Form	990
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** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending



_			onlanig		
В	Check applica	f C Name of organization		D Employer identifi	cation number
	Add chai	ge [Because International Corp			
	Narr char	Doing business as	26-41903	08	
	Initia retu	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Fina retu			208-697-	4417
	term	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,549,207.
	retur	nded Nampa, ID 83651		H(a) Is this a group re	eturn
	Appl	F Name and address of principal officer: Andrew Kroes		for subordinates	
	pend	same as C above		H(b) Are all subordinates in	
1.1	Fax-e	<pre>kempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o</pre>	or 527		list. See instructions
J١	Nebs			H(c) Group exemptio	n number
		of organization: X Corporation Trust Association Other	L Year of		State of legal domicile: ID
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: We us	se pro	ducts as sol	lutions to
Governance		alleviate poverty through a focus on relie			
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.
Nel	3			3	6
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			18
/itie	6	Total number of volunteers (estimate if necessary)			120
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	2,238.
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		1,841,638.	1,546,154.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-26,464.	815.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,140.	2,238.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,830,314.	1,549,207.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		412,597.	495,633.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		644,908.	725,212.
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×pe	b	Total fundraising expenses (Part IX, column (D), line 25) 267,73	9.		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		310,760.	405,437.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,368,265.	1,626,282.
	19	Revenue less expenses. Subtract line 18 from line 12		462,049.	-77,075.
s or			Beg	inning of Current Year	End of Year
Assets d Balanc	20	Total assets (Part X, line 16)		1,286,954.	911,986.
et As	21	Total liabilities (Part X, line 26)		548,492.	251,421.
23		Net assets or fund balances. Subtract line 21 from line 20		738,462.	660,565.
Pa	rt II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

					4
Sign	Signature of officer	N: O		Date	_ / _
	Andrew Kroes, President	Alert	2		20/2023
	Type or print name and title			(l
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	Kim Hunwardsen, CPA	Kim Hunwardsen, CPA	09/20	/23 self-employed	P00484560
Preparer	Firm's name Eide Bailly LLP			Firm's EIN 45-	0250958
Use Only	Firm's address 800 Nicollet Mall	, Ste. 1300			
	Minneapolis, MN 5	5402-7033		Phone no.612-	253-6500
May the I	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Noti	ce. see the senarate instructions			Form 990 (2022)

work Reduction Act Not see the separate instructions.

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Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	We use products as solutions to alleviate poverty by meeting immediate needs and creating opportunities for empowerment.
	needs and creating opportunities for empowerment.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 793,221. including grants of \$ 376,991.) (Revenue \$) The Shoe that Grows:
	Because International is committed to the UN's Sustainable Development
	Goal 1: End poverty in all forms everywhere. We believe this starts
	with extreme poverty helping individuals and families who are living
	below the \$1.90 threshold. Physical products play an important role in
	meeting immediate needs and creating long term opportunities for
	empowerment. When we talk about using physical products as solutions,
	we're referring to the entire life cycle of the product- from ideation
	to creation, from manufacturing to distribution, from providing relief
	to the end user while providing jobs and opportunity to those involved
	in each stage of the product lifecycle. (Continued on Schedule O)
4b	(Code:) (Expenses \$412,338. including grants of \$118,642.) (Revenue \$) Accelerator:
	As an organization, our mission is to use products as solutions to
	alleviate poverty by meeting immediate needs and creating opportunities
	for empowerment. One of the ways we are doing this is through the
	Because Accelerator, a business accelerator designed to take ideas for
	innovative products like The Shoe That Grows to the next level.
	As we experienced continued success with The Shoe That Grows, we began
	connecting with and being contacted by aspiring entrepreneurs who had
	their own ideas for product solutions that also aimed to solve a social
	need. (Continued on Schedule O)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
ام <i>ا</i> ر	Other program services (Describe on Schedule O)
40	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,205,559.
	Form 990 (2022)
232002	See Schedule O for Continuation(s)

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Form 990 (International	Corp
Part IV	Checklis	t of Required Sche	edules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	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,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	Х	
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	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
Т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
120		12a		х
h	Schedule D, Parts XI and XII	120		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes," complete Schedule H	20a 20b		
21	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? <i>If "Yes." complete Schedule I, Parts I and II</i>	21		х

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

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 18	-	37	
-	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		<u></u>
b	If "Yes," enter the name of the foreign country			
52		5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	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 or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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 year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1	-		
b	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	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			
с	Enter the amount of reserves on hand			
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 or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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Because International Corp

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Part VI	Governance, Management	, and Disclosure. For	each "Yes" response to lines 2 through 3	7b below, a	and for a	"No"	response
			sses, or changes on Schedule O. See ins				

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
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 organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	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?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	777		
17	List the states with which a copy of this Form 990 is required to be filed <u>AL, CA, HI, KY, MN, NH, OR, SC, UT</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	a finano	cial	
	statements available to the public during the tax year.			

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	Andrew Kroes - 208-697-4417
	1415 1st St S, Nampa, ID 83651

Part VII	Со	mpensation of Officers,	Directors , Trustees	, Key Employees	, Highest Compensated
-	Em	ployees, and Independe	ent 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 an or the organization is current key employees, in any, see the instructions to deministration or key employee.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one) than d	one	Reportable	Reportable	Estimated
	hours per	box	box, unles officer and		rson i	s both	ı an	compensation	compensation	amount of
	week				reciu	i/irus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	dual t	Institutional trustee	-	Key employee	est co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0
(1) Andrew Kroes	40.00									
President				Х				99,873.	0.	9,537.
(2) Audie McRae	1.00									
Chairman		Х		Х				0.	0.	0.
(3) Shannon McGuire	1.00									
Secretary		Х		Х				0.	0.	0.
(4) Eric Fredriksen	1.00									
Treasurer		Х		Х				0.	0.	0.
(5) Gary Howlett	0.50									
Director		Х						0.	0.	0.
(6) Katherine Neebe	0.50									
Director		Х						0.	0.	0.
(7) Kendra Witt-Doyle	0.50									
Director		Х						0.	0.	0.
						-				
		1								
				-						
		1								
		-								
		1								
		1								
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Form 990 (2022) Because									26-419	0308	Pa	ge 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t Co		, , ,		(5)	
(A) Name and title	(B) Average hours per week	box	not c , unles	ss per	ition more rson is) than c s both pr/trust	an	(D) Reportable compensation	(E) Reportable compensation		(F) stimated mount o	
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee			Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	′ f oro ar	other npensati rom the ganizatio nd relate anizatio	on ed
	line)	Indi	Inst	Officer	Key	Higlemp	For					
1b Subtotal c Total from continuation sheets to Part VI	I, Section A							99,873. 0. 99,873.	C	•	<u>9,53</u> 9,53	0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization 										•	<u>, , , , , , , , , , , , , , , , , , , </u>	0
3 Did the organization list any former officer,			•	•	•		Ŭ	• •			Yes	No
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 	im of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization			X X
 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," con</i> 	accrue compen	Isati	on fr	om a	any	unre	late	ed organization or indivi	dual for services	. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest co										sation fr	om	
the organization. Report compensation for (A)	•	•							· ·		C)	
Name and business	address	NC	ONE	2			_	Description of s	services		ensation	
							+					
2 Total number of independent contractors (i \$100.000 of compensation from the organi	•	ot lin	nitec	to t	thos C		ted	above) who received m	ore than			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VII (B) (C) (C) <th col<="" th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>er</th><th>national</th><th>Corp</th><th></th><th>26-4190</th><th>308 Page 9</th></th>	<th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>er</th> <th>national</th> <th>Corp</th> <th></th> <th>26-4190</th> <th>308 Page 9</th>							er	national	Corp		26-4190	308 Page 9
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g Total. Add lines 2a 21 3 Investment income (including dividends, interest, and other similar amounts) 815. 815. 3 Investment income (including dividends, interest, and other similar amounts) 815. 815. 4 Income from investment of fax exempt bond proceeds 2,238. 2,238. 5 Royattes 2,238. 2,238. 6 a Gross rents 6a 6b 6c 9 Less: rental expenses 6b 6b 6 a Gross news 6a 6b 6c 7 a Gross anount from sales of assets other than inventory assets other basis and sales expenses 7b 7c 7 a Gross income from fundraling events (not including \$\$	rice	23											
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c Rental income or (loss) 6c													
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory 2 7a b Less: cost or other basis and sales expenses c Gain or (loss) c Gain or (loss) d Net income from fundraising events e Part IV, line 18 b Less: direct expenses gain gain pb Less: direct expenses gain gain c Net income or (loss) from gaming activities loa Ioa													
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d Net gain or (loss)	/en												
B a Gross income from fundraising events (not including \$of contributions reported on line 1c). See Part IV, line 18	Re	(d	Net gain or (loss)			. <u></u>						
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c Net income or (loss) from fundraising events							8a						
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11 a		(С	Net income or (loss) from	sales o	of invento	ry						
e Total. Add lines 11a-11d	sn		_					Busiliess Code					
e Total. Add lines 11a-11d	Jeor												
e Total, Add lines 11a-11d	illar ven												
e Total, Add lines 11a-11d	Sce												
12 Total revenue. See instructions 1.549.207. 0. 2.238. 815.	Ϊ												
		12	2	Total revenue. See instruction	ons				1,549,207.	0.	2,238.	815.	

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ______ if following SOP 98-2 (ASC 958-720)

	990 (2022) Because Inte rt IX Statement of Functional Expense	ernational Co	orp	26-41
ecti	ion 501(c)(3) and 501(c)(4) organizations must comp			
	Check if Schedule O contains a respon	se or note to any line in t (A)	his Part IX	(C)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general 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	112,530.	112,530.	
3	Grants and other assistance to foreign			
	organizations, foreign governments, and foreign			
	individuals. See Part IV, lines 15 and 16	383,103.	383,103.	
4	Benefits paid to or for members			
5	Compensation of current officers, directors,			
	trustees, and key employees	109,409.	71,116.	32,823.
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	537,837.	359,636.	59,979.
8	Pension plan accruals and contributions (include			
	section 401(k) and 403(b) employer contributions)			
9	Other employee benefits	29,617.	19,638.	2,879. 6,655.
0	Payroll taxes	48,349.	32,654.	6,655.
1	Fees for services (nonemployees):			
а	Management			
	Legal	3,457.		3,457.
	Accounting	7,230.		7,230.
	Lobbying			
	Professional fundraising services. See Part IV, line 17			
f	Investment management fees			
g	Other. (If line 11g amount exceeds 10% of line 25,			
3	column (A), amount, list line 11g expenses on Sch O.)	47,038.	39,653.	1,244.
12	Advertising and promotion	20,367.	18,894.	360.
13	Office expenses	87,620.	69,967.	9,785.
14	Information technology	23,355.	14,517.	2,336.
15				
16	Royalties Occupancy	43,294.	34,292.	4,123.
17	Travel	129,227.	25,268.	9,690.
18	Payments of travel or entertainment expenses			
	for any federal, state, or local public officials			
19	Conferences, conventions, and meetings	8,715.	2,471.	3,804.
20	Interest	• / / = • ·		
21	Payments to affiliates			
22	Depreciation, depletion, and amortization	6,706.	6,706.	
23		8,619.		8,619.
24	Other expenses. Itemize expenses not covered	0,0191		0,0101
	above. (List miscellaneous expenses on line 24e. If			
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)			
а	Processing Fees	19,809.	15,114.	
a b		±2,002•		
c d				
	All other expenses			
	Total functional expenses. Add lines 1 through 24e	1,626,282.	1,205,559.	152,984.
25 26	Joint costs. Complete this line only if the organization	1,020,2020	<u> </u>	102,0010
20	Joint costs. Complete this line only if the organization			

(D) Fundraising expenses

5,470.

118,222.

7,100. 9,040.

6,141. 1,113. 7,868. 6,502.

4,879. 94,269.

2,440.

4,695.

Form 990 (2022)

267,739.

Because International Corp	
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		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			129,030.	1	292,637.
	2	Savings and temporary cash investments	535,042.	2	278,974.		
	3	Pledges and grants receivable, net	•	3	· · · ·		
	4	Accounts receivable, net			33.	4	27,050.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	ied per				
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			540,955.	8	220,827. 11,979.
As	9				9,525.	9	11,979.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>40,610.</u> 23,294.			
	b	Less: accumulated depreciation	10b	23,294.	9,166.	10c	17,316.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1		63,203.	12	63,203.
	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 equa	al line 3	3)	1,286,954.	16	911,986.
	17	Accounts payable and accrued expenses	548,492.	17	251,421.		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities	····· -		20		
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
iab.		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	,	· ·		05	
	00	of Schedule D			548,492.	25	251,421.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che		X	540,492.	26	231,421.
Se		-	CK Here				
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			738,462.	27	660,565.
ala	27 28	Net assets with donor restrictions			750,402.	28	000,000.
ЧB	20	Organizations that do not follow FASB ASC 9				20	
Fun		and complete lines 29 through 33.	00, cne				
ŗ	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			738,462.	32	660,565.
Z	33	Total liabilities and net assets/fund balances			1,286,954.	33	911,986.
					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5

911,986. Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

	1990 (2022) Because International Corp	26-419)0308	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>	🗌	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,549		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,626		
3	Revenue less expenses. Subtract line 2 from line 1	3		,075	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	738	,462	•
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		-822	
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0	۱.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	660	,565	•
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u> L</u>	
			`	Yes N	0
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	<u> </u>
	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 Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a	X	٢
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u> .	. 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.

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

OMB No. 1545-0047
2022
Open to Public

Т

Name of the organization

Nan	ne of t	the organization							r identification number
		Beca	use Intern	<u>ational Corp</u>					6-4190308
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	his part.) Se	e instruction	S.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1))(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(iii)).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	l in sectior	170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		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 gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)(v	v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental u	init or from th	ne general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conjur	nction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city,	and state of	the college	or
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	s, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than 3	33 1/3% of it	s support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acquire	ed by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	9(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he function	s of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2) . S	See section &	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines ⁻	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	nization(s), ty	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direct	ors or truste	es of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connect	tion with it	s supported	d organizatio	n(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that con	trol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, ar	nd functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A, E	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection wi	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution requ	uirement and	an attentiv	veness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part V	Ι.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or							
f	Ente	er the number of supported c	organizations						
g	Prov	vide the following information							
		i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount of	3	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
_									
Tota	nl								
		Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	990-EZ.	232021 12-0	9-22	Sche	dule A (Form 990) 2022

Part II

Because International Corp

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2818970.	3057042.	1303130.	1841638.	1546154.	10566934.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	2818970.	3057042.	1303130.	1841638.	1546154.	10566934.	
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)						83,137.	
6	Public support. Subtract line 5 from line 4.						10483797.	
	ction B. Total Support						<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	2818970.	3057042.	1303130.	1841638.		10566934.	
	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties,	36.		7,834.	3,105.	815.	11,790.	
~	and income from similar sources			7,054.	5,105.	010.	11,790.	
9	Net income from unrelated business							
	activities, whether or not the				10 106	2 2 2 0	11 121	
	business is regularly carried on				12,186.	2,238.	14,424.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						10500140	
	Total support. Add lines 7 through 10						10593148.	
	Gross receipts from related activities,	-				12		
13	First 5 years. If the Form 990 is for the	-	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)		
	organization, check this box and stop							
	ction C. Computation of Publi						00 07	
	Public support percentage for 2022 (I					14	<u>98.97 %</u>	
	Public support percentage from 2021					15	99.02 %	
1 6a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies as a publicly supported organization X							
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation				
17a	10% -facts-and-circumstances test	: - 2022. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,	
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported of	rganization			
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain ii	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a			
							(Earm 000) 2022	

Schedule A (Form 990) 2022

Schedule A	(Form	990	2022
		000	

 Schedule A (Form 990) 2022
 Because International Corp

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

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

Se	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	vization,
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), c	livided by line 13, o	column (f))		15	%
<u>16</u>	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	organization did r	not check the box o	on line 14, and line	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						tion
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	<u></u>
2320	23 12-09-22					Sched	lule A (Form 990) 2022

Because International Corp

1

Yes

No

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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.)

				ganizations (contin	und)
S	chedule A	(Form 990)	2022	Because	In

Because International Corp

1

2

		Yes	No
11 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			

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.	
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	l. or controlled the supporting organization.	
Section C. Ty	ype II Supporting Organizations	

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control of the support of the support of the support of the same persons that control or managed

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Section D	. All Type II	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	vear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	year (eee measurements)

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- 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.
- 3 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.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

No

Yes

232025 12-09-22

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Schedule A (Form 990) 2022

 Schedule A (Form 990) 2022
 Because International Corp

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	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		
Secti	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 Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part V
6	Other distributions (<i>describe in Part VI</i>). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the	e organization is resp
	(provide details in Part VI). See instructions.	
9	Distributable amount for 2022 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributi
1	Distributable amount for 2022 from Section C, line 6	
2	Underdistributions, if any, for years prior to 2022 (reason-	
	able cause required - explain in Part VI). See instructions.	
3	Excess distributions carryover, if any, to 2022	
а	From 2017	

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				

Because International Corp

Schedule A (Form 990) 2022

Part V

edule A	(Form	aan)	2022
euule A		9901	2022

f Total of lines 3a through 3e

Part VI. See instructions.

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

g Applied to underdistributions of prior years h Applied to 2022 distributable amount

a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

any. Subtract lines 3g and 4a from line 2. For result greater

4 Distributions for 2022 from Section D,

i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

\$

Schedule A	(Form 990) 2022	Because	International	Corp	26-4190308 Page 8
Part VI	line 1; Part IV, Section A, lines 1	mation. Provid , 2, 3b, 3c, 4b, 4d lines 2 and 3; Pa	de the explanations requirec c, 5a, 6, 9a, 9b, 9c, 11a, 11b rt IV, Section E, lines 1c, 2a	I by Part II, line 10; Part II, line 17a o, and 11c; Part IV, Section B, lines , 2b, 3a, and 3b; Part V, line 1; Part so complete this part for any additi	V, Section B, line 1e; Part V,

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

Schedule of Contributors

** PUBLIC DISCLOSURE COPY

OMB No. 1545-0047

2022

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Name of the organization	•	
	Because International Corp	26-4190308
Organization type (chec	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organizatio	on 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

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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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 for an *exclusively* set in the set of the parts unless the set of the parts unless the set of the parts unless to this organization because it received *nonexclusively* set of the parts unless to the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts

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

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

Schedule B (Form 990) (2022)

Schedule	В	(Form	990)	(2022)
----------	---	-------	------	--------

Name of organization

Employer identification number

26-4190308

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		\$ <u>80,000.</u>	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		\$ <u>50,515.</u>	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		\$35,200.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Because International Corp

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-15-22	PUBLIC DISCLOSURE	COPY	Schedule B (Form 990) (

Name of organization

from

Part I

(a)

Part II

Description of noncash property given

Because International Corp

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) FMV (or estimate)

Employer identification number

(d)

Date received

(Form 990) (2022)

26-4190308

(See instructions.)

\$

			Employer identification number			
ational Corp			26-4190308			
bus, charitable, etc., contributions tributor. Complete columns (a) th tter the total of exclusively religious, chai	rough (e) and the following line ritable, etc., contributions of \$1,000	entry. For organizations	10) that total more than \$1,000 for the year			
		Description of how gift is held				
	(e) Transfer of	gift				
isferee's name, address, and	ZIP + 4	Relationship o	f transferor to transferee			
	(c) Use of gin		Description of how gift is held			
	(a) Transfer of					
Transferee's name, address, and ZIP + 4			f transferor to transferee			
urpose of gift	(c) Use of gift	(d) [Description of how gift is held			
	(e) Transfer of	gift				
isferee's name, address, and	ZIP + 4	Relationship o	f transferor to transferee			
urpose of gift	(c) Use of gift	(d) [Description of how gift is held			
(e) Transfer of gift						
nsferee's name, address, and	ZIP + 4	Relationship o	f transferor to transferee			
	htributor. Complete columns (a) the ter the total of exclusively religious, chat opies of Part III if additional space of gift Purpose of gift Purpose	ous, charitable, etc., contributions to organizations described in thributor. Complete columns (a) through (e) and the following line the total of exclusively religious, charitable, etc., contributions of \$1,000 opies of Part III if additional space is needed. turpose of gift (c) Use of gift (e) Transfer of nsferee's name, address, and ZIP + 4 (e) Transfer of the following line (e) Transfer of nsferee's name, address, and ZIP + 4 (e) Transfer of (e) Transfer of nsferee's name, address, and ZIP + 4 (e) Transfer of (e) Transfer of (e) Transfer of nsferee's name, address, and ZIP + 4 (e) Transfer of (b) Transfer of nsferee's name, address, and ZIP + 4 (e) Transfer of nsferee's name, address, and ZIP + 4 (e) Transfer of (e) Transfer of nsferee's name, address, and ZIP + 4 (b) Transfer of (c) Use of gift (c) Use of gift <t< td=""><td>bus, charitable, etc., contributions to organizations described in section 501(c)(T), (8), or (1111) iter the tabl of ecolouries (1110) oppies of Part III if additional space is needed. turpose of gift (c) Use of gift (e) Transfer of gift urpose of gift (c) Use of gift (e) Transfer of gift urpose of gift (c) Use of gift (e) Transfer of gift (f) Transfer of gift (g) Transfer of gift (h) Transfer of gift (g) Transfer of gift (h) Transfer of gift (</td></t<>	bus, charitable, etc., contributions to organizations described in section 501(c)(T), (8), or (1111) iter the tabl of ecolouries (1110) oppies of Part III if additional space is needed. turpose of gift (c) Use of gift (e) Transfer of gift urpose of gift (c) Use of gift (e) Transfer of gift urpose of gift (c) Use of gift (e) Transfer of gift (f) Transfer of gift (g) Transfer of gift (h) Transfer of gift (g) Transfer of gift (h) Transfer of gift (

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

OMB No. 1545-0047 4 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Because International Corp

Employer identification number 26-4190308

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		r Funds or Ad	COUNTS. Complete if the
		(a) Donor advised fund	is ((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 of grants norm (during year)			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in d	opor advised fund	de
Ŭ	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?	· ·	• •	ľ – –
Par				
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recrea		ervation of a histo	prically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution i	n the form of a co	nservation easement on the last
-	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
c	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rel			
	year	, g ,		
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		andling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing	g conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of se	ection 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financ	cial statements that	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasure	es, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue s	tatement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or res	search in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes	these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue state	ment and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or resea	irch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treat	asures, or other similar assets f	or financial gain, p	provide
	the following amounts required to be reported under FASB A	-		
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2022
232051	09-01-22			

Sche		Internatio						26-41	9030	8 р	_{age} 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	asures, or	Other	⁻ Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, checł	k any of the f	ollowing that	make si	gnificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🛄	Loan or exc	hange prograi	m					
b	Scholarly research e Other										
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ney further th	ne organizatior	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, hi	istorical treas	sures, or other	⁻ similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered "`	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia								_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f		7		1
	Did the organization include an amount on Fo						ty?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	t V Endowment Funds. Complete if	(a) Current year		Prior year	(c) Two years			/ears back		voaro	back
		(a) Current year		Phor year	(C) Two years	S DAUK		Cars Dack	(e) Fou	years	Dack
1a	Beginning of year balance										
a	Contributions										
C J	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance	ant year and balance	/line 1.								
2	Provide the estimated percentage of the curre	•		g, column (a)	i) neiù as.						
d h	Board designated or quasi-endowment Permanent endowment	%	_%								
0		⁹⁰									
C	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
30	Are there endowment funds not in the posses		ation the	at are held ar	nd administere	d for th	0				
0a	organization by:	ssion of the organize					C		1	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	d "Yes" on Form 990), Part IV	V, line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Boo	k valu	е
		basis (investr		.,	(other)	• •	preciation		, , 200		
1a	Land			1							
	Buildings			1							
	Leasehold improvements										
	Equipment			4	0,610.		23,2	94.	1	7,3	16.
	Other										
	Add lines 1a through 1e. (Column (d) must ed		X. colur	nn (B). line 1	0c.)				1	7,3	16.

Schedule D (Form 990) 2022

2) Closely held equity interests	63,203.	Cost	
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal . (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	63,203.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line 1		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total . (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes	s" on Form 990 Part IV line 1	1d See Form 990 Part X line 15	
-	a) Description	Td. See 1 0111 330, 1 art X, inte 13.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X Other Liabilities.			
		1e or 11f. See Form 990, Part X, line	25.
Complete if the organization answered "Yes	s" on Form 990, Part IV, line 1		
(a) Description of lightlity	s" on Form 990, Part IV, line 1		(b) Book value
(a) Description of lightlity	s" on Form 990, Part IV, line 1 		(b) Book value
(a) Description of liability (1) Federal income taxes	" on Form 990, Part IV, line 1 		(b) Book value
(a) Description of liability (1) Federal income taxes (2)	" on Form 990, Part IV, line 1		(b) Book value
(a) Description of liability (1) Federal income taxes (2) (3)	" on Form 990, Part IV, line 1		(b) Book value
(a) Description of liability (1) Federal income taxes (2) (3) (4)	" on Form 990, Part IV, line 1		(b) Book value
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	" on Form 990, Part IV, line 1		(b) Book value
I. (a) Description of liability (1) Federal income taxes (2) (3) (3) (4) (5) (6)	" on Form 990, Part IV, line 1		(b) Book value
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	" on Form 990, Part IV, line 1		(b) Book value
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	" on Form 990, Part IV, line 1		(b) Book value
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(b) Book value

Part VII Investments - Other Securities.

(1) Financial derivatives

(a) Description of security or category (including name of security)

(c) Method of valuation: Cost or end-of-year market value

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 Because International Corr	p	26-4190308 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>	5
Pa	rt XIII Supplemental Information.		

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

Name of the organization					Employer identif	ication number
Because Interna	tional Co	orn			26-419030	8
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the orgar		
Form 990, Part IV						
-	•		ds to substantiate the amount of its gra			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assis	stance? X	Yes 🗌 No
2 For grantmakers. Desc	vribo in Part V the	organization's	procedures for monitoring the use of its	e arante and ot	hor assistance outs	ido tho
United States.		organization s	procedures for monitoring the use of it	s grants and ot		
	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If acti	vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	expenditures for and
	in the region	independent contractors	recipients located in the region)		(s) in the region	investments
		in the region			., .,	in the region
Central America and				The Shoe Th	at Grows,	
the Caribbean	0	0	Grants	Business Ac	celerator	21,000.
East Asia and the				The Shoe Th Business Ac	,	12 000
Pacific	0	0	Grants, Training	Business AC	celerator	13,000.
Middle East and				The Shoe Th	nat Grows,	
North Africa	0	0	Grants, Training	Business Ac	celerator	15,000.
				m 1 m 1 m 1		
North America	0	0	Grants	The Shoe Th Business Ac	,	14,000.
	0	0	Stants	Business AC		14,000.
				The Shoe Th	nat Grows,	
South America	0	0	Grants, Training	Business Ac	celerator	30,000.
				The Chee Th	at Grane	
Sub-Saharan Africa	0	0	Grants, Training	The Shoe Th Business Ac	,	255,000.
	0					233,000.
Russia and				The Shoe Th	nat Grows,	
Neighboring States	0	0	Grants	Business Ac	celerator	14,000.
				The Shee Th	at Crows	
South Asia	0	0	Grants, Training	The Shoe Th Business Ac		21,000.
3 a Subtotal	0	0	,			383,000.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a		_				
and 3b)	0	0				383,000.

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.

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

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

Open to Public

Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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)
		Sub-Saharan						
		Africa	Business Accelerator	5,650.	Western Union	0.		Book
		South America	Business Accelerator	8,000.	Western Union	0.		Book
		Sub-Saharan						
		Africa	Business Accelerator	8,000.	Western Union	0.		Book
		Sub-Saharan Africa	Business Accelerator	0 000	No. at a sure that is an			Book
		AIrica	Business Accelerator	9,000.	Western Union	0.		BOOK
		Sub-Saharan						
		Africa	Business Accelerator	10,000.	Western Union	0.		Book
		Sub-Saharan						
		Africa	Business Accelerator	10,000.	Western Union	0.		Book
			recognized as charities by the			•		1
exempt 501(c)(3) organBenter total number of a			or counsel has provided a sect	tion 501(c)(3) equ	uvalency letter			(

Schedule F (Form 990) 2022

Because International Corp

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.

26-4190308

(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)
	Central America						
he Shoe That Grows	and the Caribbean	2,000	0.		21,359.	The Shoe That Grows	Book
	East Asia and the						
he Shoe That Grows	Pacific	1,200	0.		12,671.	The Shoe That Grows	Book
	Middle East and						
he Shoe That Grows	North Africa	1,000	0.		11,201.	The Shoe That Grows	Book
he Shoe That Grows	North America	1,000	0.		11,199.	The Shoe That Grows	Book
	Duggio and						
	Russia and Neighboring						
he Shoe That Grows	States	800	0.		8,230.	The Shoe That Grows	Book
he Shoe That Grows	South Asia	500	0.		5,941.	The Shoe That Grows	Book
he Shoe That Grows	South America	2,600	0.		28,059.	The Shoe That Grows	Book
	Sub-Saharan						
he Shoe That Grows	Africa	1,500	0.		165,207.	The Shoe That Grows	Book

Schedule F (Form 990) 2022

			International	Corp
Part IV	Foreign Form	s		

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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 Because International Corp

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.

Part I, Line 2:

Part V | Supplemental Information

Because International provides in-kind grants in the form of The Shoe

That Grows. We track all distributions in our customized online software,

Salesforce, as distribution partners place orders for The Shoe That

Grows. Distribution partners also indicate where they are distributing

them upon order. Because International also provides entrepreneurship

training along with grant opportunities for select individuals.

<u>Part I, line 3:</u>

We use the book value of the total number of pairs of shoes that each

recipient received.

Part III, Col (c):

The estimated number of recipients is based on our internal records.

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States										
			ete if the organizatio					202			
Department of the Treasury		Attach to Form 990.									
Internal Revenue Service	al Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the organization	^{on} Because I	nternatio	nal Corp					Employer identification 26-4190			
Part I General In	formation on Grants a		-								
1 Does the organiz	ation maintain records t	to substantiate the	amount of the grants	or assistance. the	grantees' eligibility	for the grants or assis	stance. and the select	ion			
•	ward the grants or assis		•		• • • •	•			No No		
	IV the organization's pro										
	d Other Assistance to nat received more than S	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any			
	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gra or assistance	ant		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					The Shoe That Grows grants to
The Shoe That Grows	11253	0.	112,530.	Book Value	individuals
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	1
· · ·	· · · ·		•		
Part I, Line 2:					

Because International provides in-kind grants in the form of The Shoe That

Grows. We track all distributions in our customized online software,

Salesforce, as distribution partners place orders for The Shoe That Grows.

Distribution partners also indicate where they are distributing them upon

order. Because International also provides entrepreneurship training along

with grant opportunities for select individuals.

Schedule I (Form 990) Because International Corp Part IV Supplemental Information	26-4190308	Page 2
Part III, Column (b):		
The number of recipients is estimated using number of pairs	purchased	
that had destinations in the US and average cost to produce	each shoe.	
This excludes orders for Christmas Shoebox pairs because th	ose are sent	
abroad.		

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Because International Corp

Form 990, Part III, Line 4a, Program Service Accomplishments: Because International began with a simple idea: durable, growing footwear developed for kids struggling to always have a pair of shoes that fits. In addition to distributing footwear to kids around the world, we've been committed to a production and distribution model that creates opportunities for empowerment along the way.

2022 built on the success of the latest version of the shoe. We expanded the size options of the new version and by the end of the year, all shoes shipped from and produced in Kenya were of the newer, more robust shoe. In the US, we received a shipment of 6,000 pairs of the new version. Our network of partners and community members connected fundraising efforts with unmet needs worldwide with shoes going to Syrian refugees through our monthly giving program and school children in Kenya receiving new pairs of shoes through a partnership with Girl Scouts Troops nation-wide. The Shoe That Grows Program continues to provide relief for those most in need and we are excited to continue meeting needs and alleviating poverty with The Shoe That Grows.

Form 990, Part III, Line 4b, Program Service Accomplishments: After informally helping a handful of them with their ideas and businesses, we realized that instead of trying to come up with more of our own ideas for product solutions, we could better achieve our mission by coming alongside others with their own product ideas. It was at that point we decided to formally create the Because Accelerator a LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 202211 10-28-22 program focused on providing coaching, training, networking, and

funding opportunities for social entrepreneurs with product-based ideas and businesses.

2022 marked the refinement of the Because Accelerator program. Both the Spring and Fall cohorts graduated 13 entrepreneurs. We paired entrepreneurs with business networks and coaching along with biweekly trainings, resulting in high-impact businesses.

In 2022, the Accelerator married its scope and focused on applicants fulfilling more strict criteria. A modernized curriculum connected entrepreneurs with coaches and mentors and leveraged a lecture-based curriculum.

The Because Box debuted in 2022. A biannual subscription box, the Because Box introduced 5 or more social impact products, developed by Accelerator alumni, to the US market. The program allowed subscribers to engage with the alumni and gave the alumni valuable feedback to aid R&D.

As of 2022, the accelerator resulted in 1,834 jobs being created with entrepreneurs reporting 161% growth in sales, a 42% growth in customers, and a 96% business survival rate at the end of the 2022.

Form 990, Part VI, Section A, line 1a:

The Executive Committee is responsible for working in support of, or

occasionally in place of, the full board. It has the authority to act in

place of the board during urgent issues to resolve an emergency or
232212 10-28-22
Schedule O (Form 990) 2022

organizational crisis, but it must report all decisions and actions taken

in an emergency situation to the full board as soon as possible.

Form 990, Part VI, Section B, line 11b:

A copy of the Form 990 is emailed to all board members for final review

prior to submitting.

Form 990, Part VI, Section B, Line 12c:

Board members, officers and related parties are covered under the Conflict

of Interest Policy. The Board or a Board Committee has the power to

determine whether a conflict of interest exists and reviews the potential

conflict of interest. If a conflict of interest exists or has begun without

disclosure, appropriate disciplinary or corrective action may be taken as

appointed by the Board or Board Committee.

Form 990, Part VI, Section B, Line 15a:

Compensation for the President is reviewed and approved by the board of directors using comparability data for reasonableness. This was last done in December of 2022.

Form 990, Part VI, Section C, Line 19:

Governing documents, conflict of interest policy and financial statements can be made available upon reasonable request. Original governing documents can also be found on the Idaho Secretary of State website for public viewing.

232161 09-14-22 LHA

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

(Form 990) Department of the Treasury Internal Revenue Service

SCHEDULE R

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

Name of the organization

Because International Corp

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

26-4190308

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	eral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
										1		
	1											
	1											
	1											
	1		1									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	tion b)(13) rolled tity?
		country)		of tracty				Yes	No
GroFive - 82-3966555	Footwear								
1415 1st St S	Manufacturing/Retail		Because						
Nampa, ID 83651	Sales	ID	International	C CORP	14,807.	56,889.	100%	X	

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GroFive	A	2,238.	Book
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
_(6)			

Т

Schedule R (Form 990) 2022 Because International Corp

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)	(b)	(c)	(d)	6	2)	(f)	(g)	1)	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne 501(i org	all rs sec.	Share of			opor-	Code V-UBI	Genera	l or P	ercentage
of entity	, , , , , , , , , , , , , , , , , , ,	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(ora	c)(3) s.?	total	end-of-year	Dispr tior alloca	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing r? C	ownership
		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	10	

Schedule R (Form 990) 2022

CARRYOVER DATA TO 2023

Name Because International Corp	Employer Identification	on Number O 8
Based on the information provided with this return, the following are possible carryover amounts to next ye	•	
Federal Post-2017 Net Operating Loss - Debt Finan	ced Rental	259.
Federal Pre-2018 Net Operating Loss		1,013.
		_,
	· ·	
		_

Name	Because Intern	national Corp								FEIN:	26-4190308
		t Financed Rem	ntal I Post-20	17 NO	DETAIL C	ARRYOVER SCH	EDULE				
Section	382 Annual Limitation		Section 382 Carryover	· · ·							
Year	Original	Total	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
Origi-		Amount	Used for	Used for	USed for	Used for	Used for	USEC IOI	Used for	Used for	Used for
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	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
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212571 04-01-22

Name:	Because Inter	national Corp								FEIN:	26-4190308
Type	and Entity: Net 382 Annual Limitation	Positive ACE	Adjustment F		DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Section 382 Carryover Amount Used for	Amount Used for							
A 2018	991.										
3											
5											
A 2018 B C D E G H											
4											
J											
<											
N											
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2											
J											
/ N											
/v	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Туре	S Used for B		<u> </u>				<u> </u>				
A	0										
A B C C C C C C C C C C C C C C C C C C											
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J											
/											
N											

212571 04-01-22

	Name:	Because Inter	national Corp								FEIN:	26-4190308
	T		0010 101 555			DETAN						
		and Entity: Pre 382 Annual Limitation	e-2018 NOL FED			DETAIL C	ARRYOVER SCH	EDULE				
	Section	382 Annual Limitation		Section 382 Carryover Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
	Year	Original	Total	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
	Origi-	Carryover	Amount	12/31/22								
	nated	Amount	Used	1								
ABCDEFGH	2016 2017	1,387. 1,864.	1,387. 851.	1,387. 851.								
C	2017	1,004.		001.								
D												
Е												
F												
G												
J												
K L												
L												
M												
P												
Q												
R												
M N O P Q R S T												
U U												
V												
W												
		E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
	Detail	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
	Туре	S Used for B C										<u> </u>
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