictions			28	
nd		Organizations that do not follow FASB ASC 958, check here				
Fu		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other			31	
Net	32	Total net assets or fund balances		33,786.	32	33,073.
	33	Total liabilities and net assets/fund balances		1,983,105.	33	1,973,121.

Form 990 (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open Instructions

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization A NEW LEAF COTTAGES, 86-0820084 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	ction A. Public Support						
Cale	ndar year (or 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						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
J	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,						
	(6)						
_							
	Public support. Subtract line 5 from line 4.						<u> </u>
		() 0040	(1) 2010	() 0000	(1) 0004	1 () 2000	(n =
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	Amounts from line 4						
8	Gross income from interest,		4				
	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	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2022 (li	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	١			
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te						
h	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
	The second secon	s.cc. oncon a			_,		(Form 990) 2022

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.)

Sed	ction A. Public Support						
Cale	ndar year (or 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						
	include any "unusual grants.")	3,364.	1,248.	1,466.	40.	0.	6,118.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	167,047.	188,049.	198,195.	213,242.	225,174.	991,707.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	170,411.	189,297.	199,661.	213,282.	225,174.	997,825.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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	64,268.	84,820.	95,156.	106,895.	137,402.	488,541.
	Add lines 7a and 7b	64,268.	84,820.	95,156.	106,895.	137,402.	
<u>8</u>	Public support. (Subtract line 7c from line 6.)						509,284.
		(-) 0010	(1-) 0010	(,),0000	(-1) 0004	(-) 0000	(6) T - + - 1
	ndar year (or fiscal year beginning in)	(a) 2018 170, 411.	(b) 2019 189, 297.	(c) 2020 199,661.	(d) 2021 213, 282.	(e) 2022 225,174.	(f) Total 997,825.
	Amounts from line 6	1/0,411.	105,257.	100,001.	213,202.	223,17 4 •	JJ1,023.
100	dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,310.	2,112.	1,156.	1,056.	3,417.	10,051.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						_
c	Add lines 10a and 10b	2,310.	2,112.	1,156.	1,056.	3,417.	10,051.
11	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.)		3,534.	5,411.	5,764.	3,883.	18,592.
13	Total support. (Add lines 9, 10c, 11, and 12.)	172,721.	194,943.	206,228.	220,102.	232,474.	1026468.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	ction C. Computation of Publi						10.50
	Public support percentage for 2022 (li		•	olumn (f))		15	49.62 %
	Public support percentage from 2021					16	55.75 %
	ction D. Computation of Inves				ı		0.0
	Investment income percentage for 20					17	.98 %
	Investment income percentage from 2					18	.83 %
19a	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						nd X
	line 18 is not more than 33 1/3%, che			•		· ·	Ц
20	Drivate foundation If the organization	n did not chack a l	ov on line 14 10c	or 10h chock th	ic hav and can inct	ructions	1 1

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
За		
- Gu		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
G		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

232024 12-09-22

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% 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	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer 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 officers, directors, or trustees were allocated among the	s, d		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	<u> </u>		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sec	the supported organization(s). etion D. All Type III Supporting Organizations			
	урган тэррэгтэд тэргэгтэд		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
1	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	1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	•		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the organization satisfied the Activities Test. Complete line 2 below.	tions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting (Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	rust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	mplet	e Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

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

instructions).

Schedule A (Form 990) 2022 A NEW LEAF COTTAGES, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	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: \$			
<u>a</u>	Applied to underdistributions of prior years			
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, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

A NEW LEAF COTTAGES, INC.

Employer identification number 86-0820084

Par	t I Organizations Maintaining Donor Advised	Funds or Other S	Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that gr	ant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	ny other purpose o	conferring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	anization answered "Ye	es" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		¬ •	
	Preservation of land for public use (for example, recreat	ion or education)	_	a historically important land area
	Protection of natural habitat		□ Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the co	ed conservation contrib	oution in the form	
	day of the tax year.			Held at the End of the Tax Year
_				
b				
C	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
•				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation easi		tion bonding of	
5	Does the organization have a written policy regarding the peri-			Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, it			
U	otali and volunteer flours devoted to morntoning, inspecting, i	landing of violations, a	nd emorcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and er	nforcing conservat	ion easements during the year
•	, thousand or expenses incurred in monitoring, increasing, marien	ing or violations, and or	noroning contourval	ion oddomonio danng ino you
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 170(n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnote			
	organization's accounting for conservation easements.	·		
Par	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its rev	enue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education	, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	scribes these item	s.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furth	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS	SC 958 relating to these	e items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		136,125.		136,125.
b Buildings		1,810,906.	572,018.	1,238,888.
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	1,375,013.			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 A NEW LEAF	COTTAGES, INC.	86-0820084 Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	
) Description	(b) Book value
(1) UTILITY DEPOSITS		5,549.
(2) RESERVE FOR REPLACEMENT		89,566.
(3) TENANT SECURITY DEPOSIT		5,741.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)	100,856.
Part X Other Liabilities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) DUE TO A NEW LEAF, INC.		201.
(3) TENANT SECURITY DEPOSITS		5,734.
(4)		
(5)		
(6)		
(7)		
(8)		

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

Schedule D (Form 990) 2022

5,935.

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

Schedule D (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

A NEW LEAF COTTAGES, INC.

Part I Questions Regarding Compensation

Employer identification number 86-0820084

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these literal. First-class or charter travel Hough allowance or residence for personal use Travel for companions Payments for business use of personal residence Payments or social club dues or initiation feece b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 bid the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, gearding the items checked on line 1a? 2 c		att Questions negariting compensation			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Payments for business use of personal residence Discretionary spending account Personal services (such as maid, chauffeur, chef)				Yes	No
First class or charter travel	1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Travel for companions		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use			
Discretionary spending account		Travel for companions Payments for business use of personal residence			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b		Discretionary spending account Personal services (such as maid, chauffeur, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
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3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Porm 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment for a supplemental nonqualified retirement plan? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 If "Yes" on line 5 aor 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A Ay related organization? 6 If "Yes" on line 6 aor 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 67 if "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 67 if "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organiza			2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 A Y Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A Y Any related organization? 1 The organization? 6 A Ny related organization? 1 The organization? 5 A Ny related organization? 6 A Ny related organization? 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
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Compensation committee					
Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 A Y 5 Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A X The organization? 6 B X The organization? 6 B X Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
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4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 5 Participate in or receive payment from an equity-based compensation arrangement? 6 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 7 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A X Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
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Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? ff "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
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If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		Any related organization?	6b		X
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8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			7		Х
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initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			8		Х
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9				
		Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

	(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL HUGHES (i)	0.	0.	0.	0.	0.	0.	0.
CEO (ii)	289,011.	0.	0.	6,110.	227.	295,348.	0.
(2) CATHERINE DYCIEWSKI (i)	0.	0.	0.	0.	0.	0.	0.
CAO (ii)	155,393.	0.	0.	7,692.	5,177.	168,262.	0.
(i)							
(ii)							
(i)							
(ii)							
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(i) (i)							
(i) (ii)							
(i) (i)							
(ii)							
(i) _							
(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
MICHAEL HUGHES AND THE OFFICERS LISTED IN FORM 990, PART VII ARE
COMPENSATED BY THE RELATED ORGANIZATION, A NEW LEAF, INC., FOR SERVICES
PROVIDED TO THE FILING ORGANIZATION AND RELATED ORGANIZATIONS. A NEW LEAF,
INC. EMPLOYS THE MANAGEMENT GROUP FOR ALL RELATED AFFILIATES. THE FILING
ORGANIZATION RELIED ON A NEW LEAF, INC., WHICH USED ONE OR MORE OF THE
METHODS DESCRIBED IN PART I, LINE 3 TO ESTABLISH EXECUTIVE COMPENSATION.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

INC.

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

A NEW LEAF COTTAGES, INC.

Employer identification number 86-0820084

FORM 990, PART VI, SECTION A, LINE 3:

A NEW LEAF COTTAGES, INC HAS NO STAFF OF THEIR OWN. THE DAY-TO-DAY

OPERATIONS ARE MANAGED BY KAY-KAY REALTY CORP, A PROPERTY MANAGEMENT

COMPANY. ADMINISTRATIVE OVERSIGHT IS PROVIDED BY A NEW LEAF, INC., A

RELATED SEC 501(C)(3) ORGANIZATION, WHO DONATES THEIR SERVICES TO THIS

ORGANIZATION SINCE THIS ORGANIZATION IS CONDUCTING ACTIVITIES THAT

COMPLIMENT, ENHANCE, AND FURTHER THE TAX-EXEMPT PURPOSES OF A NEW LEAF,

FORM 990, PART VI, SECTION A, LINE 7A:

DIRECTORS SHALL BE APPOINTED BY A NEW LEAF, INC. DIRECTORS MAY BE REMOVED AT ANY TIME WITHOUT CAUSE BY THE MEMBER.

FORM 990, PART VI, SECTION A, LINE 8B:

A NEW LEAF COTTAGES, INC. DOES NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT
ON BEHALF OF THE GOVERNING BODY.

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

THE CAO AND CEO OF THE ORGANIZATION'S PARENT, A NEW LEAF, INC., WILL REVIEW

THE RETURN PRIOR TO BEING SUBMITTED TO THE GOVERNING BOARD. ALL MEMBERS OF

THE BOARD WILL BE E-MAILED A COPY OF THE FORM 990 PRIOR TO FILING.

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

ALL MEMBERS OF THE BOARD OF DIRECTORS AND KEY LEADERSHIP STAFF COMPLETE A

CONFLICT OF INTEREST FORM AS REQUIRED UNDER A NEW LEAF, INC.'S CONFLICT OF

INTEREST POLICY. THE ORGANIZATION'S MANAGEMENT TEAM MONITORS COMPLIANCE

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 86-0820084 A NEW LEAF COTTAGES, INC. WITH POLICIES AND USE OF VENDORS, AGENCIES, PROFESSIONALS, OR OTHER OUTSIDE ORGANIZATIONS TO ENSURE COMPLIANCE WITH POLICIES. BOARD MEMBERS RECUSE THEMSELVES FROM DISCUSSIONS OR VOTES WHEN POTENTIAL CONFLICT OF INTEREST ARISE. BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY, WHICH IS MAINTAINED BY THE GOVERNANCE COMMITTEE AND THE CEO. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C THERE HAS BEEN NO CHANGE IN EITHER THE OVERSIGHT PROCESS OR THE SELECTION PROCESS.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization A NEW LEAF CO	TTAGES, INC.				E		r identifi 0820(umber
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.						
(a)	(b)	(c)	(d)	(e))			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea	r assets	S		controlling ntity	g
		10							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	oecause it had one	or mor	e relate	d tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	1	(f) rect con entity	•	conf	g) 512(b)(13 trolled tity?
				501(c)(3))				Yes	No
A NEW LEAF, INC 86-0256667									
868 E UNIVERSITY DR									
MESA, AZ 85203	BEHAVIORAL HEALTH SERVICES	ARIZONA	501(C)(3)	LINE 7	N/A				X
NEIGHBORHOOD ECONOMIC DEVELOPMENT									
CORPORATION - 86-0888028, 868 E UNIVERSITY	\dashv								l
DR, MESA, AZ 85203	LOW INCOME FINANCING	ARIZONA	501(C)(3)	LINE 7	A NEW	LEAF,	INC.		X
COMMUNITY ALLIANCE AGAINST FAMILY ABUSE -	_								
86-0912044, 868 E UNIVERSITY DR, MESA, AZ	DOMESTIC AND SEXUAL		504 (5) (0)	L					
85203	VIOLENCE SUPPORT	ARIZONA	501(C)(3)	LINE 7	A NEW	LEAF,	INC.	1	X
MESA COMMUNITY ACTION NETWORK, INC									
86-0558407, 868 E UNIVERSITY DR, MESA, AZ	AIDING LOW INCOME		1						

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

Schedule R (Form 990) 2022

A NEW LEAF, INC.

85203

ARIZONA

FAMILIES/INDIVIDUALS

501(C)(3)

LINE 7

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	ո)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	managir partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
PROSPECT PARK I LP -											
86-0899083, 868 E UNIVERSITY	LOW INCOME										
DR, MESA, AZ 85203	HOUSING	AZ	N/A	N/A	0.	0.		X	N/A	X	
LA MESITA APARTMENTS LP -											
61-1676396, 868 E UNIVERSITY	LOW INCOME										
DR, MESA, AZ 85203	HOUSING	ΑZ	N/A	N/A	0.	0.		X	N/A	X	
LA MESITA APARTMENTS PHASE 3											
LP - 37-1719843, 868 E											
UNIVERSITY DR, MESA, AZ	LOW INCOME										
85203	HOUSING	ΑZ	N/A	N/A	0.	0.		X	N/A	X	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(t contr enti	tion b)(13) rolled ity?
LA MESITA APARTMENTS, LLC - 35-2438064		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Yes	No
868 E UNIVERSITY DR									1
MESA, AZ 85203	LOW INCOME HOUSING	AZ	N/A	C CORP	0.	0.	.00%		X
LA MESITA APARTMENTS PHASE 3, LLC -									
37-1720046, 868 E UNIVERSITY DR, MESA, AZ]								ĺ
85203	LOW INCOME HOUSING	AZ	N/A	C CORP	0.	0.	.00%		X
									İ
									İ
									İ
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
	ifft, grant, or capital contribution to related organization(s)						Х		
С	Gift, grant, or capital contribution from related organization(s)	ift, grant, or capital contribution from related organization(s)							
	Loans or loan guarantees to or for related organization(s)								
е	Loans or loan guarantees by related organization(s)				1e		Х		
	•								
f	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		Х		
	Purchase of assets from related organization(s)								
	Exchange of assets with related organization(s)								
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
-									
k	k Lease of facilities, equipment, or other assets from related organization(s)								
	Performance of services or membership or fundraising solicitations for related organization(s)								
	Performance of services or membership or fundraising solicitations by related organization(s)								
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o	o Sharing of paid employees with related organization(s)					Х			
р	Reimbursement paid to related organization(s) for expenses				1p	Х			
	Reimbursement paid by related organization(s) for expenses				1q		Х		
·									
r Other transfer of cash or property to related organization(s)							Х		
					1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must cor								
			(c)	(d)					
	Name of related organization Transact	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount in			olved				
	type (a	a-s)							
1)									
2)									
3)									
4)									
5)									
6)									
32163 09-14-22 Schedule R (Form 990) 2022									

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	(e) Are all partners sec	(f) Share of	(g) Share of	(h Dispro) por-	(i) Code V-UBI	(j) Genera	al or Pe	(k) ercentage
of entity		(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec 501(c)(3) orgs.? Yes No		end-of-year assets	Dispro tiona allocatio	nte ons? No		manag partn Yes	er? Ov	wnership
	_											
										\prod		,
										П		
										\prod		
	_											
										H		
									0-1	\coprod		