990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	e 2022 c	alendar year, or tax year beginning	, and ending						
В	Check if ap	pplicable:	C Name of organization				D Employer	identification	on number	
	Address ch	hange	El Sauzal	Foundation, Inc.						
一	Name chai	ngo	Doing business as				20-1	52275	2	
믁		Ü	Number and street (or P.O. box if mail is not delivered	,	F	Room/suite	E Telephone		750	
	Initial retur		2518 14th Street Place				253-	<u> 686-5</u>	750	
	Final return terminated		City or town, state or province, country, and ZIP or for							
\equiv	Amended	return		WA 98374			G Gross rece	eipts \$	184	,261
=			F Name and address of principal officer:			H(a) Is this a gr	oun roturn for c	ubordinatas?	Yes	X No
	Application	pending	Clay M. Warren			n(a) is illis a yi	oup return for S	uporumates?	L ies	
						H(b) Are all sul	oordinates inclu	ded?	Yes	No
						If "No,	" attach a list.	See instruction	ns	
ī	Tax-exem	npt status:	X 501(c)(3) 501(c) () (inse	ert no.) 4947(a)(1) or 527						
J	Website:	W	ww.elsauzal.org	, , , , , , , , , , , , , , , , , , , ,		H(c) Group exe	mption number			
K		organization:	X Corporation Trust Association	Other	I Yes	r of formation:		M State of	legal domicil	ρ.
_	Part I	_	Immary	Ollid		ii or rormation.		W State of	legal domici	<u>. </u>
	1		scribe the organization's mission or most sign	anificant activities:						
	' '	-	ote the gospel of Jesus C							
Se				illist and provide assis	Lance	7				
Governance			rphanages in Mexico.							
Υe	.									
တိ				ts operations or disposed of more than 2	25% of it	ts net assets.	1 1	0		
⋖ŏ			of voting members of the governing body (Pa					8		
es	4 1	Number o	of independent voting members of the govern	ning body (Part VI, line 1b)			4	8		
₹	5 T	Total num	nber of individuals employed in calendar year	r 2022 (Part V, line 2a)			5	0		
Activities			nber of volunteers (estimate if necessary)					0		
_	7a ⊺	Total unre	elated business revenue from Part VIII, colur	nn (C), line 12			7a			0
			ated business taxable income from Form 99							0
						Prior Ye		Cı	urrent Year	
a	8 0	Contributi	ons and grants (Part VIII, line 1h)			18	3,178		184	<u>, 248</u>
Ž	9 F	rogram	service revenue (Part VIII, line 2g)		L					0
Revenue	10 li	nvestme	nt income (Part VIII, column (A), lines 3, 4, a	and 7d)			13			13
8	11 (Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9	9c, 10c, and 11e)						0
			enue – add lines 8 through 11 (must equal P			18	3,191		184	,261
			nd similar amounts paid (Part IX, column (A)				,			0
			paid to or for members (Part IX, column (A),							0
	15 0	Salaries	other compensation, employee benefits (Par	t IX column (A) lines 5–10)						0
ses	162 5		nal fundraising fees (Part IX, column (A), line							0
en	h T	Total fund	draising expenses (Part IX, column (D), line	25)						
Expenses	17 (446 040)		10	0,402		1.0.5	475
	"		penses (Part IX, column (A), lines 11a-11d,				0,402			, 175 , 475
			enses. Add lines 13–17 (must equal Part IX,				7,211			
2		Revenue	less expenses. Subtract line 18 from line 12	<u> </u>		Beginning of Cu		F	 nd of Year	, 214
sts c	≦ 20 T	Fotal acc	ets (Part X, line 16)			<u> </u>	3,597			, 383
Net Assets or	20 1						0		02	0
e e	21 1		s or fund balances. Subtract line 21 from line	- 20		0	3,597		0.2	,383
				e 20		0	3,391		02	, 303
	Part II		gnature Block							
			perjury, I declare that I have examined this return complete. Declaration of preparer (other than office	, , , ,			,	wledge and	d belief, it i	S
	ue, cone	T and to	omplete. Declaration of preparer (other than only	er) is based on an information of which prep	arei iias	arry knowledge				
		<u> </u>								
Siç		Signature					Date			
He	re		y M. Warren	Presiden	ıt					
		<u> </u>	rint name and title							
		Print/Type	preparer's name	Preparer's signature		Date	Check	if P	ΓIN	
Pai		Braid	DeWeese, CPA	Braid DeWeese, CPA		11/14	/23 self-emp	oloyed P	0099406	7
Pre	parer	Firm's nai	01				Firm's EIN		09463	
Use	Only		915 W Imperial	-						
		Firm's ad	D 07 0000			١,	Phone no.	714-	671-9	9330
— Ma	v the IRS	•	s this return with the preparer shown above?				110.		Yes	No

Pa	rt III	Statement of Program Service		in this Dort III	X
4	Driofly do	Check if Schedule O contains a rescribe the organization's mission:	esponse of note to any line	III lilis Pail III	<u>&</u>
		e the gospel of Jesus.	c Christ and prov	ide aggigtance	
		phanages in Mexico.			
_	YY±£				
2	Did the o	rganization undertake any significant progra	m services during the year which w	ere not listed on the	
	prior Forr	n 990 or 990-EZ?			Yes X No
	If "Yes,"	describe these new services on Schedule C			
3	Did the o	rganization cease conducting, or make sign	ificant changes in how it conducts,	any program	
	services?				Yes X No
	If "Yes,"	describe these changes on Schedule O.			
4	Describe	the organization's program service accomp	lishments for each of its three large	est program services, as measur	red by
		s. Section 501(c)(3) and 501(c)(4) organizati		unt of grants and allocations to	others,
	the total	expenses, and revenue, if any, for each pro	gram service reported.		
	<u> </u>) (F		\	
4a	(Code:)(Expenses \$ e the gospel of Jesus	including grants of \$	ido oggiatorgo	renue \$
		, , , , , , , , , , , , , , , , , , , ,			
L	o or F	phanages in Mexico.			
	•				
4b	(Code:) (Expenses \$	including grants of \$) (Rev	venue \$
	/ - -				
	(0. 1) (D	
	/ 7\) (Expenses \$) (Rev	renue \$
IA	/A				
	•				
	• • • • • • • • • • • • • • • • • • • •				
	•				
	•				
4d	Other pro	ogram services (Describe on Schedule O.)			
	(Expense	1-1 0-1	grants of \$) (Revenue \$)
		gram contice expenses	176 056		

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Χ 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Χ 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 Χ assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Χ 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? If "Yes," complete Schedule D, Part IV Χ 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 Χ 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Χ 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Χ d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Χ 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Χ 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ Schedule D, Parts XI and XII **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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Χ 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ 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 Χ 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 Χ Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Χ 20a 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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			v
b	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defense any toy exempt hands?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	200		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		- 22
·		28c		Х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1		v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		21
50	19? Note: All Form 990 filers are required to complete Schedule O.	38		Х
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	1 00		-2
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable geming (gembling) winnings to prize winners?	1 4 -		

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		
3a	Did the second of the latest control of the second of the			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth					
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)	?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According to the control of					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions					
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
	and services provided to the payor?			7a		Х
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	by the				
•				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a				9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			90		
10	· · · · · ·	10a				
a h	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		-		
ь 11	Section 501(c)(12) organizations. Enter:	IUD				
_	Once in come from security or should be a	11a				
a b	Gross income from other sources. (Do not net amounts due or paid to other sources	IIa		-		
	and the second of the second o	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1			12a		
b		12b		1.24		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	on or				
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in	ome?		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, 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? If "Yes." complete Form 6069.			17		

DAA

X

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

000	tion At Coverning 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		162	NO
ıu	If there are material differences in voting rights among members of the governing body, or		\dashv		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
2	any other officer director trustee or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			22	
3	supportision of officers directors tructoes or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the considering house asserbase as steeliholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		•		
ra	and or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		- γα		
D	stockholders, or persons other than the governing hody?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the fo		15		21
а	The control of the LO		8a	Х	
b	Each committee with outbority to get an helpful of the governing head?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		0.5	- 25	
J	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R				
	and by the cooler by requeste information about periods not required by the internal re	<u> </u>	<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	1.00	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		1.101		
12a	Did the organization have a written conflict of interest policy? If "No." so to line 12		12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic		12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		Х
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed None				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5010)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
	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				
Ro	oger Christianson 430 Reiten Drive				
As	shland OR 97520	54	1-48	8-0	223

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 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.

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

(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe nd a c	more rson is	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Danielle Bergman										
Secretary	0.00	Х		Х				0	0	0
(2) Roger G. Christi										
Treasurer	0.00	X		Х				0	0	0
(3) Ronald D. Hill	0.00	1						0	0	0
Director	0.00	X						0	0	0
(4) Roy V. Ketring I	II									
Director	0.00	X						0	0	0
(5) Pete Legan										
Director	0.00	X						0	0	0
(6) Donald T. Mahone										
Director	0.00	Х						0	0	0
(7) Patricia L. Mead										
Vice President	0.00	X		Х				0	0	0
(8) Clay M. Warren	0.00	125						Ŭ	Ŭ.	<u> </u>
President	0.00	X		Х				0	0	0
(9)										
(10)										
(11)										

Pa	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(d bo	lo not ox, unle ficer a	Pos check ess pe	c) sition more erson i	than or trusted Highest compensated employee	one an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	org	of oth compens from t ganization	amount er ation he	s
· · · · ·														
1b c d 2	Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	ets to Part VII, S	ectio	on A	·	 			who received more than \$1	00,000 of			Vac	l Na
3	Did the organization list any for employee on line 1a? <i>If</i> "Yes," For any individual listed on line organization and related organi <i>individual</i>	complete Schedu 1a, is the sum c izations greater th	ile J of rep han	for sortal	such ble c 0,000	indiv omp ? If '	ridual ensa 'Yes,	i tion " <i>coi</i>	and other compensation from	m the		3	Yes	X
5 	Did any person listed on line 1a for services rendered to the or	ganization? If "Ye									<u></u>	5		Х
Sect 1	Complete this table for your five compensation from the organization	e highest compe												
		(A) business address	прсп	38110		110	Caic	Ildai	Descript	(B) lion of services		Co	(C) mpensat	ion
2	Total number of independent or received more than \$100,000 c	ontractors (includ	ing b	out note	ot lin	nited nizat	to th	nose	e listed above) who	0				

		(2022) El S			dati	.on,	Inc.	20	-1522752		Page
Pa	rt V			f Revenue				42 22. P. C. C. O. C.	- D+ \ /!!!		
		Check if	Sche	edule O conta	ains a	respor	nse or note	to any line in this			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated camp	naigns		1a						
ran	b	Membership due	es		1b						
A G	C	Fundraising eve	nts		1c						
iifts ar /	d	Related organiza	_4:		1d						
mië.	е	Government grants (c			1e						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts no	gifts, gra	nts,	1f		184,248				
trib Oth	g	Noncash contributions lines 1a-1f	included	in	1g	e	·				
Son	h	Total. Add lines						184,248			
<u> </u>		Total. Add lines	ia-ii				Business Code	101,210			
	2a						Busiliess Code				
vice	b										
Ser	C										
am	d										
Program Service Revenue	e										
P	f	All other prograr		ce revenue							
		Total. Add lines									
	3	Investment incor									
		other similar am	ounts)					13	13		
	4	Income from inv									
	5	Royalties									
				(i) Real			Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	_d	Net rental incom	e or (lo	oss)							
	/a	Gross amount from sales of assets		(i) Securities		(ii) Other				
		other than inventory	7a								
ne	b	Less: cost or other									
Revenue		basis and sales exps.	7b								
Re	С	Gain or (loss)	7c								
Jer	d	Net gain or (loss	s)		<u></u>						
Othe	8a	Gross income from		-							
		(not including \$									
		of contributions rep			_						
		1c). See Part IV, lin			8a						
					8b						
		Net income or (I		_	vents .	<u> </u>					
	Эa	Gross income fro	-	-	00						
	b	activities. See Pa			9a 9b						
		Net income or (I									
		Gross sales of in				T					
	iou	returns and allow		•	10a						
	b	Less: cost of go			10b						
		Net income or (I									
			, 110		y		Business Code				
Miscellaneous Revenue	11a										
ane	b										
eve	С										
Mis	d	All other revenue									

184,261

0

0

e Total. Add lines 11a-11d......

12 Total revenue. See instructions

Part IX Statement of Functional Expenses

Dc -	Check if Schedule O contains a respo	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, Db, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	184 503	154 500		
а	· · · · · · · · · · · · · · · · · · ·	174,583	174,583	0 510	
b	Office Expense	8,519	0 252	8,519	
С.	Bank Charges	2,373	2,373		
d	*				
		105 455	150 050	0 510	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	185,475	176,956	8,519	0
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

Part X Balance Sheet

			(A)		(B)
			Beginning of year		End of year
1	Cash—non-interest-bearing		26,974	1	17,488
2	Savings and temporary cash investments		56,623	2	64,895
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Loans and other receivables from any current or former o				
	trustee, key employee, creator or founder, substantial con			_	
	controlled entity or family member of any of these persons			5	
6	Loans and other receivables from other disqualified person				
	under section 4958(f)(1)), and persons described in section			6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges	1		9	
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D				
b	Less: accumulated depreciation	10b		10c	
11	Investments—publicly traded securities			11	
12	Investments—other securities. See Part IV, line 11			12	
13	Investments—program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 33)			16	82,383
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of S	Schedule D		21	
22	Loans and other payables to any current or former officer,				
	trustee, key employee, creator or founder, substantial con	tributor, or 35%			
	controlled entity or family member of any of these persons			22	
23	Secured mortgages and notes payable to unrelated third p	parties		23	
24	Unsecured notes and loans payable to unrelated third par	ties		24	
25	Other liabilities (including federal income tax, payables to				
	parties, and other liabilities not included on lines 17-24). C				
	of Schedule D			25	
26	Total liabilities. Add lines 17 through 25		. 0	26	(
	Organizations that follow FASB ASC 958, check here				
	and complete lines 27, 28, 32, and 33.				
27			26,722	27	27,196
28	Mark and the 191 - In the control of		E 6 07E	28	55,187
-	Organizations that do not follow FASB ASC 958, chec	ck here	30,0.0		33,23.
	and complete lines 29 through 33.				
29	On the latest and the standard and the s			29	
30	Paid-in or capital surplus, or land, building, or equipment f	und		30	
31	Retained earnings, endowment, accumulated income, or or			31	
32	Total net assets or fund balances			32	82,383
1 32	ו טומו ווטן מססבוס טו ועווע שמומווטבס		83,597	J <u>Z</u>	82,383

Form **990** (2022)

orm 990 (2022)	${ t El}$	Sauzal	Foundation,	Inc.
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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	84,2	261
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	85,4	<u>475</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,:	214
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		83,	597
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		82,3	383
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2022)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2022

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization Sauzal Foundation, Inc. 20-1522752 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C)

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

(D)

(E)

Total

Page 2

Pa	art II Support Schedule for O	rganizations D	Described in S	ections 170(b))(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you ched Part III. If the organization							under
Sec	tion A. Public Support	ialis to quality	diddi tile test	3 listed below,	picase complete	o rait iii.)		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		,					· ·
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support	ı	,	_	_	1		
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (see instructions) .					12	
13	First 5 years. If the Form 990 is for the org	ganization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)			
	organization, check this box and stop here							
Sec	tion C. Computation of Public Su						1 1	
14	Public support percentage for 2022 (line 6,			(f))			14	%
15	Public support percentage from 2021 Scheo						15	%
16a	33 1/3% support test—2022. If the organiz							
	box and stop here. The organization qualifi							L
b	33 1/3% support test—2021. If the organiz				is 33 1/3% or more	, check		_
	this box and stop here. The organization q	•						L
17a	10%-facts-and-circumstances test—202 10% or more, and if the organization meets Part VI how the organization meets the factorganization	the facts-and-circustance	umstances test, che es test. The organi	eck this box and s t zation qualifies as	top here. Explain in a publicly supported	d		Г
b	10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization in Part VI how the organization meets the f	1. If the organization meets the facts-and	on did not check a d-circumstances te	box on line 13, 16a st, check this box a	a, 16b, or 17a, and I and stop here. Exp	ine lain		
1Ω	organization							L

instructions

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.)

Sec	tion A. Public Support	quality under the	e tests listed be	elow, please col	npiete Part II.)		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	(1)	(1)	(4)	(1)	(4)	()
•	received. (Do not include any "unusual grants.")	211,797	134,296	174,580	183,178	184,248	888,099
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	26	32	13	13	87
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	211,800	134,322	174,612	183,191	184,261	888,186
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 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
<u>Soc</u>	tion B. Total Support						888,186
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	211,800	134,322	174,612	183,191	184,261	888,186
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	211,000	134,322	174,012	103,191	104,201	000,100
b	Unrelated business taxable income (less 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,						
	and 12.)	211,800	134,322	174,612	183,191	184,261	888,186
14	First 5 years. If the Form 990 is for the or	~	ond, third, fourth, o	r fifth tax year as a	section 501(c)(3)		_
	organization, check this box and stop here						
	tion C. Computation of Public Su			£\\		45	0/
15 16	Public support percentage for 2022 (line 8, Public support percentage from 2021 Scheen	column (1), alvided b	y iine 13, column (1))		15	100.00 %
	tion D. Computation of Investme					10	100.00 %
17	Investment income percentage for 2022 (lin			olumn (f))		17	%
18	Investment income percentage from 2021		r: 4=			1 40	%
19a	33 1/3% support tests—2022. If the organ						
	17 is not more than 33 1/3%, check this bo						X
b	33 1/3% support tests—2021. If the organ	-	-				_
	line 18 is not more than 33 1/3%, check this	s box and stop here	. The organization	qualifies as a public	cly supported organ	ization	<u>L</u>
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19b	o, check this box an	d see instructions .		

20-1522752

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
Sch	edule /	\ (Form 9	990) 2022

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

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.

За

3b

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizatio	ns				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	. 20, 1970	(explain in Part VI). See				
	instructions. All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.				
Sect	Section A – Adjusted Net Income (A) Prior Year						
	on A - Adjusted Net income		(A) I IIOI Teal	(optional)			
1_	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3_	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of						
	property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C – Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally integrated	Гуре III sup	porting organization				

Schedule A (Form 990) 2022

(see instructions).

Page 7

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

Schedule A (Form 990) 2022

Schedule A (Form	n 990) 2022		El	Sauzal	Fo	undat	tion,	Inc.			20-	-1522	752		Page 8
Part VI	Supplem III, line 1: B, lines 1 3a, and 3	2; Part I\ I and 2; I 3b; Part \	nformation /, Section Part IV, /, line 1;	on. Providen A, lines 1 Section C, Part V, Semplete this	the 1, 2, 3 line 1 ection	explana 3b, 3c, 4 I; Part I B, line	ations red 4b, 4c, 5 V, Section 1e; Part	quired ba, 6, 9a on D, lire t V, Sec	by Part a, 9b, 9 nes 2 a ction D,	c, 11a, nd 3; Pa lines 5,	10; Part 11b, and art IV, S , 6, and	II, line 1 d 11c; P ection E 8; and F	7a or art IV, i, lines	Section 1c, 2a, 2	t 2b,
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DAA Schedule A (Form 990) 2022

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

Employer identification number Name of the organization El Sauzal Foundation, Inc. 20-1522752 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

Schedule B (Form 990) (2022)

Page 1 of 2

age 2

Name of organization

El Sauzal Foundation, Inc.

Employer identification number 20-1522752

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	Grace Chapel 44648 15th Street W Lancaster CA 93534	\$ 7,800	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Ronald & Joan Hill 5258 Hanover Dr. Cypress CA 90630	\$ 11,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.3	Tristar Risk Management 100 Oceangate, Suite 700 Long Beach CA 90802	\$ 24,200	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.4	Tacoma Christian Reformed 2419 E. 72nd Street Tacoma WA 98404-4134	\$ 5,099	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.5	James Cherry 4824 S. 308th St. Auburn WA 98001	\$ 5,443	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Keith & Patty Meadows 4008 S. 302nd Pl.	\$ 15,539	Person X Payroll Noncash

Page 2

Name of organization

El Sauzal Foundation, Inc.

Employer identification number 20-1522752

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.7	Benevity 611 Meredeth Rd NE #700 Calgary AB T2E2WS	\$ 6,350	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Sean McMahon 5929 Ponderosa Drive SW Albany OR 97321	\$ 6,050	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Project Mexico 7 El Portal Road Palos Verdes Estates CA 90274	\$ 8,200	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.10	Placentia Presbyterian Church 849 N. Bradford Avenue Placentia CA 92870	\$ 7,785	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.11.	The Boeing Company 100 N. Riverside Plaza Chicago IL 60606	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Brad & Jill Doskocil 3475 Farnham Avenue Long Beach CA 90808	\$ 11,000	Person X Payroll Noncash (Complete Part II for

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

El Sauzal Foundation, Inc.	20-1522752
Form 990, Part III, Line 4d - All Other Accomplishments	
Promote the gospel of Jesus Christ and provide assistance	ce
to orphanages in Mexico.	
Form 990, Part VI, Line 2 - Related Party Information Ar	mong Officers
Clay Warren	
President	
Father	
Danielle Bergman	
Secretary	
Daughter	
Form 000 Down WI Line 11b Owenigotion! a Drogoga to	Devices Form 000
Form 990, Part VI, Line 11b - Organization's Process to No review was or will be conducted.	Review Folii 990
NO TEVIEW WAS OF WITH DE CONQUETEA.	
Form 990, Part VI, Line 19 - Governing Documents Disclo	sure Explanation
No documents available to the public	

901 El Sauzal Foundation, Inc.

20-1522752

Federal Statements

11/14/2023 11:18 AM

FYE: 12/31/2022

Taxable Interest on Investments

Description					
	 Amount	Unrelated Business	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Umpqua Bank Interest					
	\$ 13				
Total	\$ 13				

11/14/2023 11:18 AM

Federal Statements

FYE: 12/31/2022

20-1522752

Schedule A, Part III, Line 1(e)

Description		Amount
Cash Contributions	 \$	65,782
Grace Chapel		
Cash Contribution		7,800
Ronald & Joan Hill		
Cash Contribution		11,000
Tristar Risk Management		0.4.000
Cash Contribution		24,200
Tacoma Christian Reformed		5,099
Cash Contribution James Cherry		5,099
Cash Contribution		5,443
Keith & Patty Meadows		3,113
Cash Contribution		15,539
Benevity		
Cash Contribution		6,350
Sean McMahon		
Cash Contribution		6,050
Project Mexico		
Cash Contribution		8,200
Placentia Presbyterian Church		
Cash Contribution		7,785
The Boeing Company		10 000
Cash Contribution Brad & Jill Doskocil		10,000
Cash Contribution		11,000
	<u>.</u>	
Total	\$ <u></u>	184,248

Schedule A, Part III, Line 2(e)

Description	An	nount
Umpqua Bank Interest	\$	13
Total	\$	13