Form <b>C</b>	90
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# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

Open to Public

Department of the Treasur
Internal Revenue Service

Inter	nal Reve	nue Service		Go to I	www.irs.gov/Form	990 for instructions	and the lates	t inform	ation.		Inspection
Α	For th	e 2022 calenc	l <u>ar year, or</u>	r tax year beg	inning		, 2022, a	and end	ing		, 20
в	Check if	applicable:	C Name of c	organization <b>V</b>	erdeCares Inc	2.				D Emple	oyer identification number
	Address	change	Doing bus	siness as							27-1600105
$\overline{\Box}$	Name cl	nange	Number a	and street (or P.O.	box if mail is not delivered	to street address)		Room/su	ite	E Telep	hone number
	Initial ret	urn	1893	106		(480)471-8944					
П		urn/terminated			ce, country, and ZIP or fore	aian postal code		1		G Gross	s receipts
П	Amende		\$	294,380							
П		on pending		Verde, AZ		Beseke			H(a) Is this a (		for subordinates? Yes X No
		pg		as C abo		2020110			H(b) Are all s		
	Tax-exe	mpt status: X	501(c)(3)	501(c) (	) (insert no.)	4947(a)(1) or	527		- ` `		st. See instructions
	Website			cares.org	) (incontinel)		] 02.		H(c) Group e		
		_	Corporation		ssociation Other		L Year of format	tion <sup>.</sup> 20(			al domicile: AZ
	art I	Summar						1011. <b>20</b> 0		state of log	
	1			anization's mi	ssion or most signific	ant activities: Nor	-medical	senio	r gunno	rt co	rvices to area
	'	resident	-				Imedical	Benito	i suppo	IC BC	IVICED CO AIEA
e		<u>r coracine</u>									
an											
Governance	2	Check this h	ox if th		discontinued its one	arations or disposed o	of more than 24	5% of its	net assets		
ő	3			0	•	(I, line 1a)				3	7
	4		-	-		body (Part VI, line 1k				4	7
ies	5		•	-		22 (Part V, line 2a)				5	5
Activities &	6				•	•••••				6	
Act					• ·	C), line 12				7a	
	7a										0
		net unrelate		laxable incom		Part I, line 11				7b	0
		Cantributian			- <b>4</b> b)				Prior Year	445	Current Year
	8		-							,447	259,498
nu	9	-							1	,047	1,136
Revenue	10					d)				714	1,122
Ř	11					Dc, and 11e)				685	13,249
	12					II, column (A), line 12			353	,893	275,005
	13			• •		s 1-3)					0
	14					4)					0
Ş	15					column (A), lines 5-1			101	,678	97,125
nse	16a					e)					00
Expenses	k				olumn (D), line 25)			-			
ш					lines 11a-11d, 11f-24		•••••			8,934	111,511
					st equal Part IX, colu					,612	208,636
	19	Revenue les	s expenses	3. Subtract line	e 18 from line 12 .			-		,281	66,369
P	Ices		-					Begi	nning of Curre		End of Year
sets			· · ·	,						,805	475,218
Net Assets or	면 21									,631	14,974
					ct line 21 from line 20	)			397	,174	460,244
	art II		ire Block								
						ing schedules and stateme mation of which preparer h			wiedge and bei	ief, it is	
e:-	'n		nit Bese	ke						L	
Sig	-	Signature of offi	cer							Dat	te
Не	re			ke, Treas	urer						
		Type or print na									
		Print/Type pro	eparer's name		Preparer's signature		Date		Check	if	PTIN
Pa		Clint V	Nasser		Clint Wasser	:		T	self-em	ployed	P00185101
	epare			Clintor	R Wasser CPA	A PC		F	Firm's EIN		
Us	e On	<b>y</b> Firm's addres	ŝS	9332 E	Raintree Driv	ve Suite 100		F	hone no.		
				Scottsc	lale AZ 85260					480-	443-3485

Form	n 990 (2022) VerdeCares Inc.	27-1600105	Page <b>2</b>		
Pa	rt III Statement of Program Service Accomplishments				
	Check if Schedule O contains a response or note to any line in this Part III		🗌		
1	Briefly describe the organization's mission:				
	Non-medical senior support services to area residents				
Part III       Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III					
2			-		
		Yes 🔟	No		
_					
3			<b>.</b> .		
		Yes <u>x</u>	No		
4		•			
		o others,			
	the total expenses, and revenue, if any, for each program service reported.				
12	(Code: ) (Expenses \$ 61 562 including grants of \$ ) (Revenue	<u>۹</u>	)		
τa		·	/		
			lical		
			· · ·		
4b	(Code:) (Expenses \$34,514 including grants of \$) (Revenu	ie \$	)		
	Transportation Program: Medical transportation services including transport	tation to medic	cal		
	appointments, surgeries, pickup from the hospital after a 911 call and ret	urn home, trans	sport		
		ments and hands	s-on		
	support.				
4c	(Code: ) (Expenses \$ 30,131 including grants of \$ ) (Revenue		)		
		-	don't		
4d	Other program services (Describe on Schedule O.)				
	(Expenses \$ 6,902 including grants of \$ ) (Revenue \$	)			
4e	Total program service expenses 133,110				
EEA		Form	<b>990</b> (2022)		

		-1600105	F	Page 3
Pa	rt IV Checklist of Required Schedules		1	
			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		X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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)			v
F	election in effect during the tax year? If "Yes," complete Schedule C, Part II $\ldots$	4		x
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	5		v
e	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0	-	x
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
0	complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		x
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		x
	VII, VIII, IX, or X as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	v	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	· · · · 11a	x	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			^
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			•
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			•
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		•
D D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			x
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?		-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			•
D.	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			A
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			A
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			A
	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?			
13	If "Yes," complete Schedule G, Part III	19		x
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			•
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	-	
~ '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
			<u> </u>	<u>A</u>

Form 990 (2022)

		7-16001	05	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
			[	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	• • • •	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
~ .	employees? If "Yes," complete Schedule J.		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		04-		
	through 24d and complete Schedule K. If "No," go to line 25a.		24a		х
b	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		24c		
А	to defease any tax-exempt bonds?		240 24d		
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	• • • •	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		ZJa		~
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	• • • •	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or 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		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	• • • •	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2	• • • •	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
-	19? Note: All Form 990 filers are required to complete Schedule O		38	x	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>			
4		-		Yes	No
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		10	v	
	reportable gaming (gambling) winnings to prize winners?	• • • •	1c	X	

Part V         Statements Regarding Other IKS Filings and Tax Compliance (continued)         Ves         Ne           2         Enter the number of employees propertion on Fam V/s - Transmited V dage and Tax         2         2         1           3         Did the capacitation spectra Data N/s - Transmited V dage and Tax         2         2         1           3         Did the capacitation spectra Data N/s Dat	Form	990 (2022) VerdeCares Inc. 27-160	105	F	Page 5
Bit attender         India (International International Internationa	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b       If a test or is reported to hine 2a, did the organization file all required federal employment tax return?       20       X         a       Did the organization have unched business grows?       More that the second to be of the organization and the organization and the organization and the organization and the organization have an interast in, or a signature or other unbroty over, and in and a lacount in a foreign county (such as a bark account, second the organization and the organization tax an interast in, or a signature or other unbroty over, and interast in organization tax and the organization tax and tax on the and the organization tax and the o	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?		Statements, filed for the calendar year ending with or within the year covered by this returm 2a	5		
b       If Yes, 'Insi It Ited a Form 980-T for this year' /f 'No'' to line 3b, powled an exploration on Schedule O.       3b         4       At any time dump the calendary year, dit the organization have an interest in, or a signature or other utimotivy over, a financial account in a foreign country (such as a bark account, securities account, or other financial account)?       4a         5       With 'ess, 'enter the name of the foreign country (such as a bark account, securities account, or other financial Accounts (FBAR).       5a         5       With 'ess, 'enter the name of the foreign country (such as a bark account, securities account, or other financial Accounts (FBAR).       5a         5       With 'ess, 'enter the name of the foreign country in the wes or is a park to a prohibite tax section?       5b       5c         6       Does the organization have an intuit wes or is a park to a prohibite tax section?       5a       5a         7       Organization solicit any contributions that are normally greater then \$100,000, and did the organization have an intuit were not tax deductible contributions and park to goods an discrices provided to the payor?       7a       x         11       Yess, 'indicat the number of Form 8282 filed during the year.       7a       x       7a       x         11       Yess, 'indicat the number of Form 8282 filed during the year.       7a       x       7a       x         11       Yess, 'indicate the number of Form 8282 filed during the year.       7a       <	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
4. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is foreign country (such as back account, securities account, or other financial account)?       4a       x         b       If "Yes," enter the name of the foreign country       5a       x         b       Was the organization appert to a prohibited tas shorts are prime during the tax year?       5a       x         b       If any tasable party notify the organization the it was or is a party to a prohibited tas shorts the massetion?       5a       x         b       If any tasable party notify the organization is from 886-17       5a       x         cols be organization have arrulg (ross receipts the are normally greater then \$100,000, and dir the organization include with every solicitation and party for goots and services approved to the organization necesive a payment in eacees of \$55 made party as a contribution and party for goots and services approved to the space provided to the goods or services provided?       7a       x         d       If "Yes," did the organization in eacees of \$55 made party as a contribution and party for goots and services approved to the space?       7d       x         d       If "Yes," did the organization in eacees of \$55 made party as a contribution of the wheel of the space?       7d       x         d       If "Yes," did the organization on the value of the space of the property of which it was or is a space to the space?       7d       x         d	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
a francial account in a foreign country (such as a bark account, securities account, or other financial account)?     4a     X       b If Yes; "rotations for film grequirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).     5a     5a       5a     Was the organization approximation to FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).     5a     X       c If Yes; to lone 5a or 5b, dd the organization that it was or 1s a party to a prohibited tax shelter transaction:     5b     X       c If Yes; to lone 5a or 5b, dd the organization that are normally greater than \$100,000, and dd the organization toold: any contributions that are normally greater than \$100,000, and dd the organization toold: any contributions that are normally greater than \$100,000, and dd the organization necelve actual greater than \$100,000, and dd the organization necelve a payment in excess 0 \$75 made partly as a contribution and partly for goods and services provided to the payor?     7b       c Did the organization necelve actual dispose of tangible personal property for which it was a greater at the form \$2827.     7b       c Did the organization necelve a domination dispose of tangible personal property for which it was a greater at the form \$2827.     7c     X       d If Yes; "indicate the number of Forms 8282. filed during the year.     7d     X       d Did the organization necelve activation divers divers during the donor of the value of the goad sore services provided?     7d     X       d If Yes; "indicate the number of Forms 8282. filed during the year?     7d     X       d If Yes;	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b       1" Yes," and the name of the foreign country       58         See instructions for tilling regurements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       58         Same instructions for tilling regurements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       59         Same instructions for tilling regurements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       50         Same instructions for the regrarization in the way of a party to a prohibited tax shelter transaction?       50         Same instructions for the regrarization include with every solicitation and party for goods and services provided to the payor?       61         Obtit the organization nelude with every solicitation and partly for goods and services provided to the payor?       71         Type: diff the organization nelude with every solicitation and partly for goods and services provided to the payor?       72         Type: diff the organization nelue with every solicitation and partly for goods and services provided to the payor?       78       X         If "Yes," did the organization nelves and forcetly or indirecity, to pay premiums on a personal benefit contract?       76       X         If "Yes," did the organization nelves and forcetly or indirecity, to pay premiums on a personal benefit contract?       76       X         If "Yes," did the organization make advised fund       78       X       11       X         If the organization selves	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
See Instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a       Was the organization a party to a prohibited tas shelter transaction at any time during the tax year?       5b       X         5b       Did any taxable party notify the organization the Form 8866-17.       5c       Sc       Sc         6       Does the organization twas runnal gross receipts that are normally greater than \$100,000, and dd the organization nocide with every solicitation are express statement that such contributions or glfts were not tax deductible contributions for glfts were not tax deductible contributions and party to ggods and services provided?       6a       X         7       Organization receive a payment in excess of \$75 made party as a contribution and party for ggods and services provided?       7a       X         7       Organization receive a payment in excess of \$75 made party as a contribution and party for ggods and services provided?       7b       7b         8       Did the organization receive a orthorize dipose of targible personal property for which it was required to file Form 8282?       7c       x       7d       x         7       Mide the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       x       7d		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
54       Was the organization a party to a prohibiled tas shelter transaction at any time during the tax year?       56       X         b       Did any taskible party notify the organization that tiws or is a party to a prohibiled tas shelter transaction?       56       X         c       Dide any taskible party notify the organization that tiws or is a party to a prohibiled tas shelter transaction?       56       X         d       Dress the organization have annual gross receipts that are normally greater than \$100,000, and dd the organization include with every solicitation an express statement that such contributions or glits were not tax deductible contributions under section 170(c).       6a       X         d       Urbs," dd the organization include with every solicitation an express statement that such contributions or glits were not tax deductible contributions under section 170(c).       7a       X         d       Urbs," dd the organization notify the donor of the value of the goods or services provided?       7a       X         d       Urbs," indicate the number of Forms \$282 likel during the year,       7d       7d       X         f       Did the organization neceive any trans. digle during the year, on a personal benefit contract?       7d       X         f       Did the organization neceive any trans. digle during the year, on a personal benefit contract?       7d       X         f       Did the organization neceive any trans. dinglenex, or other whicke, did the organization file at t	b	If "Yes," enter the name of the foreign country			
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt transaction?       56       x         6a       Does the organization the organization theorem 8866*72       56       x         6b       Did the organization theorem 8866*72       56       x         6b       Did the organization theorem 8866*72       56       x         6b       D'Nes, tid the organization theold with every and tax duch contributions or gifts when not tax deductible?       56       x         7       Organizations that may receive deductible contributions under section 170(c).       50       50       x         7       Organization receive a payment in excess of S7 made party as a corribution and party for goods and services provided to the payor?       76       x         7       Organization receive a payment in excess of strang tide party as a corribution or gifts were not tax deductible?       76       x         7       Ves, 'indicate the number of Form 5822? field duing the year.       71       72       72         7       Ves, 'indicate the number of Form 5822? field duing the year.       76       x       77       x         7       H'Nes, 'indicate the number of Form 5822? field duing the year.       76       x       77       x         8       Did the organization receive a corribution of qualified intelectual property. di the		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c       11 "Yes" to line 5a or 5b, did the organization file Form 3886-72       5c         6a       Does the organization have amusig gross receipts that are normaly greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions?       6a       x         b       11 "Yes," did the organization include with every solicitation an express statement that such contributions?       6b       6a       x         7       Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       x       x         b       11 "Yes," did the organization neity the donor of the value of the goods or services provided?       7c       x         c       Did the organization necelive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       x         11 Urss," did the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7d       x         12 Did the organization receive any funds, directly or indirectly or order valided funds for maintaining door advised fund maintained by the sponsoring organization make any taxable distributions to a dors of divised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9 Sponsoring organization neceives business holdings at any time dung the year?       9a       9a         9 Sponsoring organization make any taxable distributions to a dors of divi	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
Ga       Does the organization have arruad gross meetings that are normally greater than \$100,000, and did the organization activities that were not tax deductible contributions?       6a       x         If "Ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6a         Organizations that may receive deductible contributions under section 170(c).       7a       x       x         If "Ves," did the organization notify the doner of the value of the goods or services provided?       7b       7c       x         If "Ves," did the organization ontify the doner of the value of the goods or services provided?       7d       x       x         If "Ves," indicate the number of Forms 8282 filed duing the year.       7d       7d       x         If the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7f       x         If the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7f       x         If the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7f       x         If the organization maintaining doorr advised funds.       6a       6a       6a       6a         Sponsoring organizations maintaining doorr advised funds.       7a       x       7f       x       7f       x       7a       x	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
organization subit any contributions that were not tax deductible as charitable contributions?       6a       x         b       If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6         7       Organizations that may receive deductible contributions under section 170(c).       7a       x         8       If 'Yes,' did the organization notify the donor of the value of the goods or services provided?       7a       x         b       If 'Yes,' did the organization notify the donor of the value of the goods or services provided?       7d       7c       x         b       If 'Yes,' did the organization receive any funds, directly or indirectly, to pay remitums on a personal benefit contract?       7d       x         c       Did the organization receive any funds, directly or indirectly, to pay remitums on a personal benefit contract?       7d       x         g       If the organization neceive any funds, directly or indirectly, on pay remitums on a personal benefit contract?       7d       x         g       Sponsoring organization makes as class, business holdings at any time during the year?       8       9       9         g       Sponsoring organization make a distribution to a donor, donor advised fund aniatined by the sonsoring organization make a distribution such acklon 40% for the sources (104% for anised for anised for anison acklon 40% for anison acklon 40% for anised for anised for ani	с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
b         If "res", " and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).         b         b         b           c         Organization receive a payment in excess of 375 made party as a cortribution and partly for goods and services provided to the payor?         7a         X           d         If "Yes," tid the organization notify the donor of the value of the goods or services provided to the payor?         7a         X           d         If "Yes," indicate the number of Forms 8282 filed during the year.         7d         T         X           d         If "Yes," indicate the number of Forms 8282 filed during the year.         7d         X         T         X           d         If "Yes," indicate the number of Forms 8282 filed during the year.         7d         X         X           d         If the organization received a contribution of qualified intellectual property, did the organization file Form 88282.         7g         X           g         If the organization received a contribution of advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under advisor, or related person?         9a         9a           9         Sponsoring organization make any taxable distributions under advisor, or related person?         9a         9a           9         Sponsoring organization make any taxab	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
gifts were not tax deductible?     6b       7     Organizations that may receive adductible contributions under section 170(c).     10       b     Did the organization cecive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a     x       b     If ''ses' id the organization motify the donor of the value of the goods or services provided?     7a     x       c     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282?     7c     x       d     I''ses', indicate the number of Forms 8282 filed during the year.     7d     7d     x       f     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7e     x       f     Did the organization receive a contribution of qualified inellectual property, did the organization file Form 8299 as required?     7f     x       g     If the organization maintaining donor advised funds. Did ad nona dvised funds. Did ad nona dvised funds. Did ad nona dvised funds.     B     B       sponsoring organization maintaining donor advised funds.     B     B     B       g Socian S01(c)(X) organization. The area tracked distributions under section 4966?     Sea     Sea       g Socian S01(c)(X) organization.     B organization advised funds.     B     B       g Socian S01(c)(X) organization maintaining donor advised funds. <th></th> <th>organization solicit any contributions that were not tax deductible as charitable contributions?</th> <th>6a</th> <th></th> <th>x</th>		organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
7       Organizations that may receive deductible contributions under section 170(c).       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," idicate the number of the value of the goods or services provided?       7c       X         c       Did the organization number of the value of the goods or services provided?       7c       X         d       If "Yes," idicate the number of Forms 8282 filed during the year.       7d       7c       X         d       Did the organization oreceive any funds, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization oreceive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g       If the organization context the door advised funds. Did a door advised fund maintained by the sponsoring organization make a sinplanes, or other vehices, did the organization file Form 8899 as required?       7f       X         g       Sponsoring organization make a sinplane or othe during the year, 290       8       8       8         g       Sponsoring organization make a sinplane or other sources       9b       9b       9b       8         g       Did the sponsoring organization make a sinplane or other sources       10a       10a       10a       10a       10a       10a       10a       10a       10b </th <th></th> <th>gifts were not tax deductible?</th> <th>6b</th> <th></th> <th></th>		gifts were not tax deductible?	6b		
a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," idicate the number of the value of the goods or services provided?       7c       X         c       Did the organization number of the value of the goods or services provided?       7c       X         d       If "Yes," idicate the number of Forms 8282 filed during the year.       7d       7c       X         d       Did the organization oreceive any funds, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization oreceive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g       If the organization context the door advised funds. Did a door advised fund maintained by the sponsoring organization make a sinplanes, or other vehices, did the organization file Form 8899 as required?       7f       X         g       Sponsoring organization make a sinplane or othe during the year, 290       8       8       8         g       Sponsoring organization make a sinplane or other sources       9b       9b       9b       8         g       Did the sponsoring organization make a sinplane or other sources       10a       10a       10a       10a       10a       10a       10a       10a       10b </th <th>7</th> <th>Organizations that may receive deductible contributions under section 170(c).</th> <th></th> <th></th> <th></th>	7	Organizations that may receive deductible contributions under section 170(c).			
and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the doror of the value of the goods or services provided?       7b         b       Did the organization notify the doror of the value of the goods or services provide/?       7c       X         b       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d       If "Yes," indicate the number of Form 8282? likel during the year.       7d       7e       X         d       If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g       If the organization receive a contribution of cans, basis, airplanes, or other vehicles, did the organization file Form 8899 as required?       7f       X         g       If the organization make any taxable distributions under section 4966?       7h       X         g       Sponsoring organization make any taxable distributions under section 4966?       9b       9b         Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         Gross income from members or shareholders       11a       10b       10b       12a         Section 501(c)(7) organizations. Enter:       11a       12b       12a       11b       12a	а				
b       If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required for file Form 8282?       7c       x         d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7c       x         d       If "Yes," indicate the number of Forms 8282 filed during the year, and the organization during the year, apy premiums, directly or indirectly, on a personal benefit contract?       7d       7c       x         d       If the organization during the year, apy premiums, directly or indirectly, on a personal benefit contract?       7f       x         g       If the organization organization of qualified intellectual property, did the organization file a Form 8899 as required?       7f       x         g       Sponsoring organization maintaining doorn advised funds. Did a doorn advised fund maintained by the sponsoring organization make a any taxable distributions under section 4966?       9a       9b         g       Sponsoring organizations. Enter:       10a       10b       10a       10a         g       Gross income from members or shareholders       11a       10a       10a       10a         g       Section 501(c)(7) organizations. Enter:       11b       12a       11b       12a       11b       12a       11b       12a       10b       10b       10b       10b       10b       10b       10a </th <th></th> <th></th> <th>7a</th> <th></th> <th>x</th>			7a		x
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       x         d If 'Ves,' indicate the number of Forms 8282? filed during the year.       7d       x         d If 'Ves,' indicate the number of Forms 8282? filed during the year.       7d       x         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?       7g       x         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?       7h       x         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?       7h       x         8       Sponsoring organization make any taxable funds.       8       8         9       Sponsoring organization make any taxable distributions under section 49667       9a       9a         10       bid the sponsoring organization make any taxable distributions under section 49667       9a       9b       9b         11       section 501(c)(2) organizations. Enter:       10a       10a       10a       10a         12       Section 501(c)(2) organizations. Enter:       11a       12a       12a       12a         13       Section 501(c)(2) qualified nomprofit health insurance issuers.	b		7b		
required to file Form 8282?       7c       x         dt "Yes," indicate the number of Forms 8282 filed during the year.       7d       7d         Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       x         gt the organization received a contribution of qualified intellectual property, did the organization file offen 8898 as required?       7d       x         gt the organization received a contribution of qualified intellectual property, did the organization file offen 8898 as required?       7d       x         gt the organization received a contribution of axised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         gt the sponsoring organizations maintaining donor advised funds.       10a       10a       10a       10a         gt cross receipts, included on Form 990, Part VIII, line 12       10a       10a       10a       10a         gt cross income from members or shareholders       11a       10a       <	с				
d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7d         D       Did the organization during the year, apy premiums, to pay premiums on a personal benefit contract?       7f       X         D       Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization during the year, pay premiums, on ther vehicles, did the organization file a Form 1088-C?       7f       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C?       7h       X         g       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised funds.       9a			7c		x
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       x         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       x         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       x         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       x         g       Sponsoring organizations maintaining donor advised funds.       1d a donor advised fund maintained by the sponsoring organization make any taxable distibutions under section 4966?       9a       9         b       Did the sponsoring organizations make a distibution to a donor, donor advised rund maintained by the sponsoring organization make any taxable distibutions under section 4966?       9a       9b       1         10       If the sponsoring organizations. Enter:       10a       10b	d				
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       x         g       If the organization received a contribution of cas, beats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7h       x         h       If the organization received a contribution of cas, beats, airplanes, or other vehicles, did the organization file Form 1089-C?       7h       x         Sponsoring organization matching donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a       9b       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td< th=""><th>е</th><th></th><th>7e</th><th></th><th>x</th></td<>	е		7e		x
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7f		
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make are taxable distributions under section 4966?       8       8       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       9c	q		7q		
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         0       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Bection 501(c)(7) organizations. Enter:       10a         10       Initiation fees and capital contributions included on Part VIII, line 12       10b         11       Section 501(c)(12) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       11a         11       Section 501(c)(12) organizations. Enter:       11a         12       Gross income from members or shareholders       11a         13       Gross income from other sources (Do not net amounts due or paid to other sources)       11b         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       12a         14       Did the organization icensed to issue qualified health plans       13b         15       Enter the amount of reserves on hand       13c         14       Did the organization icensed to issue qualified health plans       13b         15       Is the organization is lice qualified health plans       13c	-				
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(21) organizations. Enter:       10a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14a       Did the organization is locensed to issue qualified health plans in more than one state?       13a       13a         14a       Did the organization is locensed to issue qualified health plans       13b       13a       14a         14a       Did the organization neceive any payments for indoor tanning services during					
9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Section 501(c)(7) organizations. Enter:       10a         10       Initiation fees and capital contributions included on Part VIII, line 12.       10a         10       Section 501(c)(7) organizations. Enter:       10b         11       Section 501(c)(2) organizations. Enter:       11a         a       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(20) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(20) qualified nonprofit health insurance issuers.       13a       13a       13a         14a       Did the organization is icensed to issue qualified health plans in more than one state?       13a       14a       14a       x         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14a       14a       x         14a       If "Yes," set the instructions and file Form 4720, Schedule N.       15			8		
a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10a         11       Section 501(c)(12) organizations. Enter:       10a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         144       Did the organization receives any payments for indoor tanning services during the tax year?       14a       x         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       x         141       Did the organization n	9				
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributors included on Part VIII, line 12.       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         a       Gross income from members or shareholders       11a       10b       11b       12a         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14       Did the organization is required to maintain by the states in which the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       x         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14b       15         14       Did the organization and file Form 720, Schedule N.       15       x			9a		
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12					
a       Initiation fees and capital contributions included on Part VIII, line 12					
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13b         c       Enter the amount of reserves on hand       13b       13c         14a       X       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the yea	а				
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       Note: See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization reserves on hand	b		-		
a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a <t< th=""><th></th><th></th><th>-</th><th></th><th></th></t<>			-		
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11       11       11       11       11       11       12       12         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       13a       14a       13a       13a       14a       13a       14a       13a       14b       14a       14a       14a					
against amounts due or received from them.)       111       111       111         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13b       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13b       13c         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       x         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       15       x         16       x       16       x       16       x	b		-		
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       x         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       x         16       x       16       x       16       x         17. Yes," complete Form 4720, Schedule O.       16       x       16       x					
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a				
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       x         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       x         If "Yes," see the instructions and file Form 4720, Schedule N.       16       x         If "Yes," complete Form 4720, Schedule O.       16       x         If "Yes," complete Form 4720, Schedule O.       16       x         If "Yes," complete Form 4720, Schedule O.       16       x         If "Yes," complete Form 472					
a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13b         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.			-		
Note: See the instructions for additional information the organization must report on Schedule O.       Image: the instructions for additional information is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: the instruction is licensed to issue qualified health plans         c       Enter the amount of reserves on hand       Image: the instruction receive any payments for indoor tanning services during the tax year?       Image: the instruction receive any payments for indoor tanning services during the tax year?       Image: the instruction receive any payments for indoor tanning services during the tax year?       Image: the instruction receive any payments for indoor tanning services during the tax year?       Image: the instruction receive any payments for indoor tanning services during the tax year?       Image: the instruction receive any payments for indoor tanning services during the tax year?       Image: the instruction receive any payments for indoor tanning services during the tax year?       Image: the instruction receive any payments?       Image: the instruction of the section 4960 tax on payments?       Image: the instruction of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       Image: the instructions and file Form 4720, Schedule N.       Image: the organization an educational institution subject to the section 4968 excise tax on net investment income?       Image: the organization and the trust, or any any disqualified or other person engage in any activities       Image: the organization and trust iteration and the trust is the organization.       Image: the organization and the trust is the organization and the trust is the organizat			13a		
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       15       14a       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       14       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       16       X					
the organization is licensed to issue qualified health plans       13b       13b       13c         c       Enter the amount of reserves on hand       13c       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       15       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X	b				
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       15       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities       16       X					
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       x         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       x         If "Yes," see the instructions and file Form 4720, Schedule N.       15       x         If "Yes," complete Form 4720, Schedule O.       16       x         If "Yes," complete Form 4720, Schedule O.       16       x         17       Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities       16       x	с				
<ul> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q</li></ul>	14a		14a		x
<ul> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> <li>16 X</li> <li>16 X</li> <li>17 Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities</li> </ul>					
excess parachute payment(s) during the year?       15       x         If "Yes," see the instructions and file Form 4720, Schedule N.       16       x         If "Yes," complete Form 4720, Schedule O.       16       x         If "Yes," complete Form 4720, Schedule O.       16       x         If "Yes," complete Form 4720, Schedule O.       16       x         If "Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities       16       x					
If "Yes," see the instructions and file Form 4720, Schedule N.         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		x
16       x         17       Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities					
If "Yes," complete Form 4720, Schedule O.         17       Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities	16		16		x
17 Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities	-	-			
	17				
			17		
If "Yes," complete Form 6069.					

Forr	m 990 (2022) VerdeCares Inc. 27-160	)0105	F	2age 6
Pa	art 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 in Schedule O. See instru	ctions.		
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction 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	7		
	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 in line 1a, above, who are independent	7		
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			
Ū	supervision of officers, directors, trustees, or key employees to a management company or other person?	. 3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization become aware during the year of a significant diversion of the organization's assets:			x
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	. 0		~
7a		70		v
L	one or more members of the governing body?	. 7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		
~	stockholders, or persons other than the governing body?	. 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?		X	
b	Each committee with authority to act on behalf of the governing body?	. <u>8b</u>		x
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 Q	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. <u>10a</u>		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. <u>11a</u>	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	x	
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	x	
b	Other officers or key employees of the organization	. 15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Image: The second state of th			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Kermit Beseke (480)471-8944, 18934 E Avenida Del Ray Suite 106, Rio Verde, AZ 8	5263		
	ACTIVE SECOND (100/1/1 0/11/ 10/21 B RACHING BET VON DATCE TAAN VELAE! VA 0	~~~		

Form 990 (202	2) VerdeCares Inc.	27-1600105 Page	e 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated Employees, and	d
	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 Compens	ated Employees	_
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year en	ding with or within the	
organization's t	ax year.		
<ul> <li>List all of</li> </ul>	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 instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

			1 2.10	(0	C)	,				
(A) Name and title	<b>(B)</b> Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Vicki Beseke	36.00									
Executive Director		x		x				45,240	0	0
(2) Ed O'Brien	2.00									
Board Member		x						0	0	0
(3) Ron Morton	2.00									
Board Member		x						0	0	0
(4) Mary Bloom	2.00									
Board member		x						0	0	0
(5) Lynne Reed	2.00									
Board member		х						0	0	0
(6) Kermit Beseke	27.00									
Treasurer		х		x				0	0	0
(7) Rosemary Kastrava	2.00									
Secretary		х		x				0	0	0
(8)										
 (9)										
<u>(10)</u>										
<u>(11)</u>										
(12)										
(13)										
(14)										
										<b></b>

	90 (202		ares Inc.										7-1600			Page <b>8</b>	
Part	VII	Section A. Officers,	Directors, 1	rustees,	Key I	Em			es, an	dŀ	lighest Comp	ensated	Emple	oyees	(cont	tinued	
		(A) Name and title		<b>(B)</b> Average hours per week	box	, unle	Po neck n iss pe	rson i	han one s both ar r/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	ble ation ited	<b>(F)</b> Estimated amo of other compensatio		amount ther	
				(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizatior 1099-MI 1099-NE	sc/	orga	rom the nization I organi:	and	
(15)					_												
<u>(16)</u>					-												
<u>(17)</u>					-												
(18)					-												
<u>(19)</u>					-												
(20)					-												
(21)					-												
(22)					-												
(23)					-												
(24)					-												
(25)					-												
1b c	Subto	tal	to Part VII, Sec	tion A .	••••	· ·	•••	· ·	•••								
d		(add lines 1b and 1c) .									45,240		0			0	
2		number of individuals (inclu able compensation from the	-	ted to those	listed a	bove	e) w	ho re	eceiveo	d mo	ore than \$100,000	of				c	
3	Did th	e organization list any <b>forr</b>	<b>ner</b> officer, dired	ctor, trustee,	, kev en	olqr	vee.	or h	nighest	con	npensated				Yes	No	
	emplo	yee on line 1a? If "Yes," c	omplete Schedu	le J for sucl	h individ	dual	•••	• •	••••		•••••			3		x	
4		ny individual listed on line 1a ization and related organiz															
	-	<i>dual</i>	-											4		x	
5		ny person listed on line 1a re				-			-								
Section		rvices rendered to the orga Independent Contra		s," complete	e Sched	lule	J for	r suc	h pers	on				5		x	
1		lete this table for your five h		ated indepen	ndent co	ntra	ctors	s tha	t recei	ved	more than \$100,00	00 of					
	compe	ensation from the organizati		pensation for	r the cal	end	ar ye	ear e	ending	with	-	nization's ta	ax year.				
		Name	(A) and business addre	22							(B) Description of servic	es.		(C) Compens	ation		
		, van i		*													
2		number of independent con ed more than \$100,000 of		-			se lis	sted	above)	wh	0						

art \	90 (202 VIII	Statement of Rev		es Inc. 10					27-16003	105 Pag
		Check if Schedule O co			or no	ote to any line in this	Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
	b	Membership dues			1b					
and Other Similar Amounts	c	Fundraising events			1c	93,107				
	d	Related organizations .			1d					
ar A	е	Government grants (contr	ributi	ons)	1e					
<u>nii</u> 2	f	f All other contributions, gifts, grants, and similar amounts not included above <b>1</b> f								
S S					166,391					
đ	g	Noncash contributions inc	clude	d in						
pu		lines 1a-1f			1g					
9.0	h	Total. Add lines 1a-1f	••				259,498			
						Business Code				
Revenue	2a	Educ senior lunch	les			624100	1,136	1,136		
a	b									
Revenue	C.									
Seve 2	d									
-	e	<u></u>								
		All other program service					1 1 2 6			
		Total. Add lines 2a-2f .					1,136			
	3	Investment income (includi other similar amounts) .					637			
	4	Income from investment of				-	037			(
		Royalties								
				(i) Real	••	(ii) Personal				
	6a	Gross rents	62		000					
		Less: rental expenses	6b							
		Rental income or (loss)	6c		000					
		Net rental income or (loss)					3,000	3,000		
		Gross amount from		(i) Securities		(ii) Other	• • • •			
	14	sales of assets								
		other than inventory	7a	15,8	873					
	b	Less: cost or other basis								
B		and sales expenses	7b	15,3	388					
uther Kevenue	С	Gain or (loss)	7c		485					
9 L	d	Net gain or (loss)	••		••		485			4
D	8a	Gross income from fundra	ising							
5		events (not including \$_		93,107						
		of contributions reported o								
		1c). See Part IV, line 18			8a					
		Less: direct expenses .			8b	3,987				
		Net income or (loss) from		aising events	•		9,731			9,7
	9a	Gross income from gaming	-							
		activities, See Part IV, line			9a					
		Less: direct expenses . Net income or (loss) from			9b	l				
			-	ng activities						
	10a	Gross sales of inventory, I returns and allowances .			10a					
	h	Less: cost of goods sold			10a					
		Net income or (loss) from :								
			20100		••	Business Code				
	11a	Credit card rewar	ds			900099	518	518		
ne	b	<u>cieuit caiu iewai</u>					510	510		
ven	c									
Revenue	-	All other revenue								
		Total. Add lines 11a-11d				·	518			
	e	IUlai. Auu illes I la-I lu	•		•••	•••••	510			

VerdeCares Inc.

Do nr	Check if Schedule O contains a response or note to a ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	45,240	30,995	14,245	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	44,839	18,193	26,646	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	7,046	3,842	3,204	
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	9,166	6,243	2,923	
d	Lobbying	-	-		
	Professional fundraising services. See Part IV, line 17 .				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)	11,239	7,654	3,585	
	Advertising and promotion	3,170	7,054	5,505	3,17
	Office expenses	8,439	E 604	2 9 2 5	3,17
			5,604	2,835	
	Information technology	7,335	4,996	2,339	
	Royalties	25 550	04.040	11 402	
		35,752	24,349	11,403	
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	281	191	90	
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	7,461	4,159	3,302	
3	Insurance	4,976	3,389	1,587	
4	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 O.)				
а	Care Mgmt Program Expense	3,906	3,906		
b	Transportation Program Exp	6,365	6,365		
	Meals Program Expense	11,535	11,535		
	Support Groups Expense	958	958		
	All other expenses	928	731	197	
	Total functional expenses. Add lines 1 through 24e.	208,636	133,110	72,356	3,17
	Joint costs. Complete this line only if the	2007030	1007110	, 2, 550	5,17
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

	990 (20				2	7-160	0105 Pag	ge <b>1</b> 1
Par	t X	Balance Sheet						_
		Check if Schedule O contains a response or note	e to ar	ny line in this Part X		••••		
					(A)		(B)	
					Beginning of year		End of year	
	1	Cash - non-interest-bearing			43,379	1	28,7	
	2	Savings and temporary cash investments			280,172	2	395,2	235
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net				4		
	5	Loans and other receivables from any current or former						
		trustee, key employee, creator or founder, substantial co		or, or 35%				
		controlled entity or family member of any of these perso				5		
	6	Loans and other receivables from other disqualified pers	ons (a	s defined				
		under section 4958(f)(1)), and persons described in sec	tion 49	58(c)(3)(B)		6		
s	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
As	9	Prepaid expenses and deferred charges				9		
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	60,979				
	b	Less: accumulated depreciation	10b	36,292	27,366	10c	24,6	587
	11	Investments - publicly traded securities			52,888	11	26,5	528
	12	Investments - other securities. See Part IV, line 11 .				12		
	13	Investments - program-related. See Part IV, line 11 .				13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11				15		
	16	Total assets. Add lines 1 through 15 (must equal line	33).		403,805	16	475,2	218
	17	Accounts payable and accrued expenses			6,631	17	14,9	€74
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete Part IV of	of Sche	edule D		21		
S	22	Loans and other payables to any current or former office	er, dire	ctor,				
Liabilities		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%				
iabi		controlled entity or family member of any of these perso	ns			22		
	23	Secured mortgages and notes payable to unrelated thin	d parti	es		23		
	24	Unsecured notes and loans payable to unrelated third p	arties			24		
	25	Other liabilities (including federal income tax, payables	o relat	ed third				
		parties, and other liabilities not included on lines 17-24)	Comp	lete Part X				
		of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			6,631	26	14,9	<del>)</del> 74
		Organizations that follow FASB ASC 958, check here	e X					
ŝ		and complete lines 27, 28, 32, and 33.						
Net Assets or Fund Balances	27	Net assets without donor restrictions			397,174	27	460,2	244
ala	28			· · · <u>·</u> · · · · · · · ·		28		
Б		Organizations that do not follow FASB ASC 958, che	eck he	re				
Fun		and complete lines 29 through 33.						
or	29	Capital stock or trust principal, or current funds $\ldots$		· · · · · · · · · · · · · · · ·		29		
ets	30	Paid-in or capital surplus, or land, building, or equipmen	t fund			30		
Ass	31	Retained earnings, endowment, accumulated income, o	r other	funds		31		
let /	32	Total net assets or fund balances		•••••	397,174	32	460,2	244
	33	Total liabilities and net assets/fund balances			403,805	33	475,2	218

EEA

Form 990 (2022)

Form	990 (2022) VerdeCares Inc.	27-160010	5	Pa	age <b>12</b>
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		275,	,005
2	Total expenses (must equal Part IX, column (A), line 25)	2		208,	,636
3	Revenue less expenses. Subtract line 2 from line 1	3		66,	,369
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		397,	,174
5	Net unrealized gains (losses) on investments	5		(3,	,299)
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		460,	,244
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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		х
	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:				
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Forn	n <b>990</b>	(2022)

SCHEDULE	Α
(Form 990)	

# **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.

OMB No. 1545-0047	7
2022	

						Open to Public	
					Inspection		
Name of the organization					Employer identification	on number	
VerdeCares Inc.					27-160010		
Part I Reason for Public Cha	rity Status. (A	II organizations mus	st comple	ete this p	oart.) See instruct	ions.	
The organization is not a private foundation b	ecause it is: (For lir	nes 1 through 12, check o	only one bo	ox.)			
1 A church, convention of churches,	or association of c	hurches described in <b>se</b>	ction 170	(b)(1)(A)(i)			
2 A school described in section 170	(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990	D).)				
3 A hospital or a cooperative hospita	al service organizat	ion described in <b>sectior</b>	170(b)(1)	(A)(iii).			
4 A medical research organization o	perated in conjunc	tion with a hospital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(iii). Enter the	e	
hospital's name, city, and state:							
5 An organization operated for the be	enefit of a college o	r university owned or op	erated by a	a governm	ental unit described in		
section 170(b)(1)(A)(iv). (Comple	te Part II.)						
6 A federal, state, or local governme	ent or governmenta	I unit described in section	on 170(b)(	1)(A)(v).			
7 X An organization that normally recei	ves a substantial pa	art of its support from a g	jovernmen	tal unit or f	rom the general public	;	
described in section 170(b)(1)(A)	(vi). (Complete Par	rt II.)					
8 A community trust described in se							
9 An agricultural research organizati				•	•	ollege	
or university or a non-land-grant co	ollege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or		
university:							
10 An organization that normally recein receipts from activities related to its support from gross investment inco- acquired by the organization after	s exempt functions, ome and unrelated l	subject to certain excep business taxable income	tions; and (less sect	(2) no mor ion 511 tax	e than 33 1/3% of its	)SS	
11 An organization organized and ope					L).		
12 An organization organized and ope	rated exclusively for	or the benefit of, to perfor	m the func	tions of, or	to carry out the purpo	ses of	
one or more publicly supported or	ganizations describ	ed in section 509(a)(1)	or section	1 509(a)(2)	. See section 509(a)	<b>(3).</b> Check	
the box on lines 12a through 12d th	nat describes the ty	pe of supporting organiza	ation and c	omplete lir	nes 12e, 12f, and 12g.		
a <b>Type I.</b> A supporting organizat	tion operated, supe	ervised, or controlled by	its support	ed organiz	ation(s), typically by g	giving	
the supported organization(s) t	he power to regula	rly appoint or elect a ma	jority of the	e directors	or trustees of the		
supporting organization. You I	must complete Pa	rt IV, Sections A and E	3.				
<b>b Type II.</b> A supporting organiza	ation supervised or	controlled in connection	with its su	pported or	ganization(s), by havi	ing	
control or management of the s	supporting organiza	ation vested in the same	persons that	at control o	r manage the support	ed	
organization(s). You must co	mplete Part IV, Se	ctions A and C.					
c 🗌 Type III functionally integrat	ed. A supporting o	rganization operated in o	connection	with, and	functionally integrated	d with,	
its supported organization(s) (	see instructions). Y	'ou must complete Par	t IV, Secti	ons A, D,	and E.		
d 🛛 Type III non-functionally inte	egrated. A support	ing organization operate	d in conne	ction with	its supported organiza	ation(s)	
that is not functionally integrate	ed. The organization	n generally must satisfy a	distributio	n requirem	ent and an attentivene	ess	
requirement (see instructions)	. You must compl	ete Part IV, Sections A	and D, ar	nd Part V.			
e Check this box if the organizati	on received a writte	en determination from the	IRS that it	t is a Type	I, Type II, Type III		
functionally integrated, or Type	-	integrated supporting o	rganizatior	۱.			
f Enter the number of supported organ						• • • •	
g Provide the following information abo	ut the supported or	ganization(s).	1		[		
(i) Name of supported organization	(i) Name of supported organization       (ii) EIN       (iii) Type of organization       (iv) Is the organization       (v) Amount of monetary       (vi) Amount of         (described on lines 1-10       listed in your governing       support (see       other support (see       other support (see         above (see instructions))       document?       instructions)       instructions)       instructions)						
			Yes	No			
(A)							
(B)	3)						
(C)	C)						
(D)							
(E)							
Total							

	le A (Form 990) 2022 VerdeCares					27-160010	
Part							
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	o qualify unde	r the tests lis	ted below, pl	ease complet	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	204,508	192,937	234,911	351,447	259,498	1,243,301
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3	204,508	192,937	234,911	351,447	259,498	1,243,301
5	The portion of total contributions by	204,508	192,937	234,911	351,447	259,490	1,243,301
J	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)						143,384
6	Public support. Subtract line 5 from line 4.						1,099,917
-	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	204,508	192,937	234,911	351,447	259,498	1,243,301
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	3,201	3,124	3,541	3,321	637	13,824
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on					9,731	9,731
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		1,709	341	175	518	2,743
11	Total support. Add lines 7 through 10						1,269,599
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	57,997
13	First 5 years. If the Form 990 is for the o	•	,				
	organization, check this box and <b>stop he</b>						
Secti	on C. Computation of Public Support	rt Percentag	<u></u>				<u>····</u>
14	Public support percentage for 2022 (line 6			1 column (f))		14	86.63 %
15	Public support percentage from 2021 Sch		•			15	87.02 %
16a	<b>33 1/3% support test - 2022.</b> If the organ						
iva	box and <b>stop here.</b> The organization qua						
h	• • •	•	• • • •	•			
b	33 1/3% support test - 2021. If the organ						
47	this box and <b>stop here.</b> The organization			-			
17a	10%-facts-and-circumstances test - 20	•					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa			-	-		_
	organization						
b	10%-facts-and-circumstances test - 20	-					
	15 is 10% 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-circu	umstances test	t. The organiza	tion qualifies a	as a publicly su	pported
	organization			-	-		
18	Private foundation. If the organization di	d not check a b	box on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	see –
	instructions						_
EEA	· · · · · · · · · · · · ·						A (Form 990) 2022

VerdeCares Inc. Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked th						der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)	
	on A. Public Support				( )) = = = (	()	(n
-	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
<i>i</i> a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Socti	line 6.)						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(a) 2010	(b) 2019	(C) 2020	(u) 2021	(e) 2022	(1) 10(a)
9 10a	Gross income from interest, dividends,						
TUa							
	payments received on securities loans, rents, royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	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						
. 2	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11,			1			
	and 12.)						
14	First 5 years. If the Form 990 is for the or	nanization's fi	I rst second thi	ird fourth or fi	th tax vear as	a section 501(	c)(3)
14	organization, check this box and <b>stop her</b>	•					
Secti	on C. Computation of Public Suppor						<u>····</u>
15	Public support percentage for 2022 (line 8	-		13, column (f))		15	%
16	Public support percentage from 2021 Sch		-			16	%
	on D. Computation of Investment Inc			· ·			
17	Investment income percentage for 2022 (I			by line 13, colu	mn (f))	17	%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the orga					ore than 33 1/3	
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2021. If the organizati		-	-			
	line 18 is not more than 33 1/3%, check this bo						_
20	Private foundation. If the organization die	-	-			-	

Page 4

No

Yes

#### VerdeCares Inc. 27-1600105 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. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified 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. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С 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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
C	provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations	110		
Jecu	on B. Type Toupporting Organizations		Yes	No
1	Did the governing body members of the governing body officers exting in their official especity, or membership of one or		163	NU
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 <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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			
	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		
Secti	on D. All Type III Supporting Organizations	•		
<u></u>			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	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	4		
•	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 <b>Part VI</b> how	_		
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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			
	supported organizations played in this regard.	3		
Secti	on 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	e inst	ructic	ons).
а	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.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruction in the second s	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
-	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's position that its supported organization(s) would	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
ι.	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<b>0</b> 1-		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
EEA	Schedu	le A (F	orm 99	0) 2022

 Schedule A (Form 990) 2022
 VerdeCares Inc.

 Part IV
 Supporting Organizations (continued)

27-1600105

Part 1	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			Voin in Part VII) Soo
1	instructions. All other Type III non-functionally integrated supporting organ	-		-
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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		
	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		
	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
Secti	on 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-functiona	ally int	egrated Type III suppo	rting organization

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

Schedule A (Form 990) 2022

VerdeCares Inc.

Schedule A (Form 990) 2022

Page 6

27-1600105

Schedul	e A (Form 990) 2022 VerdeCares Inc.		27-160	0105 Page 7
Part		B) Supporting Organ	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	· · · ·	ed	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	<i>VI</i> ) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
	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 than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c. Breakdown of line 7:			
8	Evenes from 2018			
<u>a</u>	Evenes from 2010			
b	Evenes from 2020			
 d	Evenes from 2021			
 e	Free and frame 0000			
EEA	Excess from 2022			Schedule A (Form 990) 202

Schedule A (	(Form 990) 2022	VerdeCare	es Inc.					27-1	600105	Page
Part VI	Supplemental	Information. F	Provide th	e explanation	s require	d by Part II	, line 1	0; Part II,	line 17a (	or 17b; Part
	III line 12 <sup>.</sup> Par	IV Section A	lines 1 2	3b 3c 4b 4	lc 5a 6	9a 9b 9c	11a 1	1b_and 1 <sup>*</sup>	1c <sup>.</sup> Part I	V Section

c; Part IV, Section III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## 01. Other income (Part II, line 10 or Part III, line 12)

#### 2022 credit card rewards

Page 8

SCHEDULE D	
(Form 990)	

## **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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

<b>.</b> .		<i>(</i> <b>— — — — — — — — — —</b>				
Go to	www.irs	.gov/Form990	for instr	uctions and	d the lates	t information.

Inspection dentification number

Name o	f the organization			Employer id	lentification number
/erde	Cares Inc.			27-1	600105
Pa	t I Organizations Maintaining Donor Advised	Funds or Other	Similar Funds or Acc	ounts.	
	Complete if the organization answered "Yes" of	on Form 990, Par	t IV, line 6.		
		(a) Done	or advised funds	(	b) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the asse	ets held in donor advised		
	funds are the organization's property, subject to the organization	ation's exclusive leg	al control?		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing th	at grant funds can be use	ed	
	only for charitable purposes and not for the benefit of the do	nor or donor advisor	, or for any other purpose	•	
	conferring impermissible private benefit?				Yes No
Par	II Conservation Easements.				
	Complete if the organization answered "Yes" of	on Form 990, Par	t IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	tion (check all that a	pply).		
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a h	nistorically in	mportant land area
	Protection of natural habitat		Preservation of a c	certified hist	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation co	ontribution in the form of a	cons <u>ervati</u>	on
	easement on the last day of the tax year.				Held at the End of the Tax Yea
а	Total number of conservation easements			. 2a	
b	Total acreage restricted by conservation easements $\ . \ .$			. 2b	
С	Number of conservation easements on a certified historic str	ructure included in (a	a)	. 2c	
d	Number of conservation easements included in (c) acquired	•			
	historic structure listed in the National Register $\ldots$			. 2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguishe	d, or terminated by the or	rganization	during the
	tax year				
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe	-			
	violations, and enforcement of the conservation easements i				
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violation	s, and enforcing conserva	ation easerr	nents during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, ar	nd enforcing conservation	easements	s during the year
8	Does each conservation easement reported on line 2(d) abo				
-	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conserva		•		
	balance sheet, and include, if applicable, the text of the footn	ote to the organizat	ion's financial statements	that describ	bes the
Der	organization's accounting for conservation easements.	of Art Historia		ther Cim	ilar Acceto
Par				ther Sim	illar Assets.
4.	Complete if the organization answered "Yes" of				
1a	If the organization elected, as permitted under FASB ASC 9				
	of art, historical treasures, or other similar assets held for pu			erance or p	udiic
Ŀ	service, provide in Part XIII the text of the footnote to its fina			anac at	worke of
b	If the organization elected, as permitted under FASB ASC 9	•			
	art, historical treasures, or other similar assets held for public	e exhibition, educati	on, or research in furthera	ance of pub	iic service,
	provide the following amounts relating to these items:				¢
	(i) Revenue included on Form 990, Part VIII, line 1				
•	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre		-	ain, provide	etne
	following amounts required to be reported under FASB ASC				<b>^</b>
а	Revenue included on Form 990, Part VIII, line 1			• • • • •	· Þ

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	le D (Form 990) 2022 VerdeCares Inc							27-160			Page 2
Par									ssets (	conti	nued)
3	Using the organization's acquisition, access	sion, and othe	r record	ls, check a	ny of the fo	blowing that n	nake się	gnificant use of its			
	collection items (check all that apply):				_						
а	Public exhibition			d		r exchange p	-				
b	Scholarly research			е	Other						_
С	Preservation for future generations										
4	Provide a description of the organization's of	collections an	d explai	n how they	/ further the	e organizatior	n's exen	npt purpose in Part	t		
_	XIII.										
5	During the year, did the organization solicit									, 1	— <b>.</b> .
Der	assets to be sold to raise funds rather than			part of the	organizatio	on's collection	1?	• • • • • • • • • •	. []Y	es	<u>No</u>
Par	t IV Escrow and Custodial Arra Complete if the organization	-		on Forr	~ 000 D	ort IV/ line	0 or 1	reported on an		n E	m
	990, Part X, line 21.	lanswereu	res		II 990, P	art iv, ine	9,011	leponeu an an		IFU	111
10	Is the organization an agent, trustee, custoo	lion or other is	atormodi	ion (for oor	tributiona	or other acco	to not				
1a	included on Form 990, Part X?			-							No
b	If "Yes," explain the arrangement in Part XI					• • • • • •			• 🗆 •	69 [	
b				nowing tai	JIE.			Δn	nount		
с	Beginning balance						. 10		lount		
d	Additions during the year										
e	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on l								. 🗆 Y	es	No
b	If "Yes," explain the arrangement in Part XI							•			
Par											
	Complete if the organization	answered	"Yes"	' on Forr	n 990, P	art IV, line	10.				
		(a) Current			or year	(c) Two years		(d) Three years back	(e) Fo	our year	s back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	-		e (line 1g,	column (a)	) held as:					
а	Board designated or quasi-endowment		%								
b	Permanent endowment%	, 0									
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c sh										
3a	Are there endowment funds not in the poss	session of the	organiz	ation that a	are held ar	nd administere	ed for th	e			
	organization by:									Yes	s No
	(i) Unrelated organizations									·	
	(ii) Related organizations								· · ·	<i>,</i>	
b	If "Yes" on line 3a(ii), are the related organ						•••		. 3b		
4	Describe in Part XIII the intended uses of t	-	on's end	lowment fu	nds.						
Par		-	"\\-~"		- 000 D	ant IV / Base	44- 0	2	DentV	Ľ., ,	40
	Complete if the organization										
	Description of property	(a) C	Cost or othe			r other basis	• • •	Accumulated	<b>(d)</b> B	ook valu	ie
			(investme	ont)	(	other)	d	epreciation			
1a											
b	Buildings					00 707					
с А	Leasehold improvements					22,785		22,785			
d	Equipment					20 104		12 507			607
e Total	Other STMD1 Add lines 1a through 1e. (Column (d) must		DON Por	rt X colum	n (R) line	38,194		13,507			,687
EEA		oquai Forms	ээ <i>о,</i> г а	τ Λ, σοιαΠ	, ( <i>ם</i> ), וווופ		• • •		edule D (		,687
								301			,, <u>_</u> u <u></u>

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	e 11b. See Form	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Me	ethod of valuation: d-of-year market value
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
		orm 000 Port IV/ lin	o 11o Soo Form	000 Part V line 12
	Complete if the organization answered "Yes" on F	0111 990, Fait IV, III		1990, Fait A, III e 13.
	(a) Description of investment	(b) Book value		ethod of valuation: d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.).			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) T ( ) (0 (				
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			
Fait A	Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
1.		ok value		
-	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 25.) .			
	uncertain tax positions. In Part XIII, provide the text of the footnote	e to the organization's fina	incial statements that	reports the
organization's	liability for uncertain tax positions under FASB ASC 740. Check h	ere if the text of the footno	ote has been provide	d in Part XIII

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Page 3

Schedule D (Form 990) 2022

VerdeCares Inc.

Schedul	e D (Form 990) 2022 VerdeCares Inc.	27-1600105	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G		Supplement	OMB No. 1545-0047						
(Form 990) Complete if			the organization a organization enter	nswered "Yes red more thar	or if the	2022			
Depart	ment of the Treasury		Attach to Form 990 or Form 990-EZ.						Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.           Name of the organization         Employ								Inspection	
	0							Employer identific	
Par	eCares Inc.	sing Activities.	Complete if th	ne organiz	ation anew	vered "Ves" on	Form	27-160	
I al		-EZ filers are not	-	-				330, i an iv	
1		the organization rais				ies. Check all that a	apply.		
а	Mail solicitatio	•	5	e		of non-government			
b									
С	Phone solicita	tions		g	Special fun	draising events			
d	In-person solid								
2a	-	ion have a written o	-	-		-			
		s listed in Form 990,	· •			•			∐ Yes ∐ No
b	-	0 highest paid individent of the contract \$5,000 by the contract \$5,000 by the contract of the	· ·	undraisers) p	ursuant to ag	reements under wh	icn the i	rundraiser is to	be
	compensated at i	least \$5,000 by the t	organization.						
	(i) Name and addres or entity (fun		(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(or	Amount paid to retained by) raiser listed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
				Yes	No			coi. (i)	
1						-			
2									
3									
4									
5									
5									
6									
7									
8									
9									
10									
				1	1				
Total									
3	List all states in v registration or lice	vhich the organization	on is registered or l	licensed to s	olicit contribu	tions or has been no	otified it	is exempt from	

Schedule (	G	(Form	990)	2022
Schedule	G	(1 01111	33U)	2022

Fundraising Events. Comp than \$15,000 of fundraising gross receipts greater than	event contributions and			
		d gross income on Form	990-EZ, lines 1 and 6b.	List events with
	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	TV Roundup	Pancake Bkft	None	(add col. (a) through
	(event type)	(event type)	(total number)	col. (c))
Gross receipts	93,107	13,718		106,825
Less: Contributions	93,107			93,107
Gross income (line 1 minus				
line 2)		13,718		13,718
Cash prizes				
· · · · · · · · · · · · · · · · · · ·				
Noncash prizes				
Rent/facility costs				
Food and beverages				
-				
Entertainment				
Other direct expenses	890	3,097		3,987
Direct expense summary. Add lin	es 4 through 9 in column (c	d)		3,987
				9,731
\$15,000 on Form 990-EZ, li	ne 6a.			
	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
	(, , ,	bingo/progressive bingo		col. (a) through col. (c))
0				
Gross revenue				
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses				
	<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
Volunteer labor	□ No	No	□ No	
Direct expense summary. Add line	es 2 through 5 in column (c	d)		
Net gaming income summary. Su	btract line 7 from line 1, co	lumn (d)		
-				🗌 Yes 📙 N
но, ехран.				
	Gross income (line 1 minus line 2)	Gross income (line 1 minus line 2)       Image: Complexity of the state (s) in which the organization conducts gaming activities in each         Cash prizes       Image: Complexity of the organization conducts gaming activities in each         Noncash prizes       Image: Complexity of the organization conducts gaming activities in each         Other direct expenses       Image: Complexity of the organization answered         Other direct expenses       Image: Complexity of the organization answered         Moncash prizes       Image: Complexity of the organization answered         Image: Complexity of the organization answered       Image: Complexity of the organization answered         Image: Complexity of the organization answered       Image: Complexity of the organization answered         Image: Complexity of the organization answered       Image: Complexity of the organization answered         Image: Complexity of the organization answered       Image: Complexity of the organization answered         Image: Complexity of the organization answered       Image: Complexity of the organization answered         Image: Complexity of the organization answered       Image: Complexity of the organization answered         Image: Complexity of the organization answered       Image: Complexity of the organization answered         Image: Complexity of the organization answered       Image: Complexity of the organization answered         Image: Complexity of the organization answered       Image: Comp	Gross income (line 1 minus line 2)       13,718         Cash prizes       13,718         Cash prizes       13,718         Noncash prizes       13,718         Rent/facility costs       13,718         Food and beverages       13,718         Food and beverages       13,718         Entertainment       13,718         Other direct expenses       890         By 0       3,097         Direct expense summary. Add lines 4 through 9 in column (d)          Net income summary. Subtract line 10 from line 3, column (d)          Gaming. Complete if the organization answered "Yes" on Form 990, Part \$15,000 on Form 990-EZ, line 6a.       (a) Bingo         (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo         Gross revenue	Gross income (line 1 minus line 2)       13,718         Cash prizes

## 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. OMB No. 1545-0047

2022 Open to Public

tion. Inspection

Employer identification number 27–1600105

#### Name of the organization VerdeCares Inc.

Department of the Treasury

Internal Revenue Service

#### 01. Officer, directors, etc. family relationship (Part VI, line 2)

Executive Director and Treasurer are married

02. Committee meeting documentation (Part VI, line 8b)

Governing body does not have any committees.

03. Form 990 governing body review (Part VI, line 11)

Directors will be provided review copies and a period to comment or suggest edits to 990.

#### 04. Conflict of interest policy compliance (Part VI, line 12c)

Directors and officers annually review and sign Conflict of Interest Policy.

#### 05. CEO, executive director, top management comp (Part VI, line 15a)

Determination of executive director's salary includes review of salaries in other similar

companies in Maricopa County Arizona.

#### 06. Governing documents, etc, available to public (Part VI, line 19)

Governing documents are available upon request. The Form 990 is available on our website.

Statement of Program Service Accomplishments

2022 PG01

Name(s) as shown on return
VerdeCares Inc.

Your Social Security Number

27-1600105

Statement #4

Form 990-Part III(a)

Statement of Service Accomplishment

Program Service Code	
Program Service Expenses	\$6615
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

#### Explanation

Support Groups: Alzheimer's certified support group provide a safe, confidential, supportive environment die Caregiver's to allow their loved ones diagnosed with Alzheimer's to remain home as long as possible. Through skill training and education Caregivers learn skills to solve the many challenges Alzheimer's families face during the disease stages. Annual Parkinson's Disease educational lunches sharing the latest in disease stages, research, medications and medical resources. Support group activities provide Caregivers with much needed time for themselves while their loved ones spend time with others experiencing similar medical limitations. Special social time with VerdeCares trained volunteers. Young-at-Hearts luncheons (those 80 years+) provide educational topics; such as, staying hydrated, fall home safety tips, how to safely get up from a fall and more. Provides social time with friends and new neighbors.

	Statement of Program Service Accomplishments	<b>2022</b> PG01
Name(s) as shown on return		Your Social Security Number
VerdeCares Inc.		27-1600105

### Form 990-Part III(b)

Statement #4

Statement of Service Accomplishment

Program Service Code	
Program Service Expenses	\$287
Grants and allocations included in above expense	\$0
Program Services Revenue	\$0

#### Explanation

Repairs: VerdeCares Handyman Minor Services are provided to neighbors who live alone, those returning from the hospital or those in need, who request one of the services listed below. Changing light bulbs - Hanging pictures - Change out batteries from chirping smoke detectors. (10-foot ceiling max height) - TV/Internet hookup - Transport window or door frames to Ace Hardware for new screen - Obtain and add salt to water softeners - Garbage Disposal Dislodging - Medical Alarm connection.

	FOR YOUR RECOR		2022	PG01		
Name(s) as shown on return			Tax ID Number			
VerdeCares Inc.			27-	27-1600105		
Form 990 - Schedule D - Part VI - Line le statement #Dle Investments - Other Description Cost/basis Cost/basis Book						
of Investment	(Investment)	(Other)	Depr	Value		
Company vehicle	0	24,953	9,704	15,249		
Furniture & equipment	0	13,241	3,803	9,438		
Total	0	38,194	13,507	24,687		