EXTENDED TO NOVEMBER 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning and ending			
B	Check if upplicable	C Name of organization	D Employer identifi	cation number	
Х	Addres	UNITY 4 ORPHANS			
F	Name change	Doing business as	47-09599	02	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s			
	Final return/	7514 GIRARD AVENUE 1-43			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	477,064.	
	Ameno	LA JOLLA, CA 92037	H(a) Is this a group re	eturn	
	Application		for subordinates	? Yes X No	
	pendin	⁹ 5137 FOOTHILL BLVD., SAN DIEGO, CA 92109	H(b) Are all subordinates in	ncluded? Yes No	
1 7	Гах-ехе		527 If "No," attach a	list. See instructions	
	Nebsit		H(c) Group exemption		
			ear of formation: 2007	M State of legal domicile: CA	
Pa	art I	Summary			
æ	1	Briefly describe the organization's mission or most significant activities: RAISE AW	ARENESS, UNIT	E	
auc		COMMUNITIES, AND MOBILIZE PEOPLE TOWARDS CRE			
Activities & Governance	1	Check this box if the organization discontinued its operations or disposed of n			
છું		Number of voting members of the governing body (Part VI, line 1a)		9	
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)		0	
ţį		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		0	
Ξ̈́		Total number of volunteers (estimate if necessary)		108.	
Ā		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11		0.	
	-	Net differenced business taxable income from 1 offit 990-1, Fart I, life 11	Prior Year	Current Year	
•	8	Contributions and grants (Part VIII, line 1h)	315,454.	227,541.	
nue		Program service revenue (Part VIII, line 2g)	0.	0.	
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	198.	108.	
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	103,096.	221,924.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	418,748.	449,573.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	118,035.	199,586.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	466.	
ž	b ·	Total fundraising expenses (Part IX, column (D), line 25)			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	141,883.	159,207.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	259,918.	359,259.	
. 0	19	Revenue less expenses. Subtract line 18 from line 12	158,830.	90,314.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
Sse Bala	20	Total assets (Part X, line 16)	290,574. 7,432.	378,185. 4,729.	
Jet Jud	21	Total liabilities (Part X, line 26)	283,142.	373,456.	
	22 art II	Net assets or fund balances. Subtract line 21 from line 20	203,142.	373,430.	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the hest of m	v knowledge and helief it is	
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y miowioago ana bonon, n io	
	,	,			
Sig	n	Signature of officer	Date		
Her		PAUL POLAKOWSKI, III, CHAIRMAN			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date Check	PTIN	
Paid	i	WESLEY ROSS, CPA WESLEY ROSS, CPA	11/13/23 if self-employ	ed P00790440	
		Firm's name HELIX ACCOUNTING & TAX SERVICES, INC	• Firm's EIN 8	3-0595452	
Use	Only	Firm's address 3952 BOGOSO LANE			
		SPRING VALLEY, CA 91977	Phone no.61	9-647-9377	
May	the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No	

Pai	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	FIGHTING FOR A BRIGHTER FUTURE WHERE ORPHANED AND VULNERABLE CH	HILDREN
	EXPERIENCE POWER AND TRANSFORMATION IN EVERY AREA OF THEIR LIVE	ES.
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes LA_No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	1e51NO
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 ex	
	revenue, if any, for each program service reported.	,
4a	(Code:) (Expenses \$ 38,081 • including grants of \$) (Revenue \$	36,000. ₎
		IGLISH AS
	A SECOND LANGUAGE (ESL) AND OTHER INSTRUCTION WHICH PRESENTS A	
	TO BETTER JOB OPPORTUNITIES AND A MORE SECURE FUTURE. IN 2022	WE
	SUPPORTED 123 STUDENTS IN MEXICO AND 50 STUDENTS IN NICARAGUA.	
		_
4b	(Code:) (Expenses \$ 65,122. including grants of \$) (Revenue \$)	22,169.
	PLAY 4 CHANGE - THE PLAY 4 CHANGE PROGRAM BUILDS HEALTHY SOCIAL	
	INTERACTIONS WITH VULNERABLE CHILDREN THROUGH WEEKLY PROGRAM VIMONTHLY SERVICES TRIPS TO ORPHANAGES. IN 2022 WE SUPPORTED 90	
	MONTHLY SERVICES TRIPS TO ORPHANAGES. IN 2022 WE SUPPORTED 90 IN MEXICO.	CHILDREN
	IN MEXICO:	
		_
	11 140	F 070
4c	(Code:) (Expenses \$ 11,148. including grants of \$) (Revenue \$) NUTRITION 4 CHANGE - THE NUTRITION 4 CHANGE PROGRAM PROVIDES AC	5,879.
	NUTRITIOUS FOOD AND CLEAN DRINKING WATER TO PROMOTE HEALTH AND	
		DREN IN
	MEXICO.	
	Other program conject (Describe on Schedule C.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 184,738 • including grants of \$) (Revenue \$)
4e	Total program service expenses 299,089.	<i>I</i>
		Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			 -
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			_ v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
04 -	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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			7.7
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	00-		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
30	Did the organization receive more than \$25,000 in non-cash contributions: in ros, complete conclude in	23		
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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	34		X
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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?		37	
Da	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı a	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Confedure Confeding a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 55	1.10
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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	0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		x			
	any contributions that were not tax deductible as charitable contributions?	6a					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Gh					
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b					
7	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			
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75					
·	to file Form 8282?	7c		x			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
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	9 Sponsoring organizations maintaining donor advised funds.						
а	a Did the sponsoring organization make any taxable distributions under section 4966?						
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?						
10	` ` ` ` ` ` · · · · · · · · · · · · · ·						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_					
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders 11a	-					
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)						
100	amounts due or received from them.) 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.						

232005 12-13-22

Form **990** (2022)

UNITY 4 ORPHANS Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X					
Sec	tion A. Governing Body and Management									
				Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9							
	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	7							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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 t	ne 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	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?		6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	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	ear by the following:								
а	The governing body?		8a	X						
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 re-				l					
	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 F	Revenue Code.)								
				Yes	No					
	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 of									
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	37						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			37						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	37					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b		Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			37					
	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		_^					
15	Did the process for determining compensation of the following persons include a review and approve									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				₩.					
	The organization's CEO, Executive Director, or top management official		15a		X					
b	Other officers or key employees of the organization		15b		_^					
40	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 arrange		40-		v					
	taxable entity during the year?		16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of		401							
800	exempt status with respect to such arrangements?		16b							
	tion C. Disclosure									
17 10	List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an exceptation to make its Forms 1023 (1024 or 1024 A if applicable), 990	and 000 T (sooties 501/-\/	3/0 02/-	/\ ava:	abla					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection, Indicate how you made those available. Check all that apply	and 990-1 (Section 501(C)(ojs only	ı, avall	aule					
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Y Upon request Other (explain	n on Schedule O)								
10	• • •	,	nd fina	noial						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, of statements available to the public during the tax year.	ormici or interest policy, a	nu iiria	iicial						
20	State the name, address, and telephone number of the person who possesses the organization's b	noke and records								
20	JOSEPH BRANDI - 858-461-9846	oons and records								
	5137 FOOTHILL BLVD., SAN DIEGO, CA 92109									

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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 organizat (A)	(B)	(C)			•		(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated					
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of	
	week	-	cer an	d a d	irecto	r/trus	tee)	from	from related	other	
	(list any	ector						the	organizations	compensation	
	hours for	or dir	يو			ated		organization	(W-2/1099-MISC/	from the	
	related	ıstee	truste		ao	bens		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations below	Jal tru	onal		ploye	com ee		1099-NEC)		and related	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations	
(1) JOSEPH EDWARD BRANDI	40.00	=	=	-	~	工品	Œ				
PRESIDENT		x		x				32,087.	0.	72,737	
(2) KIMBERLY SCHULTZ	25.00							, , , , ,		, -	
SECRETARY		Х		x				0.	30,462.	0.	
(3) IVONNE APARICIO	1.00								-		
DIRECTOR		Х						0.	0.	0 .	
(4) LAURA FELLOWS	1.00										
DIRECTOR		Х						0.	0.	0.	
(5) STEVEN CASTILLO	1.00										
TREASURER		Х		Х				0.	0.	0.	
(6) CHRISTOPHER FROMM	1.00										
DIRECTOR		Х						0.	0.	0.	
(7) PAUL POLAKOWSKI III	1.00								_	_	
DIRECTOR		Х						0.	0.	0.	
(8) TED WATSON	1.00	ļ							•		
DIRECTOR		Х						0.	0.	0.	
		-									
		-									
	+										
		1									
		1									
		1									
		1									
		L	L_	L	<u> </u>		L				
		1	l								

Form 990 (2022)

Form 990										47-0	959	902	Pa	age 8
Part VI	Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	box	not c	Positheck in the control of the cont	ition more rson i	than is bot	h an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on d	an	(F) stimate nount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MI 1099-NEC)	MISC/ from EC) organ		om the anizati d relate	e ion ed
4h Cuk	akakal								32,087.	30,4	62	7	2,7	37
	otota। al from continuation sheets to Part VI al (add lines 1b and 1c)	II, Section A							32,087.	30,4	0.		2,7	0.
2 Tota	al number of individuals (including but r npensation from the organization								eceived more than \$100	0,000 of reportab	ole		Yes	0 N o
	the organization list any former officer, 1a? If "Yes," complete Schedule J for s	•		•	•	•	-	_	ghest compensated emp	•		3	res	X
and	any individual listed on line 1a, is the su I related organizations greater than \$15	0,000? If "Yes,	le co " <i>co</i>	omp <i>mpl</i> e	ensa ete S	atior Sche	and adule	d ot	her compensation from for such individual	the organization		4		х
rend	any person listed on line 1a receive or a dered to the organization? If "Yes," com B. Independent Contractors					•			•			5		X
	mplete this table for your five highest co organization. Report compensation for										npens	ation f	rom	
	(A) Name and business	address	NO	INC	Ξ				(B) Description of s	ervices	С	ompe) nsatio	n
2 Tota	al number of independent contractors (i	includina but n	ot li	mite	d to	tho	se li	ster	d above) who received m	nore than				
	00,000 of compensation from the organi	•					0		,			Form	990 (2	2022)

Pa	rt V	Ш			a in their Dark VIII			
			Check if Schedule O contains a response	e or note to any lin	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SΩ	_	_	Federated campaigns 1a					000110110 0 12 0 1 1
ant								
ָהַ הַ הַ פַּ								
ifts ir A			Fundraising events 1c Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
ons			All other contributions, gifts, grants, and					
her		٠	similar amounts not included above 11	227,541.				
QF		~	Noncash contributions included in lines 1a-1f	36,216.				
Son		_	Total. Add lines 1a-1f		227,541.			
<u> </u>		<u>'''</u>	Total: Add lines 1a-11	Business Code	227 / 3121			
o o	•	_		Business Code				
vice	2							
Ser		b						
wer.		C C						
gra Re		d						
Program Service Revenue		e f	All other program service revenue					
	3	y	Total. Add lines 2a-2f					
	3		other similar amounts)	<i>'</i>	108.		108.	
	4		Income from investment of tax-exempt bond				2000	
	5		Royalties	•				
	J		(i) Real	(ii) Personal				
	6	2	Gross rents 6a	(1) 1 01001141				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
	•	u	assets other than inventory 7a	(-,				
		h	Less: cost or other basis					
e		~	and sales expenses 7b					
Revenue		c	Gain or (loss) 7c					
Re.			Net gain or (loss)	1				
er			Gross income from fundraising events (not					
₹	_		including \$ of					
			contributions reported on line 1c). See					
				249,415.				
		b	Less: direct expenses					
			Net income or (loss) from fundraising events		221,924.			221,924.
			Gross income from gaming activities. See					
			Part IV, line 19	a				
		b	Less: direct expenses 9	0				
			Niet in a come ou (lane) forms manning and initial					
			Gross sales of inventory, less returns					
			and allowances 10	a				
		b	Less: cost of goods sold 10	b				
			Net income or (loss) from sales of inventory					
S				Business Code				
e e	11	а						
ant		b						
Miscellaneous Revenue		С						
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		449,573.	0.	108.	221,924.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	Ge of flote to arry line in	ITIIS Part IX	(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	101 001	00.100	45 504	
	trustees, and key employees	104,824.	89,100.	15,724.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	00 011	01 (52	7 250	
7	Other salaries and wages	89,011.	81,653.	7,358.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	<u> </u>	1 000	863.	
10	Payroll taxes	5,751.	4,888.	803.	
11	Fees for services (nonemployees):				
	Management				
	Legal	8,504.	8,504.		
	Accounting	0,304.	0,304.		
	Lobbying	466.			466.
e	, , , , , , , , , , , , , , , , , , ,	400.			400
f	Investment management fees				
g	,	4,675.		4,675.	
40	column (A), amount, list line 11g expenses on Sch 0.)	25,597.	21,757.	3,840.	
12	Advertising and promotion	909.	21,757.	909.	
13	Office expenses	5,684.		5,684.	
14 15	Information technology	3,004.		3,001.	
15 16	Royalties				
17	Occupancy	4,032.	4,032.		
18	Payments of travel or entertainment expenses	1,0320	1,0320		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,026.	872.	154.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	IN KIND DONATIONS P4C	36,216.	36,216.		
b	EDUCATION4CHANGE DIRECT	21,366.	21,366.		
С	NUTRITION4CHANGE DIRECT	11,147.	11,147.		
d	PLAY4CHANGE DIRECT EXPE	11,065.	11,065.		
е	All other expenses SEE SCH O	28,986.	8,489.	20,497.	
25	Total functional expenses. Add lines 1 through 24e	359,259.	299,089.	59,704.	466
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Fal	LA	balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	290,249.	1	65,754.
	2	Savings and temporary cash investments		2	312,106
	3	Pledges and grants receivable, net		3	325
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	378,185
	17	Accounts payable and accrued expenses		17	178
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	7,432.	25	4,551.
	26	Total liabilities. Add lines 17 through 25	. 7,432.	26	4,729.
S		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions		27	
Ä	28	Net assets with donor restrictions		28	
Ĭ		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	0.
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	0.
Ţ	31	Retained earnings, endowment, accumulated income, or other funds		31	373,456.
Se	32	Total net assets or fund balances	283,142.	32	373,456.
	33	Total liabilities and net assets/fund balances	290,574.	33	378,185. Form 990 (2022

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				Ш		
				о г	72		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,5			
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,2			
3	· · · · · · · · · · · · · · · · · · ·						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	37	3,4	56.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	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	e 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 Sci						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
	, , , , , , , , , , , , , , , , , , , ,						

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITY 4 ORPHANS

Employer identification number 47-0959902

		01111	1 1 01(111111)					7 0333302
Pa	rt I	Reason for Public	Charity Status.	(All organizations must o	omplete ti	his part.) S	See instructions.	
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, o	check only	one box.)		
1	Щ	A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(1)(A)(i).	
2	Ш	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	Ш	A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit descril	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	-					public described in
		section 170(b)(1)(A)(vi). (C	-		3		3	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)			
9	一	An agricultural research org				ed in coni	inction with a land-grant	college
•		or university or a non-land-g				-	-	
		university:	grame conlege or agric	rantaro (oco monaciono).	Lintor tiro	1101110, 010	y, and state or the come	,0 0,
10	X	An organization that norma	ılly receives (1) more	than 33 1/3% of its sun	nort from	contributio	ons membershin fees a	nd aross receints from
		activities related to its exen						
		income and unrelated busin		•				
		See section 509(a)(2). (Con		(1000 000tion on tax) ii	om baome	ooco aoqe	and by the organization	and danced, 1070.
11		An organization organized a	• •	ively to test for public sa	ıfety See	section 50	09(a)(4)	
12	一	An organization organized a	-	•	•			e purposes of one or
		more publicly supported or	·	· ·	•		•	
		lines 12a through 12d that						
а		Type I. A supporting orga	* *			•		, aivina
_		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•			-
		organization. You must o				o,o ao		
b		Type II. A supporting org	-		tion with it	ts support	ed organization(s) by ha	avina
_		control or management o	· · · · · · · · · · · · · · · · · · ·					-
		organization(s). You mus			arrio poroc	ono mar o	ontrol of manage the oal	sportou
С		Type III functionally inte			in connec	tion with	and functionally integrat	ed with
·		its supported organizatio	-				• •	ou wan,
d		Type III non-functionally		•				ization(s)
_		that is not functionally int						` '
		requirement (see instruct		• ,	•		•	
е		Check this box if the orga	•	•				
		functionally integrated, or					,	
f	Ente	er the number of supported o	•	, 5	5 5			
g		vide the following information		ed organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tota	al							1

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke fails to qualify under the tests				on failed to qualify	under Part III. If th	e organization
Sec	ction A. Public Support			,			
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(2) 2010	(8) 2010	(6) 2323	(ω) ΕΘΕ !	(e) Local	(i) rotal
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2010	(c) 2020	(4) 2021	(a) 2022	(f) Total
	Amounts from line 4	(a) 2016	(b) 2019	(6) 2020	(d) 2021	(e) 2022	(I) Total
	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9							
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)			12	
	First 5 years. If the Form 990 is for the	•	,	, fourth, or fifth tax			
	organization, check this box and stor						
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2022 (ine 6, column (f),	divided by line 11	, column (f))		14	
15	Public support percentage from 2021	Schedule A, Parl	t II, line 14			15	
16a	33 1/3% support test - 2022. If the o	organization did ne	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organi	zation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes	t - 2021. If the org	ganization did not	check a box on lir			
	more, and if the organization meets the organization meets the facts-and-circ	he facts-and-circu	mstances test, ch	eck this box and s	stop here. Explain	in Part VI how the	
18	Private foundation. If the organization						

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

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

Sec	etion A. Public Support	clow, picase comp	noto i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(b) 2019	(6) 2020	(u) 2021	(6) 2022	(i) Total
'	membership fees received. (Do not						
	include any "unusual grants.")	235,540.	302,534.	336,588.	414,886.	448,430.	1737978.
•		233,340.	302,334.	330,300.	111,000.	110,150.	1737370.
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						
	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	235,540.	302,534.	336,588.	414,886.	448,430.	1737978.
7 <i>a</i>	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1737978.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019 302,534.	(c) 2020	(d) 2021	(e) 2022 448,430.	(f) Total
9	Amounts from line 6	235,540.	302,534.	336,588.	414,886.	448,430.	1737978.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources				198.	108.	306.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b				198.	108.	306.
	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.)	235,540.	302,534.	336,588.	415,084.	448,538.	1738284.
14	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizat	on,
	check this box and stop here						
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2022 (I	line 8, column (f), d	ivided by line 13,	column (f))		15	99.98 %
	Public support percentage from 2021					16	99.99 %
	ction D. Computation of Inves						
17	Investment income percentage for 20)22 (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	.02 %
	Investment income percentage from 2					18	.01 %
	33 1/3% support tests - 2022. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box a						X
b	33 1/3% support tests - 2021. If the		-	•			and
	line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
2	2		
3	а		
3	b		
3	С		
4	a		
4	b		
4	С		
5	а		
5			
5			
	3		
	7		
8	3		
9	a		
_	h		
9	IJ		
9	С		
10)a		
10)b		2022

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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		
	ion 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		100	140
	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	4		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 yea [see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	1	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zd		
	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	Ot-		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Schedule A (Form 990) 2022

instructions).

Sche	Schedule A (Form 990) 2022 UNITY 4 ORPHANS			7-0959902 Page 7		
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions		•		Current Year	
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported				
	organizations, in excess of income from activity			2		
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations			3		
4	Amounts paid to acquire exempt-use assets			4		
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5		
6	6 Other distributions (describe in Part VI). See instructions.			6		
7	7 Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which to	the organization is responsive	e			
	(provide details in Part VI). See instructions.			8		
9	9 Distributable amount for 2022 from Section C, line 6					
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					

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
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			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	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			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2022

UNITY 4 ORPHANS 47-0959902 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 \$______\$ 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

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

UNITY 4 ORPHANS

47-0959902

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	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		\$10,360.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$6,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 7,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-1:	5-22	\$5,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

UNITY 4 ORPHANS

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			
7		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$10,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$6,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10		\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12		\$5,050.	Person X Payroll			

47-0959902

223452 11-15-22

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

47-0959902

UNITY	4 ORPHANS		47-0959902
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,00	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
14		\$13,92	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
15		\$15,00	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.)

Page 3

Name of organization Employer identification number

UNITY 4 ORPHANS

47-0959902

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional appear is peeded	
	Noncasti Property (see instructions). Use duplicate copies of Pa	art II II additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
3453 11-15	i-22		Schedule B (Form 990) (202

Page 4

Name of organization **Employer identification number** UNITY 4 ORPHANS 47-0959902 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

UNITY 4 ORPHANS

Employer identification number 47-0959902

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Zeriei davisea idinae	(a) i ando and onto decedino
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizat		,
·	Preservation of land for public use (for example, recrea		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space	, , , , , , , , , , , , , , , , ,	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year	, , ,	ğ ç
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statemer	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement an	id balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furt	therance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance 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 tre	asures, or other similar assets for financial (gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

	edule D (Form 990) 2022 OTTII 4 C		.d II:.d	aviaal Tu		lla a se C	insilar A		2002		age Z
	rt III Organizations Maintaining Col								S (continu	леа)	
3	Using the organization's acquisition, accession,	, and other record	ls, check	any of the	following that mak	e signi	ficant use c	of its			
	collection items (check all that apply):										
а	Public exhibition	d	· 🆳 i	oan or exc	hange program						
b	Scholarly research	е	(Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ctions and explai	n how th	ey further tl	he organization's e	exempt	purpose in	Part	XIII.		
5	During the year, did the organization solicit or re	eceive donations	of art, his	storical trea	sures, or other sim	ilar as	sets				
	to be sold to raise funds rather than to be maint	tained as part of t	the organ	nization's co	ollection?				Yes		No
Pai	rt IV Escrow and Custodial Arrange								ine 9, or		
	reported an amount on Form 990, Part X	•		Ū							
	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	s or other assets r	not incl	uded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII and							. —			
-		a 00p.0.00 a				Γ			Amount		
	Reginning halance					F	1c				
	Beginning balance						1d				
	Additions during the year						1e				
e	5 ,										
f O-	Ending balance						1f	$\overline{}$	V	$\overline{}$	T. 1.
	Did the organization include an amount on Form					-		. Ш	Yes	\vdash	∐ No
	If "Yes," explain the arrangement in Part XIII. Cr							<u></u>	<u></u>		
Fai	· · · · · · · · · · · · · · · · · · ·	a) Current year			(c) Two years back		Thron years h	ack I	(e) Four	voore	hack
	<u> </u>	a) Current year	(D) P	rior year	(C) TWO years back	\ \ (u)	Tillee years b	ack	(e) rour	/ cais	Dack
	Beginning of year balance							\rightarrow			
b											
С	□ 1 0 1 1 m							\rightarrow			
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g											
2	Provide the estimated percentage of the curren	t year end baland	e (line 1	g, column (a	a)) held as:						
а			%	,							
b		%									
C											
·	The percentages on lines 2a, 2b, and 2c should	Legual 100%									
32	Are there endowment funds not in the possessi	•	ation tha	t are held a	nd administered fo	or the					
oa	organization by:	on or the organiz	ation tha	t are ricid a	na aaministorea te) tile			Ţ	Yes	No
	(i) Unrelated organizations								3a(i)	\dashv	
	(ii) Related organizations								3a(ii)	\longrightarrow	
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the or		wment f	unds.							
Pai	rt VI Land, Buildings, and Equipmer					V !!	40				
	Complete if the organization answered "	1									
	Description of property	(a) Cost or o					nulated	'	(d) Book	value	Э
		basis (investr	nent)	basis	(other)	depred	iation	oxdot			
	Land							<u> </u>			
b	Buildings							$oxed{oxed}$			
	Equipment										
	Other										
	Add lines 12 through 10 (Column (d) must equi		V colum	n (D) line 1	(00.)			\vdash			0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 UNITY 4 ORP	HANS	47	'-0959902 _{Page}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Part X Other Liabilities.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CAPITAL ONE CREDIT CARD	3,221.
(3)	PAYROLL LIABILITES	1,330.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,551.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2022

Pa	rt XI Reconciliation of Revenue per Audited Financial		ıe per Return.	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total revenue, gains, and other support per audited financial statement	ts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	5 , , ,			
b	***************************************			
С	1 7 0			
d	/	2d		
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	1 , , , , , , , , , , , , , , , , , , ,			
b	/	· · · · · · · · · · · · · · · · · · ·		
c				
5 D a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, linert XII Reconciliation of Expenses per Audited Financia			
га	Complete if the organization answered "Yes" on Form 990, Part	-	ses per neturn.	
_			141	
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			
2		2a		
a h	***************************************			
b	· · · · · · · · · · · · · · · · · · ·			
d				
e		·	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a		4a		
b				
С			4c	
5				
Pa	rt XIII Supplemental Information.			
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; P	art V, line 4; Part X, line 2; Part >	1,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ride any additional information.		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

Employer identification number

UNITY 4 ORPHANS 47-0959902 Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g X 10,500. Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 X 9,522. Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 99 2,000. Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 7,850. (TRAVEL VOUCHERS) X 6 25 Other X 4 3,700. GIFT CERTIFICAT 26 Other 1,827. (SPORTING/ENTERT) X 27 Other X 817. **JEWLERY** 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

232141 09-09-22

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

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

232211 10-28-22

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

UNITY 4 ORPHANS

Employer identification number 47-0959902

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INVESTING IN THE LIVES OF ABANDONED AND NEGLECTED CHILDREN. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAM SERVICES INCLUDE MENTAL HEALTH SUPPORT (HEALING 4 CHANGE) FOR 90 CHILDREN IN MEXICO AND 25 CHILDREN IN NICARAGUA AND INFRASTRUCTURE SUPPORT (SHELTER 4 CHANGE) IN NICARAGUA. EXPENSES \$ 184,738. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 7A: VOTING MEMBERS, THROUGH MAJORITY VOTES, HAVE THE POWER TO ELECT OR APPOINT MEMBERS INTO THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 WAS PROVIDED ARE REVIEWED BEFORE FILING WITH TAXING AUTHORITIES FORM 990, PART VI, SECTION C, LINE 19: THE POLICIES ARE AVAILABLE AT THEIR OFFICE AT 5137 FOOTHILL BLVD., DIEGO, CA 92109 FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: AUTOMOTIVE MILEAGE REIMBURSEMENT: 0. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 10,658. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 10,658. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 Schedule O (Form 990) 2022 Page **2**

Schedule O (Form 990) 2022	Page 2
Name of the organization UNITY 4 ORPHANS	Employer identification number 47-0959902
BANK CHARGES & MERCHANT FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	6,156.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,156.
SHELTER4CHANGE DIRECT EXPENSES - NICARAGUA:	
PROGRAM SERVICE EXPENSES	2,585.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,585.
DONOR MANAGEMENT:	
PROGRAM SERVICE EXPENSES	2,170.
MANAGEMENT AND GENERAL EXPENSES	383.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,553.
CELL PHONE SERVICES:	
PROGRAM SERVICE EXPENSES	1,921.
MANAGEMENT AND GENERAL EXPENSES	340.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,261.
GIFTS & MERCHANDISE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,998. Schedule O (Form 990) 2022
232212 10-28-22	Schedule O (Form 990) 2022

 Schedule O (Form 990) 2022
 Page 2

Schedule O (Form 990) 2022	Page 2
Name of the organization UNITY 4 ORPHANS	Employer identification number 47-0959902
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,998.
PAYROLL PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	1,139.
MANAGEMENT AND GENERAL EXPENSES	201.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,340.
POSTAGE & MAILING SERVICE:	
PROGRAM SERVICE EXPENSES	674.
MANAGEMENT AND GENERAL EXPENSES	119.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	793.
BOOKS, SUBSCRIPTIONS & REFERENCES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	642.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	642.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 28,986.