Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

ΑΙ	For the	2022 calendar year, or tax year beginning and e	nding		
	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change			**-***82	65
	Initial return		Room/suite	_	
	Final	45 WEST 29TH STREET, SUITE 203	iooni, suito	646-216-	
	return/ terminated			G Gross receipts \$	1,845,135.
	Ameno return			H(a) Is this a group re	
	Application	F Name and address of principal officer: TANIA MATTOS		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
Τ.	Гах-ехе	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	1 ' '	list. See instructions
	Websit			H(c) Group exemptio	n number
K	orm of	organization; X Corporation Trust Association Other	L Year o		A State of legal domicile: NY
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: IMMIG	RANT I	LEGAL & OTH	ΞR
Activities & Governance		ASSISTANCE SERVICES			
rna	2	Check this box if the organization discontinued its operations or dispose	d of more	than 25% of its net ass	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			7
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
Se	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			19
ζŧ	6	Total number of volunteers (estimate if necessary)			0
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		1,893,213.	1,828,124.
enc	9	Program service revenue (Part VIII, line 2g)		9,575.	5,100.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,041.	723.
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-1,712.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,904,829.	1,832,235.
		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)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,297,476.	1,531,708.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	0.	0.
Š	_ b	Total fundraising expenses (Part IX, column (D), line 25)110 , 565		246 200	406 F01
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		346,288. 1,643,764.	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		261,065.	1,938,299. -106,064.
	19	Revenue less expenses. Subtract line 18 from line 12	Por	ginning of Current Year	End of Year
ts o		Tatal assets (Dort V. line 1C)		622,340.	951,590.
SSE	20	Total assets (Part X, line 16)		6,335.	441,647.
Net Assets or	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		616,005.	509,943.
P	art II	Signature Block		010,003.	307,743.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ints, and to the hest of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic			Knowledge and boller, it is
1140	, 001100	the samples social and or property of the state of the same of the	on properor i	12/12/23	
Sig	n	Signature of officer		Date	
Her		TANIA MATTOS, EXECUTIVE DIRECTOR			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	Date Check	PTIN
Paid	i		SEPH 1	1/14/23 if self-employ	ed P00447960
	parer	Firm's name CF JOSEPH CPA PC			*-***2995
	Only	Firm's address 34 RUGBY ROAD			-
		BINGHAMTON, NY 13905		Phone no. (8	45) 406-9096
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		, , .	X Yes No

	Check it Schedule O Contains a response of hote to any line in this Part III
1	Briefly describe the organization's mission: IMMIGRATION LEGAL & OTHER ASSISTANCE SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,120,517 • including grants of \$) (Revenue \$
4a	(Code:) (Expenses \$1,120,517. including grants of \$) (Revenue \$) UNLOCAL'S LEGAL REPRESENTATION PROGRAM STAFFS SIX IN-HOUSE LEGAL TEAM
	MEMBERS TO COLLABORATIVELY REPRESENT IMMIGRANT COMMUNITY MEMBERS WITH
	THE FOLLOWING TYPES OF CASES: GENERAL REMOVAL DEFENSE; AFFIRMATIVE AND
	DEFENSE ASYLUM; TRAFFICKING SURVIVOR VISAS; CANCELLATION OF REMOVAL;
	DACA; TPS; ICE CHECK-INS; MOTIONS TO REOPEN WITH THE BIA; AND
	ADJUSTMENT OF STATUS APPLICATIONS.
	IDS OF THE COLUMN TO STATE OF THE COLUMN TO
4b	(Code:) (Expenses \$ 375 , 593 •
	UNLOCAL'S COMMUNITY EDUCATION PROGRAM PARTNERS WITH COMMUNITY-BASED
	ORGANIZATIONS, PRIMARY AND SECONDARY SCHOOLS, WORKPLACES, HOUSES OF
	WORSHIP AND COMMUNITY GROUPS TO BRING FREE LEGAL CONSULTATIONS AND
	EDUCATIONAL SEMINARS INTO IMMIGRANT COMMUNITIES. TOPICS AT EVENTS
	REVOLVE AROUND CURRENT EVENTS IN IMMIGRATION LAW. UNLOCAL IS ACTIVELY
	PARTNERED WITH OVER 60 COMMUNITY-BASED SPACES TO DELIVER THESE
	RESOURCES.
_	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)

including grants of \$ 1,496,110.

4e Total program service expenses

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Form 990 (2022) UNLOCAL 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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١Ť		
•	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? If "Yes," complete	- '-		
0		_		x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	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			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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		X
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		Х
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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
124	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		1
b		406		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			1 37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> </u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1		21		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II		000	

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Form 990 (2022) UNLOCAL INC
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		<u> </u>
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			 ₩
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV 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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
0,	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?	<u> </u>		
	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	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10			
	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	<u> </u>
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Form 990 (2022) UNLOCAL INC
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 19 1b If the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 1cled for the calendar year ending with or within the year covered by this return 1cled to the calendar year ending with or within the year covered by this return 1cled to the calendar year ending with or within the year covered by this return 1cled to the calendar year. 2cled Al A ray time during the calendar year. 4cl the organization have an interest in, or a signature or other authority over, a transcrial account in a foreign country Such as a bark account, securities account, or other francial account? 2cled Al A ray time during the calendar year. 4cl the organization have an interest in, or a signature or other authority over, a transcrial account in a foreign country Such as a bark account, securities account, or other francial account? 2cled Al A ray time during the calendar year. 4cl the organization have an interest in, or a signature or other authority over, a transcrial account in a foreign country Such as a bark account, securities account, or other francial account? 2cled Al A ray time during the same organization and a variety of the same organization and the organization that was or as a party to a prohibitotal tax sheller transaction? 2cled Did and the organization and proserves that was or as a party to a prohibitotal tax sheller transaction? 2cled Did in Yeas, and the organization that it was or as a party to a prohibitotal tax sheller transaction? 2cled Did in Yeas, and the organization that was or as a party to a prohibitotal tax sheller transaction or grids were not tax deductable? 2cled The Organization state any excelve deductable contributions under section 170(c). 2cled The Organization state was receive deductable contributions under section 170(c). 2cled The Organization state was receive deductable contributions under section 170(c). 2cled The Organization state was under the value of the goods or services provised? 2cled The Organization state was received the organizat						Yes	No	
the for the calendary year ending with or within the year covered by this return b if all least on is reported on line 26, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b if Year, has if fied a Form 990-T for this year? if Ye? to line 3b, provide an explanation on Schedule 0 3c if Year, has the did a Form 990-T for this year? if Ye? to line 3b, provide an explanation on Schedule 0 3c if Year, has the did a Form 990-T for this year? if Ye? to line 3b, provide an explanation on Schedule 0 3c if Year, has the the name of the foreging country 4d If Year, has the the name of the foreging country 5d if Year, has the hand the foreging country 5d if Year, has the hand the foreging country 5d if Year, has the hand the foreging country 5d if Year, has the hand the foreging country 5d if Year, has the hand the foreging country 5d if Year, has the hand the foreging country 5d if Year, has the hand the foreging country 5d if Year, has the hand the foreging country 5d if Year, has the hand the organization that it was or is a party to a prohibited tax shelter transaction? 5d if Year, has the foreging country 5d if Year, has the foreging count	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.				100	110	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If Yes, "has it filed a Form 990-T for this year?" If Yes' to line 3b, provide an explanation on Schoolue 0 3ch If Yes, "has it filed a Form 990-T for this year?" If Yes' to line 3b, provide an explanation on Schoolue 0 3ch If Yes, "has it filed a Form 990-T for this year?" If Yes' to line 3b, provide an explanation on Schoolue 0 3ch If Yes, "has it filed a Form 990-T for this year?" If Yes' to line 3b, provide an explanation on Schoolue 0 3ch If Yes, "there the name of the foreign country School as a bark account, securities account, or their financial accounts (FBAI). 5ch Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5ch Did any textilenests for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAI). 5ch Was the organization aparty to a prohibited tax shelter transaction 2 to prohibite tax shelter transaction? 5ch Z Yes' to line 5a or 5b, did the organization file Form 88867? 6c Does the organization and promise that was or is a party to a prohibited tax shelter transaction? 6c Destrict the organization shelt was the account of the prohibited tax shelter transaction? 6c Destrict the organization shelt was that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions? 6c Destrict the organization shelt was that are normally greater than \$100,000, and did the organization solicit and the organization and party line organization shelt was promised to the promised to the organization shelt was the organization and party line to organize the organization shelt was that are normally greater than \$100,000,000,000,000,000,000,000,000,000			2a	19				
3a DK the organization have unrelated business gross income of \$1,000 or more during the year? 3b Df 1f 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b				2b	х		
b If Yes, "Itasi if lied a Form 980T for this year? If 'No' for lies Sp, provide an explanation on Schedule O 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	_						Х	
4a A 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 accounts? 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 aparty to a prohibited tax shefter transaction at any time during the tax year? 5b If any taxable party nority the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to time Sao r5b, did the organization the organization the fore M88617? 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 deductibles of a charable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charable contribution surder section 170(c). a Did the organization receive a payment in excess of \$15 made party is a contribution and party for goods and services provided to the payer? 7b If "Yes," indicate the number of Forms 8282 filed during the year b If "Yes," indicate the number of Forms 8282 filed during the year c Did the organization receive any funds, directly or indirectly, to pay premiums (in a personal benefit contract? 7c If Did the organization received a contribution of cares, boats, airplanes, or other vehicles, gid the organization file a Form 1098 C? 8 Sponsoring organizations maintaining donor advised funds. Did a corer indivised fund maintained by the sponsoring organization meaker as distribution to under section 4966? 9 Section 501(c)(12) organization meaker as distribution to a donor, donor advised fund maintained by the sponsoring organization meaker as distribution to a donor, donor advised fund the payer. 11a Section 501(c)(12) o								
francial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yee, in their 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? 5b Did any stackle party notify the organization file Form 8886 1? 6 If Yee's to line Sa or Sb, did the organization file Form 8886 1? 6 Does the organization and unall gross receipts that are normally greater than \$100,000, and did the erganization solicit any contributions that were not tax deductible as charitable contributions any contributions or parts were not tax deductible? b If Yee's, did the organization include with every solicitation an express statement that such contributions or parts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yee's, did the organization notify the donor of the value of the goods or services provided? 7 Tyes, did the organization notify the donor of the value of the goods or services provided? 7 Tyes, did the organization notify the donor of the value of the goods or services provided? 7 Tyes, did the organization receive any funds, directly or indirectly, to pay premiums any apersonal benefit contract? 7 Tyes of the organization received a contribution of qualified intellectual property, of the organization floations? 8 Sponsoring organization have excess business holding at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Section 501(c) 7 organizations. Enter: a intlation fees and capital contributions included on Part Vill. Ine 12 a Section 501(c) 7 organizations. Enter: a the first the		• • • • • • • • • • • • • • • • • • • •						
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	<u>'</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TANIA MATTOS - 646-216-8210			
	45 WEST 29TH STREET. SUITE 203. NEW YORK, NY 10001			

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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.
- 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.

(A) Name and title Average hours per week (list any hours for related organizations below line) (1) THERESA LAWSON EXECUTIVE DIRECTOR (A) Average hours per week (list any hours for related organizations below line) (1) CHRISTHIAN DIAZ BOARD PRESIDENT (B) Average hours per week (list any hours for related organizations below line) (A) Average hours per box, unless person is both an officer and a director/trustee) (B) Average hours per box, unless person is both an officer and a director/trustee) (I) THERESA LAWSON (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (I) THERESA LAWSON (A) (B) Average hours per week (list any hours for related organizations below line) (II) THERESA LAWSON (A) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC/1099-NEC) (II) THERESA LAWSON (I	(F) Estimated amount of other compensation from the organization and related organizations
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	0.
(3) LINA CHERFAS 1.00	
BOARD MEMBER X 0. 0.	0.
(4) MAX HADLER 1.00	
BOARD VICE PRESIDENT X 0. 0.	0.
(5) YUNIYA KHAN 1.00	_
BOARD MEMBER X 0. 0.	0.
(6) ILENA PARKER 1.00	
BOARD MEMBER X 0. 0.	0.
(7) ARIA ISBERTO 1.00	
BOARD MEMBER X 0. 0.	0.
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BOARD TREASURER X 0. 0.	0.
	1

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) UNLOCAL INC

	(A) Name and title	hours per box, unless person is both an compensation compensa				Reportable compensation	1	(F) Estimate amount							
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	ions compen MISC/ from		e tion ted		
										3					
											_				
											-				
											\vdash				
											_				
			•						107.000		_				
	Subtotal Total from continuation sheets to Part V								107,000.	0. 0.			0.		
<u>d</u> 2	Total (add lines 1b and 1c)	not limited to th				_) wh	o re	107,000. ceived more than \$100.	0.00 of reportable			0.		
	compensation from the organization		4		Z	À			•			Yes	1 No		
3	Did the organization list any former officer	, director, trust	ee, k	еу є	mpl	oye	e, or	hig	hest compensated emp	loyee on		163			
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si										3		X		
•	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4		Х		
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes." con		~								5		Х		
	tion B. Independent Contractors										•				
1	Complete this table for your five highest co the organization. Report compensation for										ation f	rom			
	(A)								(B)			(C) ensatio			
	Name and business	audress	NC	ONE	<u> </u>				Description of s	el vices (Joinbe	ensano			
2	Total number of independent contractors (\$100,000 of compensation from the organ	•	ot lin	nited	to t	thos (ted	above) who received mo	ore than					
											Form	990 (2022)		

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	1 L V I		_	note to any line	o in this Part VIII			
			Check if Schedule O contains a response or	note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c c c c c f	b c d e f	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1g \$	94,891.	1,828,124.			
<u>O</u> 6	r	n_	Total. Add lines 1a-1f	Business Code	1,020,124.			
	•	_	<u> </u>	611710	5,100.	5,100.		
<u>i</u>	2 a			011/10	3,100.	3,100.		
er.		b						
π S	C	C 						
gra Re		d						
Program Service Revenue	•	e	All allege are suggested as a second					
_			All other program service revenue		5,100.			
	3		Investment income (including dividends, interest		3/100			
	·		other similar amounts)		723.	723.		
	4		Income from investment of tax-exempt bond pro					
	5		Royalties					
			(i) Real	(ii) Personal				
	6 a	а	Gross rents 6a	.,				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not worted in come on (loca)					
			Gross amount from sales of (i) Securities	(ii) Other				
	, ,		assets other than inventory 7a	(4)				
	h		Less: cost or other basis	_				
Φ			and sales expenses					
nue			Gain or (loss) 7c					
Revenue			Net gain or (loss)					
e. F			Gross income from fundraising events (not					
Õ			including \$ of contributions reported on line 1c). See Part IV, line 18 8a	11,188. 12,900.				
			Net income or (loss) from fundraising events	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-1,712.			-1,712.
			Gross income from gaming activities. See		=,,==,			_,,,
			Part IV, line 19 9a					
	h		Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10a					
	h		Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
		_		Business Code				
Snc	11 a	а		·				
nec	h	b						
Miscellaneous Revenue	-	c						
<u> </u>			All other revenue					
Σ	e		Total. Add lines 11a-11d					
	12		Total revenue. See instructions		1,832,235.	5,823.	0.	-1,712.

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Form 990 (2022) UNLOCAL INC Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	107,000.		107,000.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,092,195.	979,195.	31,500.	81,500.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	237,554.	193,973.	27,436.	16,145.
10	Payroll taxes	94,959.	77,538.	10,967.	6,454.
11	Fees for services (nonemployees):				
а	Management	58,524.		58,524.	
b	Legal	34,372.	34,372.		
С	Accounting	25,641.		25,641.	
d	Lobbying	17,250.		17,250.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	28,988.	28,988.		
12	Advertising and promotion				
13	Office expenses	37,115.	31,777.	4,262.	1,076.
14	Information technology	27,339.	23,009.	2,549.	1,781.
15	Royalties				
16	Occupancy	104,986.	89,888.	12,055.	3,043.
17	Travel	2,802.	2,288.	324.	190.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4.2.2.2	40.0==		
23	Insurance	13,093.	12,077.	640.	376.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) DUES AND SUBSCRIPTION	33,301.		33,301.	
a b	COVID EXPENSES	14,000.	14,000.	33,301.	
C	POSTAGE AND DELIVERY	6,131.	6,131.		
d	EDUCATIONAL AND TRAININ	2,874.	2,874.		
	All other expenses	175.	2,0146	175.	
25	Total functional expenses. Add lines 1 through 24e	1,938,299.	1,496,110.	331,624.	110,565.
26	Joint costs. Complete this line only if the organization	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		552,521	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	J · · · · - · · · · · · · · · ·		l		000

17581114 160596 30011

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Part X Balance Sheet UNLOCAL INC

Par	τχ	Balance Sneet				
		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		200,088.	1	126,851
	2	Savings and temporary cash investments		152,160.	2	251,063
	3	Pledges and grants receivable, net		246,969.	3	188,802
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of t	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
ا بو	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges			9	8,089
	10a	Land, buildings, and equipment: cost or othe	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	· · · · · · · · · · · · · · · · · · ·		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin	e 11		12	
	13	Investments - program-related. See Part IV, lin	ne 11		13	
	14	Intangible assets		22.122	14	256 525
	15	Other assets. See Part IV, line 11		23,123.	15	376,785
	16	Total assets. Add lines 1 through 15 (must e		622,340.	16	951,590
	17	Accounts payable and accrued expenses		6,335.	17	84,242
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
es	22	Loans and other payables to any current or fo				
≝		trustee, key employee, creator or founder, su				
Liabilities		controlled entity or family member of any of t			22	
-	23	Secured mortgages and notes payable to uni			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X	0.		257 405
		of Schedule D			25	357,405
_	26	Total liabilities. Add lines 17 through 25		6,335.	26	441,647
ဖွ		Organizations that follow FASB ASC 958, o	neck nere A			
ا <u>د</u>	07	and complete lines 27, 28, 32, and 33.		616,005.	07	509,943
<u>a</u>	27			010,003.	27	309,943
8 8	28	Net assets with donor restrictions			28	
들		Organizations that do not follow FASB ASC	, 956, Check here			
ō	20	and complete lines 29 through 33.	de		20	
ets	29 20	Capital stock or trust principal, or current fun			29 30	
SSI	30	Paid-in or capital surplus, or land, building, or				
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated		616,005.	31	509,943
Ž		Total liabilities and not assets/fund balances		622,340.	33	951,590
	33	Total liabilities and net assets/fund balances		022,340.	აა	Form 990 (202

Form 990 (2022) UNLOCAL INC **-**8265 Page 12

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,83		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,93		
3	Revenue less expenses. Subtract line 2 from line 1	3		-10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		61	6,0	05.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		50	<u>9,9</u>	41.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule (Э.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public

Inspection

Name of the organization

UNLOCAL INC

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

Γhe	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		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).							
4		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:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general p	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or	
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from	
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment	
		income and unrelated busin							
		See section 509(a)(2). (Co							
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a						purposes of one or	
		more publicly supported or							
		lines 12a through 12d that							
а		Type I. A supporting orga						giving	
		the supported organization	•		•	-			
		organization. You must o						•	
b		Type II. A supporting org	=		ion with its	s supporte	ed organization(s), by hav	vina .	
		control or management of							
		organization(s). You mus					3		
С		Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with.	
		its supported organization						•	
d		Type III non-functionally						zation(s)	
		that is not functionally int	= 1,1				• • • • • • • • • • • • • • • • • • • •		
		requirement (see instruct	-		•		•		
е		Check this box if the orga		7					
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
f	Ente	er the number of supported of	• •						
g		vide the following information							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
				,					

Schedule A (Form 990) 2022 UNLOCAL INC **-**8265 Page 2

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	tion 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.")	728,439.	917,999.	1262795.	1893213.	1839312.	6641758.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to					A		
	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	728,439.	917,999.	1262795.	1893213.	1839312.	6641758.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						1634220.	
6	Public support. Subtract line 5 from line 4.						5007538.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	728,439.	917,999.	1262795.	1893213.	1839312.	6641758.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources				2,041.	723.	2,764.	
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						6644522.	
12	Gross receipts from related activities,	etc. (see instruction	ins)			12	25,075.	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop							
	tion C. Computation of Publi							
	Public support percentage for 2022 (li					14	75.36 %	
	Public support percentage from 2021					15	66.62 %	
16a	33 1/3% support test - 2022. If the o							
	stop here. The organization qualifies							
b	33 1/3% support test - 2021. If the o							
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation				
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization			
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	ck this box and st	op here. Explain i	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>	

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and			• •			
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2							
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	1					
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					24/ \/2\	
14	First 5 years. If the Form 990 is for the	· ·				. , . ,	· —
50		o Support Dor					
	ction C. Computation of Publi			. (6)		I I	
	Public support percentage for 2022 (I					15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
						T T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

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Schedule A (Form 990) 2022 UNLOCAL INC **-**8265 Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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		
3b		
0.0		
3с		
- 55		
4a		
41-		
4b		
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9a		
- Ju		
9b		
9с		
_		
40-		
10a		
10b		

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Га	Gontinued)			
			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		
	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			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	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 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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	_		
•	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		
2	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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	140
-	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	_		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instanting Task Angusar lines On and Oh below.	struction	l ' I	Na
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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	_u		
~	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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

232025 12-09-22 Schedule A (Form 990) 2022

<u></u>-*<u>*</u>*8265 Page 6

Schedule A (Form 990) 2022

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Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must c		•		
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			
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		•	ĺ	Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose		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	T T		10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) 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						
<u> </u>	From 2019						
<u>d</u>	From 2020						
<u>e</u>	From 2021						
f_	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
i_	Carryover from 2017 not applied (see instructions)						
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
	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						
6	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h						
O	and 4b from line 1. For result greater than zero, explain in						
7	Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j						
•	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						

Schedule A (Form 990) 2022

e Excess from 2022

<u>UNLOCAL</u> INC **-**8265

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
THE PINKERTON FOUNDATION	250,000.	117,110.
MICHAEL JENKINS	1,650,000.	1,517,110.
Total Excess Contributions to Schedule A, Part II, Line 5		1,634,220.

Schedule B

(Form 990)

Attach to Form 990 or Form 990-PF.

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	UNLOCAL INC							
Organization typ	Organization type (check one):							
Filers of:	Section:							
Form 990 or 990	\overline{X} 501(c)($\overline{3}$) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your org	anization is covered by the General Rule or a Special Rule.							
Note: Only a sec	ion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions.						
General Rule								
	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling from any one contributor. Complete Parts I and II. See instructions for determining a contributor	· · · · · · · · · · · · · · · · · · ·						
Special Rules								
sections contribu	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
contribu literary,	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, co is check purpose	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$							
answer "No" on I	nization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fart IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF et the filing requirements of Schedule B (Form 990).	• •						

Schedule B (Form 990) (2022) Page **2**

Name of organization	Employer identification number
UNLOCAL INC	**-***8265

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL JENKINS 10 LIBERTY STREET APT 41G NEW YORK, NY 10005	\$ 450,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BRIAN A MCCARTHY FOUNDATION INC 230 PARK AVENUE #5R HOBOKEN, NJ 07030	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	A&J KAY FAMILY FOUNDATION 515 S FLOWER ST FL 47 LOS ANGELES, CA 90071	\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HISPANIC FEDERATION 55 EXCHANGE PLACE, 5TH FLOOR NEW YORK, NY 10005	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

ONFOCAT INC	UNL	OCAL	INC
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-*8265

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-15-	22		Schedule B (Form 990) (2022)

Page 4

Name of organization **Employer identification number** **-***8265 UNLOCAL INC Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number **-***8265 UNLOCAL INC Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file **Form 1120-POL** for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

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	t II-A Complete if the org	anizatio	n is exen	nnt under section	501(c)(3) and file		ction under
. u.	section 501(h)).	amzatic	iii io oxoii	inpramaci coccion	001(0)(0) and me	a 1 01111 01 00 (010	
A C	heck if the filing organiza	tion belon	gs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and shar	e of exces	s lobbying e	expenditures).			
3 C	heck if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.		
			bying Exper leans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	ience nub	lic opinion (d	arassroots lobbying)			
	Total lobbying expenditures to influ	•				17,250.	
	Total lobbying expenditures (add li					17,250.	
	Other exempt purpose expenditure					1,933,948.	
	Total exempt purpose expenditure					1,951,198.	
f	Lobbying nontaxable amount. Enter	er the amo	unt from the			247,560.	
ſ	If the amount on line 1e, column (a) o			bying nontaxable amo			
	Not over \$500,000		20% of t	the amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exces	s over \$1,500,000.		
	Over \$17,000,000		\$1,000,0	000.			
g	Grassroots nontaxable amount (en	ter 25% of	f line 1f)			61,890.	
h	Subtract line 1g from line 1a. If zer	o or less, e	enter -0			0.	
i	Subtract line 1f from line 1c. If zero	or less, e	nter -0			0.	
j	If there is an amount other than ze	ro on eithe	er line 1h or l	ine 1i, did the organiza	tion file Form 4720	_	
	reporting section 4911 tax for this	year?					Yes No
				eraging Period Under			
	(Some organizations t					of the five columns be	low.
				ate instructions for lin			
		Lob	bying Exper	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a)	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
	Lobbying nontaxable amount		4		232,297.	247,560.	479,857.
b	Lobbying ceiling amount (150% of line 2a, column(e))						719,786.
	, , , , , , , , , , , , , , , , , , , ,						, ,
С	Total lobbying expenditures				15,400.	17,250.	32,650.
	, , ,				·		·
d	Grassroots nontaxable amount				58,074.	61,890.	119,964.
е	Grassroots ceiling amount (150% of line 2d, column (e))						179.946.

Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		4			
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F04/-)/F				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	n 501(c)(5), or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion		
rai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		• •		3 ie	
	answered "Yes."	110 011 (b) i aiti		<u></u>	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal				
	expenses for which the section 527(f) tax was paid).					
	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3			١ ـ			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par	t IV Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	nd 2 (See		
instru	actions); and Part II-B, line 1. Also, complete this part for any additional information.					

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

UNLOCAL INC

Employer identification number **-***8265

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(h) Funda and other accounts
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in v	Listing that the coasts hold in done advis	ad funda
5	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreating		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
•	, undant of expenses meaned in mornitoring, inspecting, man	mily of violations, and officing concerva	tion decements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.	-	
Par	t III Organizations Maintaining Collections of	[·] Art, Historical Treasures, 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 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	ırtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treatments		I gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s tor Form 990.	Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

(d) Book value

e Other

(a) Cost or other

basis (investment)

Description of property

b Buildingsc Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

(b) Cost or other

basis (other)

(c) Accumulated

depreciation

Schedule D (Form 990) 2022 UNLOCAL INC		**	-***8265 Page 3
Part VII Investments - Other Securities.	5 000 D 1 N 1 I'	111 0 5 000 5 1 7 15 10	
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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" of	on Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1) SECURITY DEPOSIT			23,124.
(2) OPERATING RIGHT-OF-USE ASS	ET		353,661.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		333,001.
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			276 705
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		376,785.
	on Form OOO Dort IV line	11 a or 11f Can Form 000 Port V line 05	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	Tre or Tri. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			255 405
(2) OPERATING LEASE LIABILITY			357,405.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		357,405.
2. Liability for uncertain tax positions. In Part XIII, provide			hat reports the

Schedule D (Form 990) 2022

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

ı aı	rt XI Reconciliation of Revenue per Audited Financial St			
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.	<u> </u>	
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а				
b				
С	. , , ,			
d	,	2d		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	Other (Describe in Part XIII.)	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1:	2.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial S		es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1		
а				
b	, , , , , , , , , , , , , , , , , , , ,			
С				
d	, , , , , , , , , , , , , , , , , , , ,			
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	, , , , , , , , , , , , , , , , , , , ,			
b	,		40	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line			
	rt XIII Supplemental Information.	18.)	5	
Pa	rt XIII Supplemental Information.			ΥI
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information.	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
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Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,
Pa l Prov	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa		XI,

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

TINT OCAT. THE

Employer identification number **-***8265

ONDOCAL INC
FORM 990, PART VI, SECTION B, LINE 11B:
THE PRINCIPAL OFFICER REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REGULARLY MONITORED COMPLIANCE WITH THE CONFLICT OF
INTEREST POLICY BY CHECKING IN WITH DIRECTORS AT BOARD MEETINGS AND
MAKINGTIME FOR DISCLOSURES IF NECESSARY.
FORM 990, PART VI, SECTION B, LINE 15A:
THE ORANIZATION FOLLOWS A CONFLICT OF POLICY TO ENSURE THAT EACH
DETERMINATION OF COMPENSATION IS MADE BY INDEPENDENT DIRECTORS. OUR BOARD
LOOKS AT COMPARABILITY DATA AND OTHER AVAILABLE INFORMATION TO DETERMINE A
REASONABLE SALARY.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS AND ANNUAL FILING ARE AVAILABLE ON
THE NYS ATTORNEY GENERAL'S CHARITIES BUREAU WEBSITE.
FORM 990, PART XII, LINE 2C:
THE PROCESS FOR AUDIT OVERSIGHT AND AUDITOR SELECTION HAS NOT CHANGED
FROM THE PRIOR YEAR