Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Α	For t	ne 2022 calendar year, or tax year beginning , 2022, and ending	,	•
В	Check	if applicable: C	D Employer in	dentification number
	Addres	s change	E0 00	74060
	Name	Shange HISTORIC OXFORD, LIMITED 119 CHOPTANK AVENUE	52-20 E Telephone	
	Initial r	CAMBRIDGE, MD 21613		
Ļ		orn/terminated		744-7655
			F Group Ex Number	xemption
		unting Method: X Cash Accrual Other (specify): H Check		organization is not
G	Webs			Schedule B
j		empt status (check only one) — X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 (Form		50,1000.00
K	Form	of organization: X Corporation Trust Association Other:		
L	Add I asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or it s (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	f total	51,975.
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ructions f	or Part I)
		Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts, grants, and similar amounts received		<u>51,975.</u>
	2	Program service revenue including government fees and contracts		
	3	Membership dues and assessments	ļ	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory		
	b	Less: cost or other basis and sales expenses		
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	,
	6	Gaming and fundraising events:		
3		Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
ē	b	Gross income from fundraising events (not including \$ of contributions		
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
щ	_	Less: direct expenses from gaming and fundraising events		
	•			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances		
		Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a).		
	8	Other revenue (describe in Schedule 0)		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		51,975.
	10	Grants and similar amounts paid (list in Schedule O)		
	11	Benefits paid to or for members		
ŝ	12	Salaries, other compensation, and employee benefits		
Expenses	13	Professional fees and other payments to independent contractors		17,065.
×	14	Occupancy, rent, utilities, and maintenance		
Щ	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule O). SEE SCHEDULE O	15	
	16			5,043.
	17	Total expenses. Add lines 10 through 16.		22,108.
υ,	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	29,867.
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of	-year	
AS	_	figure reported on prior year's return)		0.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	21	29,867.
BA	A For	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2022)

Par	Check if the organization used Sche	fuctions for Part II) dule 0 to respond to any que	estion in this Part II.			X
				(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments	,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			22	500.
23	Land and buildings Other assets (describe in Schedule O)	THEOLICE TES			23	40 510
24					24	48,510.
25	Total liabilities (describe in Schedule O)	SEE SCHEDILE	: 0		25	49,010.
26	Not assets as fixed belonger (line 27 of a	column (D) must agree with I	ina 21)			19,143. 29,867.
27	Net assets or fund balances (line 27 of c t III Statement of Program Service Ac) <u>. 27 </u>	Expenses
Par	Check if the organization used Sch	redule O to respond to any o	uctions for raft in)	m X	(Regu	ired for section 501
What	is the organization's primary exempt purpose? SEE	SCHEDULE O			(c)(3)	and 501(c)(4)
Desc	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	ccomplishments for each of i	ts three largest process provided, the nu	ram services, as mber of persons	organ for otl	izations; optional ners.)
		ach program title.		•	1	
28	SEE SCHEDULE_O				_	
					-	
	(Grants \$) If thi	s amount includes foreign gr	rants chack hara		28a	22,108.
29	(Grants \$	s amount motudes foreign gr	anto, oncor noto		1 200	22,100.
2.5					1	
					1	
	(Grants \$) If th	s amount includes foreign gr	rants, check here		29a	
30						
					, , , , , , , , , , , , , , , , , , ,	
	•	s amount includes foreign gi			30a	
31	Other program services (describe in Sch	edule O) is amount includes foreign gi			31a	
22	(Grants \$) If th Total program service expenses (add line)				32	22,108.
	t IV List of Officers, Directors,					
Га	Check if the organization used Sc	hedule O to respond to any o	question in this Part	IV		
		(b) Average hours per week devoted to	(c) Reportable compensa (Forms W-2/1099-MIS	tion (d) Health bene contributions to em	fits,	(e) Estimated amount of
	(a) Name and title	week devoted to position	1099-NEC) (if not paid, enter -0-)	benefit plans, and d	eferred	other compensation
MTO	CHAEL STARLING		V. 11-1			
	ESIDENT	40		0.	0.	0.
	HN THOMAS PUGLISI					
	CRETARY	5		0.	0.	0.
	ARLES MCFADDEN					
TRI	EASURER	5		0.	0.	0.
			L. L			
			and the same of th			
			1			
BAA		TEEA0812L 0	09/28/22			Form 990-EZ (2022)

	990-LZ (2022) HISTORIC OXFORD, LIMITED 32 207430			-
Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	SEE S		[X]
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect		2/05/05	Λ
	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	X	
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
1	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35c		v
26	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	350		X
36	disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	37b		Χ
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were		Linear	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X	
	amount involved			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	— {232/3669		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: 0 ; section 4912: 0 .; section 4955: 0 .			
Ŀ	Section 501(c)(3) 501(c)(4) and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	-		
	by the organization	_		
		40e		Х
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41 42 <i>a</i>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: NONE The organization's books are in care of: MICHAEL STARLING Telephone no. (202) Located at: 119 CHOPTANK AVENUE CAMBRIDGE MD ZIP + 4 21613 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)?) <u>744</u>	-765 Yes	
41 42 <i>z</i>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: NONE The organization's books are in care of: Located at: 119 CHOPTANK AVENUE CAMBRIDGE MD ZIP + 4 21613	7443 3 42b		55 No
41 422	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: NONE The organization's books are in care of: MICHAEL STARLING Telephone no. Located at: 119 CHOPTANK AVENUE CAMBRIDGE MD ZIP + 4 21612 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here	7443 3 42b 42c		No X N/A N/A No
41 422	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: NONE The organization's books are in care of: MICHAEL STARLING Telephone no. 21P+4 2161. 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed or Form 990-EZ.	7443 3 42b 42c	Yes	No X N/A N/A No X
41 422	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: NONE Telephone no. (202) Interest are of: MICHAEL STARLING	7443 3 42b 42c	Yes	No X N/A N/A No
41 422	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-1. List the states with which a copy of this return is filed: NONE The organization's books are in care of: MTCHAEL STARLING Telephone no. Located at 119 CHOPTANK AVENUE CAMBRIDGE MD ZIP +4 21613 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. Joid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization perate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? List "Yes," being Alex bas the organization filed a Form 720 to report these payments?	42b 42c 44a 44b 44c	Yes	No X N/A N/A No X
41 422	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: NONE The organization's books are in care of: Located at 119 CHOPTANK AVENUE CAMBRIDGE MD JIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. A Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?	7443 3 42b 42c 44a 44a 44b 44c	Yes	No X N/A N/A No X X
41 422 43 444 454 455	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: NONE Telephone no. Located at: 119 CHOFTANK AVENUE CAMBRIDGE MD 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)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "Yes," brief the organization have a controlled entity within the meaning of section 512(b)(13)? Poid the organization have a controlled entity within the meaning of section 512(b)(13)?	42b 42c 44a 44b 44c 44d 45a	Yes	No X N/A N/A No X X X
41 422 43 444 454 455	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed: NONE The organization's books are in care of: MICHAEL STARLING Located at: 119 CHOPTANK AVENUE CAMBRIDGE MD 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)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 43 Indicate organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "No," provide an explanation in Schedule O. Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes, Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	7443 3 42b 42c 44a 44a 44b 44c	Yes	No X N/A N/A No X X X

Form 990-E	EZ (2022) HISTORIC OXFORD, LI	MITED		52-207		Page 4
			V =			Yes No
46 Did th	ne organization engage, directly or indirect dates for public office? If "Yes," complete	ctly, in political campaig	gn activities on behalf o	f or in opposition to	46	X
Part VI			*****************			
raitvi	All section 501(c)(3) organizations	ns must answer qu	uestions 47-49b and	d 52, and complete	the tables	j
	for lines 50 and 51.					
	Check if the organization used S	Schedule O to resp	ond to any question	n in this Part VI		<u>, </u>
•= D:11	ne organization engage in lobbying activities	or have a section E01(h)	alaction in affect during t	he tay year? If "Yes "	100-000-0	Yes No
47 Did th	le organization engage in lobbying activities lete Schedule C, Part II	or have a section sor(ii)			47	X
48 Is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If "Yes," complete Sche	edule E	48	X
	ne organization make any transfers to an					X
b If "Ye	es," was the related organization a section	n 527 organization?			49b	
50 Comp	elete this table for the organization's five high	nest compensated emplo	yees (other than officers,	directors, trustees, and k	ey	
emplo	byees) who each received more than \$100,00	of compensation from				
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other compe	
NONE					1	
		a				
		75				
		100.000				
f Total	number of other employees paid over \$	100,000	and ant contractors who or	- ach received more than \$	100 000 of	
51 Comp	olete this table for the organization's five high pensation from the organization. If there i	nest compensated indepo s none, enter "None."	endent contractors who ea	acii receiveu more mari p	100,000 01	
-	(a) Name and business address of each independent of		(b) Type	of service	(c) Compe	nsation
NONE	(4)					
NOINE						
	I number of other independent contractor	s each receiving over	100 000			
52 Did tl	he organization complete Schedule A? N bleted Schedule A	ote: All section 501(c)	(3) organizations must a		X	□No
	es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office			e best of my knowledge and be	lief, it is	
true, correct, a	and complete. Declaration of preparer (other than office	er) is based on all information	of which preparer has any know	ledge.		
	Signature of officer	· · · · · · · · · · · · · · · · · · ·		Date		
Sign Here				PRESIDENT		
Tiere	MICHAEL STARLING Type or print name and title	٨.		TRESIDENT		
	Print/Type preparer's name	Preparer's agnature	Date		PTIN	
	DAVID L SHORT	Jack W	M		201227509	9
Paid Preparer	Firm's name WEAVER, MAVITY,	SHORT ASSOCIA	TES, ALC			
Use Only	Firm's address 117 BAY STREET			Firm's EIN	20-0539	- 15 A2 15 A
NE TOTAL ALL STREET, F	EASTON, MD 2160				LO) 820-8	
May the IF	RS discuss this return with the preparer s	hown above? See instr	ructions			
BAA					Form 990)-EZ (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internat Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the org	panization					Employer identificat				
HISTORIC OXFORD, LIMITED 52-2074962 Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
Part I R	eason for Public Cha	rity Status. (All o	rganizations must	complete	e this pa	art.) See instruct	tions.			
	ation is not a private found					.)				
1 1										
	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
							ater the hospital's			
па	name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	n organization that normally rosection 170(b)(1)(A)(vi). ((eceives a substantial p Complete Part II.)	art of its support from a	governmen	tal unit or	from the general pub	lic described			
8 A	community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)						
□ or	n agricultural research organiz university or a non-land-gran niversity:	zation described in sec at college of agriculture	(see instructions). Enter	ated in con the name,	ijunction w city, and:	ith a land-grant collegestate of the college o	ge r 			
fro inv Ju	n organization that normally om activities related to its e vestment income and unrel one 30, 1975. See section 5	receives (1) more the exempt functions, sub ated business taxable (09(a)(2). (Complete F	nan 33-1/3% of its supp ject to certain exceptio e income (less section Part III.)	ns; and (2 511 tax) fi	?) no more rom busin	e than 33-1/3% of its esses acquired by t	s support from aross			
	n organization organized ar	· · · · · · · · · · · · · · · · · · ·	-							
□ or lin	n organization organized ar more publicly supported o les 12a through 12d that de	rganizations describe escribes the type of si	d in section 509(a)(1) o upporting organization	r section and comp	509(a)(2). lete lines	See section 509(a) 12e, 12f, and 12g.	(3). Check the box on			
a Ty org co	pe I. A supporting organization ganization(s) the power to recomplete Part IV, Sections A	on operated, supervised gularly appoint or elect and B.	d, or controlled by its sup a majority of the director	ported org rs or truste	anization(s es of the s	s), typicatly by giving upporting organization	the supported on. You must			
b Ty ma mi	pe II. A supporting organiz anagement of the supporting ust complete Part IV, Secti	ation supervised or c organization vested in ons A and C.	ontrolled in connection the same persons that c	with its so ontrol or m	upported o anage the	organization(s), by l supported organizati	naving control or on(s). You			
c Ty	pe III functionally integrated. ganization(s) (see instruction	A supporting organizat	ion operated in connection	n with, and A, D, and i	functionall	y integrated with, its s	supported			
d Ty fui in:	/pe III non-functionally integrated. The obstructionally integrated. The obstructions). You must comp	rated. A supporting orgographically specification generally plete Part IV. Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection wi tion requir	th its supp rement an	orted organization(s) d an attentiveness	that is not requirement (see			
e Cr	neck this box if the organizated or Type III non-fu	ation received a writtenctionally integrated	en determination from t supporting organization	the IRS th	at it is a T	Type I, Type II, Type	III functionally			
f Enter	the number of supported of	organizations								
g Provi	de the following information	n about the supported	d organization(s).							
(i) Name	of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is t organization in your gov docume	n listed su erning	Amount of monetary ipport (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										
Total										
	aperwork Reduction Act N	otice, see the Instruc	tions for Form 990 or 9	90-EZ.	ucas (PROPOSIS)	Sched	ule A (Form 990) 2022			

TEEA0401L 09/09/22

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support						
begir	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		as in the selection had in contained and selection				
Sect	ion B. Total Support						
Cale: begi:	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4			1			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see in	structions)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
13	First 5 years. If the Form 990 is organization, check this box and	stop here		, third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu					1 1	
14	Public support percentage for 20 Public support percentage from	022 (line 6, colum	n (f), divided by I	line II, column (f))		<u>%</u> %
15 16a	33-1/3% support test-2022. If t	the organization d	id not check the	box on line 13, and	d line 14 is 33-1/	3% or more, check	this box
	and stop here. The organization	qualifies as a pu	blicly supported (organization			
b	33-1/3% support test—2021. If the and stop here. The organization	he organization di n qualifies as a pu	d not check a bot iblicly supported	x on line 13 or 16a organization	a, and line 15 is a	33-1/3% or more, cn	eck this dox
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-a	and-circumstance	s test, check this t	oox and stop her	e. Explain in Part V	i now
	10%-facts-and-circumstances to more, and if the organization organization meets the facts-an Private foundation. If the organ	meets the facts-a d-circumstances t	and-circumstance est. The organiza	s test, check this t ation qualifies as a	oox and stop her publicly support	e. Explain in Part V ed organization	I how the
	riivate iountiation. It the organ	ization ulu HUL CHE	SOU OF THE	10, 100, 100, 174	, or ive, oricon ti		A (Form 990) 2022
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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.)

Sect	tion A. Public Support						
Calend	lar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions,						
	and membership fees received. (Do not include any "unusual grants.")						F4 005
						51,975.	51,975.
2	Gross receipts from admissions, merchandise sold or services			ĺ			
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						0.
2	Gross receipts from activities						<u> </u>
	that are not an unrelated trade						
	or business under section 513.						0.
	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
	its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	0.	0.	51,975.	51,975.
7a	Amounts included on lines 1,						
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
L	Amounts included on lines 2	V.		<u> </u>		ν,	<u> </u>
D)	and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13		İ				
	for the year	0.	0.	0.	0.	0.	0.
C	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line						
	7c from line 6.)						51,975.
Sec	tion B. Total Support						
Calend	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0.	0.	0.	0.	51,975.	51,975.
10a	Gross income from interest, dividends,			:			
	payments received on securities loans, rents, royalties, and income from						
	similar sources						0.
h	Unrelated business taxable						
.,	Officialed publicess taxable				l :		
.,	income (less section 511				!		
.,	income (less section 511 taxes) from businesses	***************************************					0.
	income (less section 511	0.	0.	0.	0.	0.	0. 0.
c	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business	0.	0.	0.	0.	0.	
c	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0.	0.	0.	0.	0.	
c	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
c 11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0.	0.	0.	0.	0.	
c 11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
c 11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
c 11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0.	0.				0.
c 11 12	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0.	0.	0.	0.	51,975.	0.
c 11 12	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0.	0.	0. third, fourth, or f	0.	51,975. section 501(c)(3)	0. 0. 51,975.
11 12 13 14	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0 . for the organizatio	0. on's first, second,	0. third, fourth, or f	0.	51,975. section 501(c)(3)	0. 0. 51,975.
11 12 13 14 Sec	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0. for the organization stop hereblic Support P	0. on's first, second, ercentage	0. third, fourth, or f	0 . ifth tax year as a	51, 975. section 501(c)(3)	0. 0. 51,975.
11 12 13 14 Sec 15	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	for the organization stop hereblic Support P	0. on's first, second, ercentage n (f), divided by lin	0. third, fourth, or f	0. ifth tax year as a	51, 975. section 501(c)(3)	0. 0. 51,975. X
12 13 14 Sec 15 16	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	for the organization stop here	0. on's first, second, ercentage n (f), divided by lin Part III, line 15.	0 . third, fourth, or f	0. ifth tax year as a	51, 975. section 501(c)(3)	0. 0. 51,975.
12 13 14 Sec 15 16 Sec	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pupulic support percentage for 20 Public support percentage from tion D. Computation of Investigations.	0. for the organizatic stop here blic Support P 022 (line 8, column 2021 Schedule A, restment Incon	0. on's first, second, ercentage on (f), divided by line Part III, line 15. one Percentage	0. third, fourth, or f	0. ifth tax year as a	51, 975. section 501(c)(3) 	0. 0. 51,975. X
12 13 14 Sec 15 16 Sec 17	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pupublic support percentage from tho D. Computation of Investment income percentage for 20 investment in 20 investment income percentage for 20 investment	for the organization stop here	0. on's first, second, ercentage n (f), divided by lin Part III, line 15 ne Percentage column (f), divide	0. third, fourth, or f	0. ifth tax year as a	51, 975. section 501(c)(3) 	0. 0. 51,975. X
12 13 14 Sec 15 16 Sec 17 18	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	for the organization stop hereblic Support Pozz (line 8, column 2021 Schedule A, restment Incomor 2022 (line 10c, from 2021 Schedule Schedule 10c, from 2021 Schedule Schedule 10c, from 2021 Schedule 2021 Sch	on's first, second, ercentage in (f), divided by ling Part III, line 15 ne Percentage column (f), divided e A, Part III, line	third, fourth, or fourth, or fourth, column (f)	0. ifth tax year as a)	51, 975. section 501(c)(3) 	0. 0. 51,975. X
12 13 14 Sec 15 16 Sec 17 18	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	for the organization of the organization of the support P to 222 (line 8, column 2021 Schedule A, restment Income to 2022 (line 10c, from 2021 Schedule the organization of the organizati	on's first, second, ercentage in (f), divided by line Part III, line 15 ne Percentage column (f), divided le A, Part III, line	third, fourth, or f	0. ifth tax year as a) umn (f)) ad line 15 is more	51, 975. section 501(c)(3)	0. 0. 51,975. X % % % % and line 17
12 13 14 Sec 15 16 Sec 17 18 19a	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	for the organization of the organization of the support P to 222 (line 8, column 2021 Schedule A, restment Incompore 2022 (line 10c, from 2021 Schedule the organization of the organization organization organization organizatio	on's first, second, ercentage in (f), divided by line Part III, line 15 ne Percentage column (f), divided to A, Part III, line tid not check the beat and the column of the check a book of the column of the check a book of the column of the check a book of the check	third, fourth, or fourth, or fourth, fourth, or fourth, or fourth, or fourth, or fourth, or fourth, and fourth, and fourth, are fourth, ar	0. ifth tax year as a). umn (f)) and line 15 is more as a publicly suppose 19a. and line 1	51, 975. section 501(c)(3)	0. 0. 51,975. X % % % % ad line 17 1
12 13 14 Sec 15 16 Sec 17 18 19a	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	for the organization stop here	on's first, second, ercentage in (f), divided by ling Part III, line 15 ne Percentage column (f), divided ie A, Part III, line id not check the be in here. The organ id not check a bound stop here. The	third, fourth, or fourth, or fourth, fourth, or fourth, or fourth, or fourth, column (f)	0. ifth tax year as a) umn (f)) d line 15 is more as a publicly supp ne 19a, and line 1 lalifies as a public	51, 975. section 501(c)(3)	0. 0. 51,975. X % % % % nd line 17 1
12 13 14 Sec 15 16 Sec 17 18 19a	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	for the organization stop here	on's first, second, ercentage in (f), divided by ling Part III, line 15 ne Percentage column (f), divided ie A, Part III, line id not check the be in here. The organ id not check a bound stop here. The	third, fourth, or fourth, or fourth, fourth, or fourth, or fourth, or fourth, column (f)	0. ifth tax year as a) umn (f)) d line 15 is more as a publicly supp ne 19a, and line 1 lalifies as a public	51, 975. section 501(c)(3)	0. 0. 51,975. X % % % % nd line 17 1

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, cor Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part					
Section A. All Supporting Organizations					
		Yes	No		
1 Are all of the organization's supported organizations listed by name in the organization's governing documents?					

			Tes	IAO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
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.	За		
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.	3b		
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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
ć	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
(Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more 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 .	9a		
ŀ	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.	9b		
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.	9с		
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)? If "Yes," answer line 10b below.	10a		
ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? 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		
	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		
Sec	tion B. Type I Supporting Organizations			
4	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
1	or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
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	Yes	No
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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The state of the Artist Table of the Property			
	Constitution of the state of th			
t	The organization is the parent of each of its supported organizations. Complete line 3 below.			
•	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
á	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, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
9	Parent of Supported Organizations. Answer lines 3a and 3b below.			
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
BAA	TEEA0405L 09/09/22 Schedule	A (For	n 990)	2022

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ıniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	lov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.
Sec	tion 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		
Sec	tion 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):			
2	Average monthly value of securities	1a		
ŧ	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
(i Total (add lines 1a, 1b, and 1c)	1d		
(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	and State of State and State of State o	
Sec	tion 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		<u></u>
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	Page 1 Company of the	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally interesting (see instructions).	egrate		
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Par	New York Control of the Control of t	ipporting Organizat	ions (continue	<i>и)</i>			
Sect	Current Year						
	1 Amounts paid to supported organizations to accomplish exempt purposes 1						
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations		3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ion is responsive (provide o	details	8			
	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
а	From 2017						
b	From 2018						
С	From 2019						
d	From 2020						
е	From 2021		8 (4 to 4 to 4 to 4		1450 pp. 50 pp. 50 pp. 60 pp. 62 pp. 62		
1	Total of lines 3a through 3e	WASSERWAY COURT KIND HOW TO SEE THE SERVICE HE SERVE HOUSE H					
g	Applied to underdistributions of prior years			Faces Cuesco Const.			
h	Applied to 2022 distributable amount	Page Surger Control of the Control					
i	Carryover from 2017 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
	Distributions for 2022 from Section D, line 7: \$						
а	Applied to underdistributions of prior years			100 mm 1			
	Applied to 2022 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j and 4c.						
8	Breakdown of line 7:						
a	Excess from 2018		IIII				
··········	Excess from 2019						
C	Excess from 2020						
C	Excess from 2021						
6	Excess from 2022						
				School	ula A (Farm 990) 2022		

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HISTORIC OXFORD, LIMITED

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 **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

2022

Employer identification number Name of the organization 52-2074962 HISTORIC OXFORD, LIMITED Organization type (check one): Section: Filers of: 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 Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your 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** 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) filling 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

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raili	Commoutors (see instructions). Use auplicate copies of Part 1 if addition	mai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WETA FM 3939 CAMPBELL AVENUE	 \$ 51,975.	Person
	ARLINGTON, VA 22206		(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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Complete Part II for noncash contributions.)
RΛΛ	TEEA0702L 07/22/22		Schedule B (Form 990) (2022)

Name of organization HISTORIC OXFORD, LIMITED Employer identification number

52-2074962

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	USED RADIO/COMMUNICATIONS EQUIPMENT	\$ 51,975.	9/01/22
(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
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ \$	
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TEEA0704L 07/22/22

Schedule B (Form 990) (2022)

SCHEDULE L (Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury

Open To Public Inspection

internal Revenue Service											es, minestra yara	may report to the resource		AHABESTER
Name of the organization Employer is							ımber							
HISTORIC OXFORD										7496.				
Part I Excess Be organization	e <mark>nefit Trans</mark> answered "Yes'	actions (sections of the contract of the con	ion 5010 Part IV,	(c)(3), sed line 25a d	ction 50 or 25b,	01(c)(4), and or Form 990-	section 501(c EZ, Part V, li	c)(29) o ne 40b.	rganiz	ations	only)). Com	plete i	f the
	(b) Relationship between disqualified person and									(d) Corrected				
1 (a) Name of disqua	inilea person		org	ganization			(4) = 1						Yes	No
(1)														
(2)					****									ļ
(3)														
(4)														
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2 Enter the amount of section 4958										s				
3 Enter the amount of										,				
Y											,			
		n Interested I n answered "Yes			7 Dart	V line 20a or	Earm 000 E	ort IV 1	lina 26	e or if	tho			
Complete IT t	ine organizatior renorted an an	ranswered ites nount on Form 9	ON FO 190 Par	t X line 5	z, ranı i 6 or	27 mile 30a 01	ruiii 330, r	ait iv, i	ille zo), UI II	HIC			
(a) Name of interested person		(c) Purpose of		an to or		e) Original	(f) Balance	due	(a) In	default?	(h) Ar	pproved	(i) W	ritten
(a) halife of interested person	with organization	loan	fro	om the prir nization?		cipal amount			1.5.		by board or committee?		agreement:	
			То	From					Yes	No	Yes	No	Yes	No
(1) MICHAEL STARLI	PRESIDENT	PURSUE FCC	Х			19,143.	1:	9,143.		Х	Х		Х	
(2)	110010111	. 001 100	1											
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Part III Grants or	Assistance	Benefiting I	Intere	sted Pe	rsons	5. Jina 27								
Complete if t	tne organizatior	n answered "Yes	011 10	IIII 990, r	art IV,	IIIIC Z7.								
(a) Name of interested person		(b) Relationship between interested person and the organization			(c) Amount of assistance (d)		(d) Typ	t) Type of assistance (e) Pu) Purpos	pose of assistance		
(1)												······································		
(2)											+			
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(6)											+			
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(9)														
(10)														

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
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(9)					†	
(10)					†	

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	let
HISTORIC OXFORD, LIMITED	Employer identification number 52–2074962
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES	
CONFERENCES, CONVENTIONS, AND MEETINGS. DEPRECIATION	\$ 1,578. 3,465. TOTAL \$ 5,043.
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS	
MACHINERY AND EQUIPMENTTOT	BEGINNING ENDING \$ 0. \$ 48,510. AL \$ 0. \$ 48,510.
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES	
PAYABLE TO OFFICERS, DIRECTORS, ETC. TOT	BEGINNING ENDING S 0. \$ 19,143. AL \$ 0. \$ 19,143.
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSI	E
PROVIDE PUBLIC MEDIA SOURCES TO THE EASTERN SHORE OF MARY	LAND
FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACC	COMPLISHMENTS
ORGANIZATION SECURED FCC CONSTRUCTION PERMIT FOR NEW CLAS	S B1 NONCOMMERCIAL
EDUCATIONALFM RADIO STATION. SECURED SUBSTANTIAL EQUIPMEN	T DONATIONS TO COMMENCE
OPERATIONS ON 91.7 FM AND INITIAL CASH.	
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PER	SONAL BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY F	UNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT	T? NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,	DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	
FORM 990-EZ, PART V, LINE 34 - CHANGES TO ORGANIZING OR GOVERNII	NG DOCUMENTS
BYLAWS WERE AMENDED. COPY ATTACHED.	