## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2022 calend	dar year, or tax year beginning	01/01/2022	and ending	12/31/	2022		
В	Check if	applicable:	C Name of organization RAISE TI	HE ROOF ACADEMY			D Emplo	yer identification number	
П	Address	change	Doing business as				İ	20-8231560	
П	Name ch	•	Number and street (or P.O. box if	mail is not delivered to stree	et address)	Room/suite	E Teleph	none number	
П	Initial ret	•	PO Box 92216		,			615-686-9085	
H		urn/terminated	City or town, state or province, co	ountry, and ZIP or foreign no	estal code			010 000 7000	
H			Nashville, TN 37209	ountry, and 211 or loreign pe	Star code		G Gross	receipts \$ 1,127,147	
$\vdash$	Amende		F Name and address of principal off	ioori Marlana Scabulime		H(a) le this e a		r subordinates? Yes No	
Ш	Applicat	ion pending	1		<del>,</del>	1		= =	
_	Tay aya	mnt atatua:	305 Stone Heath Court, Nash		947(a)(1) or 527	` ` <i>'</i>	ubordinates included?  Yes No		
J	J     Website: raisetheroofacademy.org     H(c) Group exemption num       K     Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other     L Year of formation: 2007 M State of le								
K				tion Other	L Year of for	mation: 2007	M State	of legal domicile: TN	
Р	art I	Summa	-						
	1		scribe the organization's miss						
Governance			ent one household at a time. Ou	ur vision is to see gene	rations of empow	ered children lea	d comm	unity change and	
nai			d on Schedule O, Statement 1)						
Ver	2	Check this	s box $\;\square$ if the organization d	iscontinued its operati	-		5% of its	s net assets.	
Ĝ	3	Number of	f voting members of the gove	rning body (Part VI, Iir	ie 1a)		3	8	
≪	4	Number of	f independent voting member	rs of the governing bo	dy (Part VI, line 1	lb)	4	7	
ties	5	Total numb	ber of individuals employed ir	n calendar year 2022 (	Part V, line 2a)		5	4	
Activities &	6	Total numb	ber of volunteers (estimate if	necessary)			6	100	
Ac	7a	Total unrel	lated business revenue from	Part VIII, column (C), li	ne 12		7a	0	
	b		ited business taxable income				7b	0	
			ır	Current Year					
•	8	Contributio	ons and grants (Part VIII, line	1h)			365,699	1,085,351	
Revenue	9		service revenue (Part VIII, line	,	0	0			
ĕ	10		it income (Part VIII, column (A		13,608	41,796			
æ	11		enue (Part VIII, column (A), line	0	41,770				
	12		nue-add lines 8 through 11 (n	_	1 127 147				
_	13						379,307	1,127,147	
			d similar amounts paid (Part I	511,044	965,000				
	14		aid to or for members (Part IX				0 (		
Expenses	15		ther compensation, employee	•			105,858	90,586	
ens	16a		nal fundraising fees (Part IX, c				0	0	
×	b		raising expenses (Part IX, col	umn (D), line 25)	113,823				
	17	-	enses (Part IX, column (A), line	·			86,158	228,608	
	18		enses. Add lines 13–17 (must	=			703,060	1,284,194	
	19	Revenue le	ess expenses. Subtract line 1	8 from line 12			176,247	-157,047	
Net Assets or Fund Balances						Beginning of Cur	rent Year	End of Year	
set	20	Total asset	ets (Part X, line 16)			!	551,201	395,421	
t As	21		ities (Part X, line 26)				2,799	4,066	
			s or fund balances. Subtract li	ine 21 from line 20	<u></u>	!	548,402	391,355	
P	art II	Signatu	ıre Block						
			y, I declare that I have examined this te. Declaration of preparer (other than					my knowledge and belief, it is	
Si	gn	Signature of	officer			Date	)		
He	ere	Marlene Ss	sebulime, Executive Director						
		Type or print	t name and title						
	لہ: ا	Print/Type preparer's name Preparer's signature Date						if PTIN	
	Paid Jared Hinson						self-emp		
	epare	Firm'o nor		l		Firm'	s EIN	81-1808391	
Us	se Onl	Firm's add		ring Hill TN 37174		Phon		615-392-0585	
Ma	v the IF		this return with the preparer		tructions				
	., 11			a					

Cat. No. 11282Y

Part	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:
•	We advocate for children and community development one household at a time. Our vision is to see generations of empowered
	children lead community change and share their passions with the world. We develop high-quality education centers, provide
	community health programs, create income generating opportunities, and grow alongside local leaders. This multi-faceted,
	(Continued on Schedule O, Statement 2)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,084,570 including grants of \$ 1,084,570 ) (Revenue \$ 725,614 )
Ta	Child Sponsorships including Education, Feeding Program, Healthcare, Human Services, Music Program, Sports Program, Skills
	Totalian Control Dellation
	<del></del>
41	/O. I \/D \
4b	(Code: ) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	Raise the Roof Academy Mission Trips are an opportunity for sponsors, and other interested persons, to travel to Uganda to meet
	their sponsored child and other students at Raise the Roof Academy. Mission Trips generate program service revenue to cover all
	expenses and to conduct special activities while there such as community medical clinic, kid's camp, skills training, leadership
	training, income generating agricultural projects, and construction.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	(Codo) (Expenses $\psi$ )
	Others are serviced (Describes on Orbertale O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses 1,084,570

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	00 (2022)			Page
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	V	
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		~
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		~
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		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		-
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		\ \
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		-
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		/
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX </i>	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i>	11e		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	,	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14a	,	•
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	,	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	,	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		_

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

20a

20b

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23 24a		,
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
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		,
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		,
b c	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b 28c		v v
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		<i>v</i>
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		<i>v</i>
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? <i>If "Yes," complete Schedule R, Part I</i>	33		,
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	~	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>V</b>
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	_	
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		,
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	>	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	reportable gaming (gambling) winnings to prize winners?	1c		~

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .   10b   Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
.5	excess parachute payment(s) during the year?	15		/
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 8 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. Enter the number of voting members included on line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 ~ Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official . . . . . . 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed TN 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website Other (explain on Schedule O) Another's website ☐ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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. Marlene Ssebulime, (615)686-9085

Part VI

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See the instructions for the order in which to list the persons above.

U Check this box if ficities the organization no	i arry relate	u orga	aiiiz	alic	льс	ompe	11130	ited any current	officer, director,	oi iiusiee.
					C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average hours per week	officer and a director/trustee)					n an tee)	Reportable compensation from the	Reportable compensation from related	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
Marlene Ssebulime	60.00									
Executive Director				~	~			60,071	0	0
David Ssebulime Founding Director	15.00	-		,				0	0	0
Eric FEllows	1.00									
Treasurer	0.00			~				0	0	0
Lechelle Moore	0.00									
Board Member				~				0	0	0
Sherrie Whatton	0.00									
Board Member				~				0	0	0
Jennifer Meko	0.00									
Secretary	0.00			~				0	0	0
John Haynes	0.00									
Board Member	0.00			~				0	0	0
Marilyn Webb	0.00									
Board Member				~				0	0	0
Skp Armistead  Board Member	0.00	-		,				0	0	0
		-								
		-								

Part	VII Section A. Officers, Directors, 1	Γrustees, ∣	Key I	Emį	ploy	yee	s, an	d F	I Highest Compensated Employees (continued				tinued)
	<b>(A)</b> Name and title	(B) Average hours per week	box, office	unles er and	Pos neck ss pe	rson lirect	e than of is both or/trust	an ee)	( <b>D)</b> Reportable compensation from the	( <b>E</b> ) Report compens from re	able sation	(F) Estimated a of othe	er
		(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)	organizatio 1099-N 1099-N	IISC/	from the organization related organ	n and
1b	Subtotal					<u>.</u>			60,071		0		0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)								60,071		0		0
2	Total number of individuals (including reportable compensation from the organi	but not		ed t	o t	hos	e lis	ted		eceived i	more t	han \$100,	000 of
3	Did the organization list any <b>former</b> of		octor	tru	cto	- L	/OV 0	mnl		t compo	neatod	Yes	s No
	employee on line 1a? If "Yes," complete s	Schedule J	for su	uch	indi	ivid	ual					3	V
4	For any individual listed on line 1a, is the organization and related organizations												
5	Did any person listed on line 1a receive of											4	V
Cooti	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	nedu	ıle J f	or s	such person .			5	
<u> 3ecu</u>	on B. Independent Contractors  Complete this table for your five high	nest compe	ensate	ed	inde	epei	ndent	CC	ontractors that r	eceived	more	han \$100.	000 of
	compensation from the organization. Repo												
	(A) Name and business add	ress							(B) Description of serv	rices	-	(C) Compensation	
None													
2	Total number of independent contractor received more than \$100,000 of compens						ed to	th	nose listed abov	e) who			

	,
Part VIII	Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	rt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is,	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
ည် ရု	С	Fundraising events			1c	0				
fts,	d	Related organization	ns .		1d	0				
ig ig	е	Government grants	(cont	ributions)	1e	0				
ns, Sir	f	All other contribution								
tio er		and similar amounts not included above 1f			1,085,351					
혈된	g	Noncash contribution								
보 및		lines 1a-1f			1g	\$ 0				
a C	h						1,085,351			
						Business Code				
Ce	2a									
e Z	b									
gram Ser Revenue	С									
an Se	d									
g &	е									
Program Service Revenue	f	All other program se								
_	g	Total. Add lines 2a-					0			
	3	Investment income								
		other similar amoun	its) .				41,796	41,796	0	0
	4	Income from investr	nent o	of tax-exem	npt bo	nd proceeds	0	0	0	0
	5	D 111			-	•	0	0	0	0
		,		(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с		0	0				
	d	Net rental income o	r (los	s)						
	7a	Gross amount from	Ì	(i) Securit		(ii) Other				
		sales of assets								
		other than inventory	7a							
<u>e</u>	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě	С	Gain or (loss)	7с		0	0				
	d	Net gain or (loss)								
Other	8a	Gross income from	m fu	ndraising						
Ö		events (not including		0						
		of contributions rep								
		1c). See Part IV, line	e 18		8a					
	b	Less: direct expense	es .		8b					
	С	Net income or (loss)			g eve	nts				
	9a	Gross income f								
		activities. See Part I	IV, lin	e 19 .	9a					
		Less: direct expens			9b					
		Net income or (loss)			ctivitie	es				
	10a	Gross sales of ir		=						
		returns and allowan			10a					
	b	Less: cost of goods			10b					
$\longrightarrow$	С	Net income or (loss)	) from	sales of in	vento	1				
Sn						Business Code				
ge ee	11a									
lan en	b									
scellaneo Revenue	С									
Miscellaneous Revenue	d	All other revenue								
	е	Total. Add lines 11a					0			
	12	Total revenue. See	instr	uctions .			1,127,147	41,796	0	0

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All other o	rganizations must complete col	'umn (A).
01 1 1 0 1 1 1 0 1 1	1 1 1 1 1 1 1 1	D 1 1 1 / 1	

	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	965,000	965,000		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	61,896	20,632	20,632	20,632
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	19,051	11,431	5,715	1,905
7 8	Other salaries and wages				
9 10 11	Other employee benefits	9,639	3,855	2,892	2,892
a b c	Management	17,497 10,220	6,999 4,088	5,249 3,066	5,249 3,066
d e f	Lobbying				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion	16,472	8,236		8,236
13	Office expenses	72,660	29,064	21,798	21,798
14 15	Information technology				
16	Occupancy	7,633	3,053	2,290	2,290
17	Travel	44,406	17,762	13,322	13,322
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	36,124	14,450	10,837	10,837
24	Other expenses. Itemize expenses not covered	30,124	14,450	10,637	10,637
	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	Fundraising Expense	23,596	0	0	23,596
b					
C C					
d e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,284,194	1,084,570	85,801	113,823
26	Joint costs. Complete this line only if the	1,207,174	1,004,370	03,001	113,023
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		📙
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	499,409	1	291,749
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	100	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
ts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Ä	9	Prepaid expenses and deferred charges	2,496	9	31,340
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,736			
	b	Less: accumulated depreciation 10b 1,736		10c	0
	11	Investments—publicly traded securities	20,978		70,679
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	28,218		1,653
	16	Total assets. Add lines 1 through 15 (must equal line 33)	551,201		395,421
	17	Accounts payable and accrued expenses	2,799		4,066
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
ies	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
Ħ		controlled entity or family member of any of these persons		00	_
Liabilities	00		0	22	0
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	0		0
	24 25	Other liabilities (including federal income tax, payables to related third	U	24	0
	20	parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,799	-	4,066
'n		Organizations that follow FASB ASC 958, check here	2,177	20	4,000
Ç		and complete lines 27, 28, 32, and 33.			
<u>la</u> n	27	Net assets without donor restrictions	386,374	27	391,355
Ва	28	Net assets with donor restrictions	162,028		0
nd		Organizations that do not follow FASB ASC 958, check here	102,020		
교		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
¥ ∤	32	Total net assets or fund balances	548,402	32	391,355
ž	33	Total liabilities and net assets/fund balances	551,201	33	395,421

Part	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)			1,12	7,147
2	Total expenses (must equal Part IX, column (A), line 25)			1,28	4,194
3	Revenue less expenses. Subtract line 2 from line 1			-15	7,047
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			54	8,402
5	Net unrealized gains (losses) on investments				0
6	Donated services and use of facilities				0
7	Investment expenses				0
8	Prior period adjustments				0
9	Other changes in net assets or fund balances (explain on Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	)		39	1,355
Part	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  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," explain	in on			
	Schedule O.	.111 011			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed 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	~	
	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 oversign		•		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	<b>'</b>	
	If the organization changed either its oversight process or selection process during the tax year, expla Schedule O.	in on			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth i	in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit	ts.	3b	200	

Form **990** (2022)

# SCHEDULE A (Form 990)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

2022 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

		ROOF ACADEMY						31560
Par		Reason for Public Char					<u> </u>	ons.
	_	zation is not a private founda		,		-	,	
1		church, convention of church					0(b)(1)(A)(i).	
2		school described in <b>section</b>		,		•		
3		hospital or a cooperative hos		•			, , , , ,	(:::\
4		medical research organizationspital's name, city, and state		onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)	(III). Enter the
5		n organization operated for		college or university	owned o	r operate	ad by a government	al unit described in
3		ection 170(b)(1)(A)(iv). (Com		college of university	Owned 0	Operate	d by a government	ai unit described in
6		federal, state, or local govern	•	mental unit described	in <b>secti</b> o	n 170/h)	(1)(Δ)( <sub>V</sub> )	
7		n organization that normally	•					the general public
		escribed in section 170(b)(1)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. a gere.		. and goneral passes
8		community trust described in		•	Part II.)			
9	_	n agricultural research organi	٠,		•	erated in	conjunction with a l	and-grant college
	or ur	university or a non-land-gra niversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	☐ Ar	n organization that normally r	eceives (1) more	than $33^{1}/3\%$ of its su	pport fro	m contrib	outions, membership	fees, and gross
	re sı	ceipts from activities related apport from gross investment	to its exempt full income and uni	nctions, subject to ce related business taxal	rtαιn exce ole incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	businesses
	ac	cquired by the organization a	fter June 30, 197	75. See <b>section 509(a</b>	a)(2). (Cor	nplete Pa	art III.)	
11		n organization organized and	•		-			
12		n organization organized and						
		ne or more publicly supported e box on lines 12a through 12						
_				,, ,,	, ,		•	,
а	Ш	<b>Type I.</b> A supporting organ the supported organization						
		supporting organization. You					ile directors or trust	ees of the
b		Type II. A supporting organ	-	· ·			supported organizati	on(s) by having
~		control or management of						
		organization(s). You must				•		0 11
С		Type III functionally integ						ally integrated with,
		its supported organization(	s) (see instructio	ns). <b>You must comp</b>	lete Part	IV, Secti	ions A, D, and E.	
d		Type III non-functionally i						
		that is not functionally integ						d an attentiveness
		requirement (see instructio	,	•		-		
е		Check this box if the organ						e II, Type III
	<b>-</b>	functionally integrated, or 7			oporting (	organizat	ion.	
1		er the number of supported on the contraction of the following information of the contraction of the contrac						
g		me of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	(i) ivai	ne of supported organization	(11) LIN	(described on lines 1–10	listed in you	ır governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(~)								
(B)								
(C)								
(D)								
(E)								
Total	l							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 703,032 835,647 984,983 894,161 1,071,913 4,489,736 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . 0 0 0 0 0 **Total.** Add lines 1 through 3 4 835,647 984,983 894,161 703,032 1.071.913 4,489,736 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 0 **Public support.** Subtract line 5 from line 4 4,489,736 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 . . . . . . 835,647 703,032 984,983 894,161 1,071,913 4,489,736 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 0 0 0 0 0 Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 4,489,736 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . 100 % Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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-circumstances test. The organization qualifies as a publicly supported 

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

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

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

Secti	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.")						
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	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	on B. Total Support	( ) 0040	#1.0040	( ) 0000	/ I) 0004	( ) 0000	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)			thind facult	or fifth tower	00.00.00.00.00.00.00.00.00.00.00.00.00.	n F01/c\/0\
14	organization, check this box and <b>stop he</b>	_			-	ear as a secuo	
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2022 (line			13. column (f))		15	%
16	Public support percentage from 2021 Scl		•			16	<del>%</del>
	on D. Computation of Investment In				<u> </u>	1 1	,,
17	Investment income percentage for 2022 (			by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 202			-			%
19a	331/3% support tests-2022. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2021. If the organize	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this	box and <b>stop h</b>	ere. The organ	ization qualifies	s as a publicly s	upported organ	nization .
20	Private foundation. If the organization di	id not check a	box on line 14	19a or 19h	check this hox	and see instru	ctions

Schedule A (Form 990) 2022 Page 4

#### **Supporting Organizations** Part IV

(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.)

#### Se

JCCL	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	Ito
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> 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	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
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 <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	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

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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 Section C. Type II Supporting Organizations Yes No 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 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		inations	rage <b>C</b>
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ <del>_</del> _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	integrated Type III suppor	ting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 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. Excess distributions carryover, if any, to 2022 a From 2017 . . . . . From 2018 **c** From 2019 **d** From 2020 . . . . . **e** From 2021 . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 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. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE 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 Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

RAISE THE ROOF ACADEMY 20-8231560 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

	e D (Form 990) 2022				Page 2
Part					
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and other reco	rds, check any of th	ne following that make	e significant use of its
а	Public exhibition	d	☐ Loan or exchange	ge program	
b	☐ Scholarly research			9- h9	
	☐ Preservation for future generations	· ·			
4	Provide a description of the organizatio XIII.	n's collections and expl	ain how they further	the organization's ex	empt purpose in Par
5	During the year, did the organization so assets to be sold to raise funds rather the				nilar · 🗌 Yes 🗌 No
Part	IV Escrow and Custodial Arran	gements.			
	Complete if the organization a 990, Part X, line 21.			•	
1a	Is the organization an agent, trustee, or	ustodian or other intern	nediary for contribu	tions or other assets	not
	included on Form 990, Part X?				. Yes No
b	If "Yes," explain the arrangement in Part	XIII and complete the fo	ollowing table:		
	3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		<b>J</b>		Amount
С	Beginning balance			1c	
d	Additions during the year			1d	
e	Distributions during the year			1e	
_				<del> </del>	
f	Ending balance			If	:
2a	S .	· · ·	•		·
	If "Yes," explain the arrangement in Part  Endowment Funds.	XIII. Check here if the e	xpianation has been	provided on Part XIII	<u> ⊔</u>
Par			000 David IV II	- 10	
	Complete if the organization a				
		(a) Current year (b) Pri	ior year (c) Two yea	rs back (d) Three years b	ack (e) Four years 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	current year end balance	ce (line 1g. column (a	a)) held as:	I
a	Board designated or quasi-endowment		, o ( g, o o (.	.,,,	
b	Permanent endowment				
C	Term endowment %	O .			
C	The percentages on lines 2a, 2b, and 2c	should squal 1000/			
20	Are there endowment funds not in the		zation that are hold	and administered for	th o
3a	organization by:				Yes No
	(i) Unrelated organizations				. 3a(i)
	( )				
b	If "Yes" on line 3a(ii), are the related orga	•		'	. 3b
4	Describe in Part XIII the intended uses of		owment funds.		
Part	Land, Buildings, and Equipm Complete if the organization a		m 990, Part IV, lin	e 11a. See Form 99	0, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	1,736	0		1,736
b	Buildings	0		1,736	-1,736
C	Leasehold improvements	0		· ·	0

0

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

0

**d** Equipment

e Other .

0

0

Part VII	Investments – Other Securities.	V line 11h Coo E		Dowl V. line 10
	Complete if the organization answered "Yes" on Form 990, Part I  (a) Description of security or category	(b) Book value		ethod of valuation:
	(including name of security)	(b) Book value		nd-of-year market value
(1) Financial				
	eld equity interests			
(3) Other				
(B)				
(D)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)   .   .			
Part VIII	Investments—Program Related.			
r are viii	Complete if the organization answered "Yes" on Form 990, Part I	V line 11c See Fo	orm 990	Part X line 13
	(a) Description of investment	(b) Book value		ethod of valuation:
	(a) Bossiphon of invocation	(b) Book value		nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	V P - 44 I O - E	000	D. IV P. 45
	Complete if the organization answered "Yes" on Form 990, Part I	v, line 11a. See F	orm 990,	
	(a) Description			(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.		-	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f.	See For	m 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	runcertain tax positions. In Part XIII, provide the text of the footnote to the organ	ization's financial stat	temente th	at reports the
	s liability for uncertain tax positions under FASB ASC 740. Check here if the text			

Schedule D (Form 990) 2022

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	Complete if the examination angulated "Vee" on Form 000 I	Dort IV line 10e			
	Complete if the organization answered "Yes" on Form 990, I			4	
1	Total revenue, gains, and other support per audited financial statements			1	1,127,147
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 = 1			
а	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	0		
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines <b>2a</b> through <b>2d</b>			2e	0
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,127,147
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	0		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines <b>4a</b> and <b>4b</b>		[	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,127,147
Part		-	ises pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.			
1			[	1	1,284,194
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
С	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	0
3	Subtract line <b>2e</b> from line <b>1</b>		[	3	1,284,194
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	0		
b	Other (Describe in Part XIII.)	4b	0		
		TU	U		
	A 1111 A 1111 A			4c	0
	·			4c 5	0 1,284,194
c 5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18.)	and 2b;	5 Part V, lir	1,284,194
c 5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	d 4; Part IV, lines 1t to provide any add	and 2b;	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1t to provide any add	and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1t to provide any add	and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1t to provide any add	o and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1t to provide any add	and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Pari	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1t to provide any add	and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1k to provide any add	and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Pari	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1t to provide any add	and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Pari	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1t to provide any add	and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1t to provide any add	o and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Pari	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1t to provide any add	o and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Pari	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1t to provide any add	and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1t to provide any add	o and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Pari	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1k to provide any add	o and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Pari	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1k to provide any add	o and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1t to provide any add	o and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Part	Add lines 4a and 4b	d 4; Part IV, lines 1t to provide any add	o and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
C 5 Part Provide 2; Part	Add lines 4a and 4b	d 4; Part IV, lines 1t to provide any add	o and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line
c 5 Part Provid 2; Pari	Add lines 4a and 4b	d 4; Part IV, lines 1t to provide any add	o and 2b; tional inf	Part V, lir ormation.	1,284,194 ne 4; Part X, line

#### **SCHEDULE F** (Form 990)

#### **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

**Open to Public** Inspection

OMB No. 1545-0047

Par	General Information Form 990, Part IV, line		ies Outside	the United States. Con		nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	e organizatio ees' eligibility	for the gran	ts or assistance, and the	selection criteria used to	☑ Yes ☐ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	ng the use of its grants and	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table	can be duplicated if addition	nal space is needed.)	
	<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Sub-Saharan Africa	0	0	Program Services	Program Services & Grants	965,000
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	0	0			965,000

Par		and Other A line 15, for ar	ssistance to Org	anizations or Entiteceived more than \$	ies Outside the 5,000. Part II ca	United States. Co an be duplicated if a	mplete if the orga dditional space is	nization answered "\ needed.	es" on Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	Education, Feeding Pr	965,000	Bank Wire	0	NA	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2				sted above that are r					
3				which the grantee or c ties					0

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Program Services & Grants to F	Sub-Saharan Africa	1	965,000	Bank Wire	0	NA	
(2)							
(3)							
(4)							
(5)							
(6)							
_ (7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2022 Page **4** 

#### Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

Schedule F (Form 990) 2022

# Schedule F (Form 990) 2022 Page 5 Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. Schedule F, Part I, Line 2 - MANAGEMENT IS IN FREQUENT COMMUNICATIONS WITH THE STAFF AT THE SUPPORTED ORGANIZATION AND VERIFIES ALL RECEIPTS AND EXPENSE REPORTS WITH THE STAFFAT THE SUPPORTED ORGANIZATION

# 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

**Employer identification number** Name of the organization RAISE THE ROOF ACADEMY 20-8231560 Form 990, Part VI, Section A, Line 2 - The two founding board members are married and both serve as board members while Marlene Ssebulime is also the executive director Form 990, Part VI, Section B, Line 11b - Board members are provided a draft copy of the 990 for review and approval prior to filing. Form 990, Part VI, Section B, Line 12c - Board members review any conflicts of interest in regularly scheduled board meetings Form 990, Part VI, Section B, Line 15 - Board members review compensation for the executive director and set compensation levels according to market rates. The executive director and spouse do not vote on the compensation of the Executive Director. Form 990, Part VI, Section C, Line 19 - No changes have been made to the governing docs of Raise the Roof Academy.

Schedule O, Statement 1 RAISE THE ROOF ACADEMY

Form: Form 990 (2022)

Page: 1

Part I, Line 1

#### Activity Or Mission Description

#### Description

share their passions with the world. We develop high-quality education centers, provide community health programs, create income generating opportunities, and grow alongside local leaders. This multi-faceted, participatory approach builds local capacities and long-term relationships to create lasting, community-wide advancement, rather than a transactional supply of assistance.

Page: 1

Schedule O, Statement 2 RAISE THE ROOF ACADEMY

Form: **Form 990 (2022)** EIN: **20-8231560** 

Page: 2 Part III, Line 1
Mission Description

## Description

participatory approach builds local capacities and long-term relationships to create lasting, community-wide advancement, rather than a transactional supply of assistance.

#### SCHEDULE R (Form 990)

#### **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Open to Public Inspection

**Employer identification number** 

Identification of Disregarded Entities. Complet	te if the or	ganization	answered "Yes	s" on Form 990, Pa	rt IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity		Prima	<b>(b)</b> ary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	Direct	(f) controlling ntity
Identification of Related Tax-Exempt Organiza	ations. Co	mplete if tl	he organization	ll answered "Yes" (	n Form 990 P	art IV line 34 be	oouco i	t had
one or more related tax-exempt organizations du	iring the ta	ax year.	no organization	ranoworda roo (	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	artiv, iiile 54, be	cause i	i iiau
(a)  Name, address, and EIN of related organization	iring the ta	ax year. (b) ry activity	(c) Legal domicile (sta	(d) ate Exempt Code sectio		(f) atus Direct controllir	ng Sect	(g) ion 512(b)(*controlled entity?
(a)	iring the ta	ax year. (b)	(c) Legal domicile (sta	(d) ate Exempt Code sectio	(e)  n Public charity sta	(f) atus Direct controllir	ng Sect	(g) ion 512(b)(controlled entity?
(a)	iring the ta	ax year. (b)	(c) Legal domicile (sta	(d) ate Exempt Code sectio	(e)  n Public charity sta	(f) atus Direct controllir	ng Sect	(g) ion 512(b)(controlled entity?
(a)	iring the ta	ax year. (b)	(c) Legal domicile (sta	(d) ate Exempt Code sectio	(e)  n Public charity sta	(f) atus Direct controllir	ng Sect	(g) ion 512(b)(controlled entity?
(a)	iring the ta	ax year. (b)	(c) Legal domicile (sta	(d) ate Exempt Code sectio	(e)  n Public charity sta	(f) atus Direct controllir	ng Sect	(g) ion 512(b)(controlled entity?
(a)	iring the ta	ax year. (b)	(c) Legal domicile (sta	(d) ate Exempt Code sectio	(e)  n Public charity sta	(f) atus Direct controllir	ng Sect	(g) ion 512(b)(controlled entity?
(a)	iring the ta	ax year. (b)	(c) Legal domicile (sta	(d) ate Exempt Code sectio	(e)  n Public charity sta	(f) atus Direct controllir	ng Sect	(g) ion 512(b)(controlled entity?
-	Name, address, and EIN (if applicable) of disregarded entity	Name, address, and EIN (if applicable) of disregarded entity	Name, address, and EIN (if applicable) of disregarded entity  Prim	Name, address, and EIN (if applicable) of disregarded entity  Primary activity  Primary activity	Name, address, and EIN (if applicable) of disregarded entity  Primary activity  Legal domicile (state or foreign country)  Legal domicile (state or foreign country)	Name, address, and EIN (if applicable) of disregarded entity  Primary activity  Legal domicile (state or foreign country)  Total income	Name, address, and EIN (if applicable) of disregarded entity  Primary activity  Legal domicile (state or foreign country)  Total income  End-of-year assets	Name, address, and EIN (if applicable) of disregarded entity  Primary activity  Legal domicile (state or foreign country)  Total income  End-of-year assets  Direct or foreign country)

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	alloca	ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	(k) Percentage ownership
		Courtily)		sections 512-514)			Yes	No		Yes	No	
(1) Raise the Roof Academy LTD	School and Orphan Care	Uganda	N/A	Related								
PO Box 3940, Kampala, Kampala												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or foreign country)	(d)	(e)	(f)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr ent	512(b)(13) rolled tity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	la 🗸
b	Gift, grant, or capital contribution to related organization(s)			1	b 🗸
С	Gift, grant, or capital contribution from related organization(s)			1	Ic 🗸
d	Loans or loan guarantees to or for related organization(s)			1	d v
е	Loans or loan guarantees by related organization(s)				le 🗸
f	Dividends from related organization(s)				If 🗸
q	Sale of assets to related organization(s)				lg 🗸
h	Purchase of assets from related organization(s)				ih 🗸
i	Exchange of assets with related organization(s)				1i V
i	Lease of facilities, equipment, or other assets to related organization(s)				ıj v
•					.,
k	Lease of facilities, equipment, or other assets from related organization(s)			1	lk 🗸
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11 /
m					m
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				ın v
"	Sharing of paid employees with related organization(s)				0 1
U	Straining of paid employees with related organization(s)				
n	Reimbursement paid to related organization(s) for expenses			4	p v
P	Reimbursement paid by related organization(s) for expenses				q v
q	neimbursement paid by related organization(s) for expenses				4
_	Other transfer of cash or property to related organization(s)				Ir 🗸
S	Other transfer of cash or property from related organization(s)				is V
2	If the answer to any of the above is "Yes," see the instructions for information on who must c				
		1		I .	illesilolus.
	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction	(c) Amount involved	(d) Method of determining ar	mount involved
	Than of foliated organization	type (a-s)	7 unodine involvod	initial of dotorining di	
F	aise the Roof Academy LTD	b	965,000	Cost, bank wired dona	tion.
(1)	•		·	,	
(')					
(2)					
( <del>-</del> )					
(3)					
(0)					
(4)					
``,					
(5)					
(6)					

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

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

	(a) Name, address, and EIN of entity	(b) (c) Primary activity Legal domicile (state or foreign country)		gal domicile te or foreign country)  Predominant income (related, unrelated, excluded		+:0	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512—514)	Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Page 5 Schedule R (Form 990) 2022 **Supplemental Information** Provide additional information for responses to questions on Schedule R. See instructions.