

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. NY 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

OND NO. 1343 0041
2022
Open to Public
Inspection

A I	For the	2022 calendar year, or tax year beginning	and	ending		
	Check if applicable	C Name of organization			D Employer identific	cation number
	Addres					
	Name change	Doing business as			52-20221	13
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not delive 1900 L STREET NW		Room/suite 304	E Telephone numbe (202)628	
	termin- ated	City or town, state or province, country, and ZIF	or foreign postal code		G Gross receipts \$	3,182,924.
	Ameno return		• .		H(a) Is this a group re	eturn
	Application pending	F Name and address of principal officer: பாப்ப	NTZ HYPPOLITE		for subordinates	······ — —
_		SAME AS C ABOVE	/; · · · \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () e: WWW.FONKOZE.ORG	(insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Nebsit		ciation Other	I Voor	H(c) Group exemption 1997	n number M State of legal domicile: NY
	art I	Summary	Clation Other	L Year	or formation. 1997 N	M State of legal doffliche, IN 1
an.	1	Briefly describe the organization's mission or most sig				
Governance		<u>ORGANIZATION) IS AN AMERICA</u>				
rna	2	Check this box if the organization disconti	nued its operations or dispos	sed of more	than 25% of its net ass	
ove.	3	Number of voting members of the governing body (Pa			3	12
	1 -	Number of independent voting members of the gover				12
es		Total number of individuals employed in calendar yea				13
Ę		Total number of volunteers (estimate if necessary) \dots				16
Activities &		Total unrelated business revenue from Part VIII, colur				0.
_	b	Net unrelated business taxable income from Form 99	0-T, Part I, line 11	<u></u>		0.
		0			Prior Year	Current Year
ne	8				2,996,259. 0.	2,881,034.
/en	9		1 7 - 1\		135,047.	197,422.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, ar			98,280.	104,468.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			3,229,586.	3,182,924.
		Total revenue - add lines 8 through 11 (must equal Pa			1,680,557.	1,081,132.
	1	Grants and similar amounts paid (Part IX, column (A),			0.	0.
	45	Benefits paid to or for members (Part IX, column (A), I Salaries, other compensation, employee benefits (Par			754,158.	910,830.
Expenses	162	Professional fundraising fees (Part IX, column (A), line			0.	0.
en	h	Total fundraising expenses (Part IX, column (D), line 2	000 5	87.	<u> </u>	
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 1	·		434,395.	585,466.
		Total expenses. Add lines 13-17 (must equal Part IX,			2,869,110.	2,577,428.
		Revenue less expenses. Subtract line 18 from line 12			360,476.	605,496.
		Tevende less expenses. Gastract line to from line 12		Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)			5,674,666.	6,318,801.
ASS	21				3,598,232.	3,911,694.
Net Set	22	Net assets or fund balances. Subtract line 21 from lin			2,076,434.	2,407,107.
Pa	art II	Signature Block				
Und	er pena	ties of perjury, I declare that I have examined this return, inc	cluding accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of wh	nich preparer	has any knowledge.	
Sig		Signature of officer			Date	
Her	е	ERLANTZ HYPPOLITE, EXECUTIV	E DIRECTOR			
		Type or print name and title				
Paid	i	Print/Type preparer's name PAMELA GRAY	reparer's signature	[Oate Check If self-employ	PTIN PO 1 2 3 7 5 0 6
	parer	Firm's name SB & COMPANY, LLC				0-2153727
	Only	Firm's address 10200 GRAND CENTRAI		250		
	. 41 1-	OWINGS MILLS, MD 21			Phone no. 4 1	05840060
May	y tne IF	S discuss this return with the preparer shown above	? See instructions			X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	FONKOZE USA SECURES FINANCIAL AND TECHNICAL SUPPORT FOR ITS HAITIAN
	PARTNERS AND EDUCATES THE AMERICAN PUBLIC ABOUT FONKOZE'S WORK IN
	HAITI. FONKOZE USA ALSO ACTS AS A CHANNEL FOR SOCIALLY RESPONSIBLE
	INVESTORS WHO WANT TO "INVEST" IN FONKOZE'S LOAN FUND.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,050,748. including grants of \$1,050,748.) (Revenue \$)
	GRANTMAKING: FONKOZE USA RAISES PROGRAM FUNDS TO SUPPORT THE FONKOZE
	FAMILY OF ORGANIZATIONS IN HAITI. GRANTS, BOTH UNRESTRICTED AND
	RESTRICTED, SUPPORT A WIDE VARIETY OF FONKOZE'S PROGRAMS INCLUDING
	SOCIAL INCLUSION AND SELF-RESILIENCE, ADULT LITERACY AND EDUCATION,
	HEALTH INITIATIVES, AS WELL AS MICRO-CREDIT AND OTHER ECONOMIC
	EMPOWERMENT ACTIVITIES. THROUGH THESE PROGRAMS, HUNDREDS OF THOUSANDS
	OF ECONOMICALLY VULNERABLE AND DISENFRANCHISED HAITIANS ACROSS THE
	COUNTRY ARE NOT ONLY EQUIPPED WITH THE TOOLS AND RESOURCES NEEDED TO
	BREAK THE CYCLE OF POVERTY, BUT THEY ARE SUPPORTED THROUGHOUT THEIR
	JOURNEY.
4b	(Code:) (Expenses \$
	EDUCATION: FONKOZE USA EDUCATES THE AMERICAN PUBLIC ABOUT THE FONKOZE
	FAMILY'S EMPOWERING WORK THROUGHOUT HAITI. COMMUNICATIONS ARE
	DISSEMINATED THROUGH A NUMBER OF CHANNELS, INCLUDING FACE-TO-FACE,
	DIRECT MAIL, AND DIGITAL, TO ENGAGE AUDIENCES IN A HOLISTIC WAY.
	E20 600
4c	(Code:) (Expenses \$ 532,688. including grants of \$) (Revenue \$)
	TECHNICAL ASSISTANCE: TO SUPPORT FONKOZE FAMILY PROGRAMS AND CAPACITY-BUILDING NEEDS, FONKOZE USA SUPPORTS ITS PARTNERS IN HAITI BY
	,
	PROVIDING TECHNICAL ASSISTANCE. THIS INCLUDES (BUT IS NOT LIMITED TO)
	GRANT WRITING AND RESEARCH, COMMUNICATIONS AND BRAND MARKETING, AS WELL AS PARTNERSHIP FACILITATION AND SOCIAL LOAN MANAGEMENT.
	AS PARTNERSHIP FACILITATION AND SOCIAL LOAN MANAGEMENT.
4-1	Other program convices (Describe on Schodule O.)
40	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,974,046.
⊤ ∪	Form 990 (2022)
	rom (Local)

Form 990 (2022) FONKOZE USA INC 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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			
	Schedule D, Part III	8		X
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		X
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	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		37	
	Schedule D, Parts XI and XII	12a	Х	
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	37	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Δ	
15		4-	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Λ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_^_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form 990 (2022) FONKOZE USA INC
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			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 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		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	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		<u> </u>
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			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes, " complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? F Contract Con	00-		x
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		<u> </u>
·		28c		x
29	"Yes," complete Schedule L, Part IV	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			$\overline{}$
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	1
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Щ_
· al	Check if Schedule O contains a response or note to any line in this Part V			
	Check it deficulte of contains a response of flote to any line in this part v		Yes	N _C
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	No
b	Enter the number reported in box 3 of Form 1080. Enter 40 in not applicable 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	Х	
232004	ł 12-13-22			(2022)

Form	990 (2022) FONKOZE USA INC 52-2022	<u>113</u>	Р	age 5
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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	Х	
b	If "Yes," enter the name of the foreign country HAITI			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7c		x
d				
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		
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/!!		
Ü		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
	P. I	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
		1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from members or shareholders	1		
b				
122	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		
		IZa		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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 Enter the amount of receives an hand	-		
	Enter the amount of reserves on hand	44		v
14a	0 ,1 ,	14a		X
	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			_v
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1	X

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

If "Yes," complete Form 4720, Schedule O.

FONKOZE USA INC 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			
	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 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY, AL, AR, CA, FL, GA, HI, IL, KS	KY,	MD,	MA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s			
	for public inspection. Indicate how you made these available. Check all that apply.	• •		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ERLANTZ HYPPOLITE - (202)628-9033			
	1900 L STREET NW, 304, WASHINGTON, DC 20036			
22000	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2022)

Form 990 (2022) FONKOZE USA INC 52-2022113 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per	(do box	not c	(C Posi heck i	ition	than o	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer p	Key employee	Highest compensated http://cemployee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) BETH DANIELS	2.00									•
SECRETARY		Х		Х				0.	0.	0.
(2) LAURA STEPHENS	2.00									_
CHAIR		Х		Х				0.	0.	0.
(3) LISA W. CLARK	2.00									_
VICE-CHAIR		Х		Х				0.	0.	0.
(4) ROBYN MORDENO	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) KAVEH H. AZIMI	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(6) MACKENZIE KELLER	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(7) LAWRENCE ARBUTHNOTT	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MARGUERITE LATHAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MARJORIE ROBERTS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ROXANN THOMAS CHARGOIS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JERRY NEMORIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JEAN BELIZAIRE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) LAUREN DOYLE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) MARJORIE DORCELY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) MICHELE HARTIGAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) R. CLAUDIA CYRILL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(17) KATIE CORTES	2.00									
BOARD MEMBER		Х						0.	0.	0 • Form 990 (2022)

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Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	anc	l Hig	ghes	st C	ompensated Employee	S (continued)				
(A) Name and title	(B) Average hours per week	rage Position (do not check more the box, unless person is					n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s	com fr org and	pensa rom th anizat d relat anizati	e ion ed
(17) MABEL VALDIVIA-DIAZ	40.00	_	T-	Ĭ	×	1				\neg			
FORMER EXECUTIVE DIRECTOR							Х	103,892.		0.			0.
(18) SHERRY TODD-GREEN	40.00												
DEPUTY DIRECTOR / DIRECTOR, COMMUNIC				Х				152,500.		0.		2,5	<u>00.</u>
(19) NAVNEET RANGRA	40.00	1		l				101 110					•
CONTROLLER	40.00			X		_		101,419.		0.			0.
(20) KEVIN CAVANAUGH	40.00	-		,,				41 560		ا ۸			0
MAJOR GIFTS OFFICER		-		Х				41,562.		0.			0.
										\dashv	—		
										\dashv			
1b Subtotal								399,373.		0.		2,5	00.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								399,373.		0.		2,5	<u>00.</u>
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	;			3
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on	ſ			
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su	· ·		-						-				
and related organizations greater than \$150	,		,								4	Х	
5 Did any person listed on line 1a receive or a													v
rendered to the organization? If "Yes." com Section B. Independent Contractors	<u>iplete Schedul</u>	e J f	or st	ıch į	oers	on					5		X
1 Complete this table for your five highest co	mpensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	 ensat	ion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	С	Ompe	C) nsatio	n
							1						
							\dashv						
2 Total number of independent contractors (in	ncludina but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organic				-	_)	_	,					

Form **990** (2022)

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Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse o	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total Tovollad		business revenue	from tax under sections 512 - 514
(0, (0	1.0	Federated campaigns 1a						360110113 3 12 - 3 14
ante	ı a b							
اع ق								
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d						
		0						
Sign		All other contributions, gifts, grants, and						
but		similar amounts not included above 1f	2,	881,034.				
d dri	g	Noncash contributions included in lines 1a-1f	\$	<u> 254,595.</u>				
<u>ರಿ ೯</u>	h	Total. Add lines 1a-1f			2,881,034.			
				Business Code				
Se	2 a							
erv	b							
n S /en	С.							
gra Re	d							
Program Service Revenue	e f	All other program service revenue						
_	'	Total. Add lines 2a-2f						
	3	Investment income (including dividends,						
		other similar amounts)			197,422.			197,422.
	4	Income from investment of tax-exempt b						-
	5	Royalties	· · · · · · · · · · · · · · · · · · ·					
		(i) Re	al	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	c Rental income or (loss) 6c						
		Net rental income or (loss)						
	7 a	Gross amount from sales of (i) Secur	ities	(ii) Other				
		assets other than inventory 7a						
_o	b	Less: cost or other basis						
Revenue	_	and sales expenses 7b Gain or (loss) 7c						
Je Ve		Net gain or (loss)						
ther F		Gross income from fundraising events (not						
₽ E	-	including \$ of						
		contributions reported on line 1c). See						
		Part IV, line 18	8a					
		Less: direct expenses	8b					
		Net income or (loss) from fundraising even		 I				
	9 a	Gross income from gaming activities. Se						
		Part IV, line 19						
		Less: direct expenses Net income or (loss) from gaming activiti						
			es					
	iv a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold						
		Net income or (loss) from sales of invent						
"		. , ,		Business Code				
e ous	11 a	CONTRACT INCOME		561499	104,468.			104,468.
ane	b	-						
Miscellaneous Revenue	С							
Mis		All other revenue			104 460			
		Total Add lines 11a-11d			104,468. 3,182,924.	0	0	301 000
	12	Total revenue. See instructions			D,104,944.	0.	0.	301,890.

Form 990 (2022) FONKOZE USA INC Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	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	1 001 100	1 001 100		
	individuals. See Part IV, lines 15 and 16	1,081,132.	1,081,132.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	257 010	222 724	57 207	67 960
	trustees, and key employees	357,810.	232,734.	57,207.	67,869.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	416,432.	270,863.	66,580.	78,989.
8	Pension plan accruals and contributions (include	-10/104	2,0,000	00,000	, 0, 505
5	section 401(k) and 403(b) employer contributions)	11,350.	7,382.	1,815.	2,153.
9	Other employee benefits	50,627.	32,930.	8,094.	2,153. 9,603.
10	Payroll taxes	74,611.	48,530.	11,929.	14,152.
11	Fees for services (nonemployees):				
а	Management				
	Legal	9,116.		9,116.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	105 045	45 406	01 011	20 540
	column (A), amount, list line 11g expenses on Sch 0.)	105,047.	45,496.	21,011.	38,540.
12	Advertising and promotion	7,777.	6,288.	13,381.	1,482.
13	Office expenses	117,327. 38,312.	66,091. 13,834.	16,097.	37,855. 8,381.
14	Information technology	30,312.	13,034.	10,097.	0,301.
15 16	Royalties	51,153.	30,825.	12,474.	7,854.
17	Occupancy Travel	57,583.	48,940.	4,067.	4,576.
18	Payments of travel or entertainment expenses	37,73331	20,3200	2,0070	2,5,50
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,861.	3,237.	2,312.	2,312.
20	Interest	62,558.	62,558.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	7,437.	3,486.	2,972.	979.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	BAD DEBT	73,699.		73,699.	
b	ALL OTHER EXPENSES	38,025.	19,720.	12,463.	5,842.
C	MISCELLANEOUS	9,571.		9,571.	•
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,577,428.	1,974,046.	322,795.	280,587.
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)				Earm 990 (2022)

Form 990 (2022)

Part X | Balance Sheet

Part 2	X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			539,028.	1	581,698
	2 Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net				3	28,061 706,224
	4	Accounts receivable, net			142,524.	4	706,224
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	bstantia	contributor, or 35%			
		controlled entity or family member of any of the	nese pe	sons		5	
	6	Loans and other receivables from other disqu	alified p	ersons (as defined			
		under section 4958(f)(1)), and persons describ	oed in se	ection 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			4,386.	9	4,623
1	l0a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10	34,850.	0.	10c	0
1	1	Investments - publicly traded securities			1,132,843.	11	894,859
1	2	Investments - other securities. See Part IV, lin	e 11		856,541.	12	856,541
1	13	Investments - program-related. See Part IV, lin	ne 11		2,912,167.	13	3,050,615
1	4	Intangible assets				14	
1	15	Other assets. See Part IV, line 11			87,177.	15	196,180
_ 1	6	Total assets. Add lines 1 through 15 (must e			5,674,666.	16	6,318,801
1	17	Accounts payable and accrued expenses			31,065.	17	57,012
1	8	Grants payable			549,000.	18	549,000
	9	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complet				21	
_ဖ 2	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	
2	23	Secured mortgages and notes payable to unr			106 000	23	106 000
	24	Unsecured notes and loans payable to unrela			106,000.	24	106,000
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-2	4). Complete Part X	2 012 167		2 100 602
					2,912,167.	25	3,199,682
12	26	Total liabilities. Add lines 17 through 25		ere X	3,598,232.	26	3,911,694
တ္		Organizations that follow FASB ASC 958, c	neck ne	ere 🛕			
ဍ ၂ ့		and complete lines 27, 28, 32, and 33.			1 621 711	07	1 3// 250
<u>aa</u> 2	27				1,621,714. 454,720.	27	1,344,259 1,062,848
<u> </u>	28				454,720.	28	1,002,040
<u> </u>		Organizations that do not follow FASB ASC	958, C	neck nere			
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֡֓֓֓֡֓֡֓֡֡֡֓֓֡֓֡֓֡֓		and complete lines 29 through 33.	-1-				
န္ ²	29	Capital stock or trust principal, or current fund				29	
\ss	30	Paid-in or capital surplus, or land, building, or				30	
ا ب	31 22	Retained earnings, endowment, accumulated			2,076,434.	31	2,407,107
	32				5,674,666.	32	6,318,801
3	33	Total liabilities and net assets/fund balances			J,014,000.	33	Form 990 (202

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,18	<u>2,9</u>	<u>24.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,57		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,07		
5	Net unrealized gains (losses) on investments	5	-27	4,8	23.
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	2,40	7,1	<u>07.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				l
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			l
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public

Inspection
Employer identification number

FONKOZE USA INC 52-2022113 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2503367.	1886435.	2275846.	2996259.	2881034.	12542941.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	2503367.	1886435.	2275846.	2996259.	2881034.	12542941.	
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)						1461786.	
6	Public support. Subtract line 5 from line 4.						11081155.	
	etion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	2503367.	1886435.	2275846.	2996259.	2881034	12542941.	
	Gross income from interest,	23033071			2330233	20020010		
Ü	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	139,397.	75 010	131 209	135,047.	197 422	678,085.	
0	Net income from unrelated business	100,007.	73,010.	131,203.	133,017.	137,1226	070,003.	
9								
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	72,537.	83,273.	86,958.	08 280	104 469	445,516.	
	assets (Explain in Part VI.)	12,331.	03,273.	00,930.	90,200.	104,400.	13666542.	
	Total support. Add lines 7 through 10	-1- /	1			40	<u> µ3000342.</u>	
	Gross receipts from related activities,	•	,			12		
13	First 5 years. If the Form 990 is for th	-		•				
800	organization, check this box and stop							
	•			. (0)			01 00 0	
	Public support percentage for 2022 (li					14	81.08 % 80.27 %	
	Public support percentage from 2021					15		
16a	33 1/3% support test - 2022. If the c							
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2021. If the c	•		•		•		
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test	_						
	and if the organization meets the facts			=	•	VI how the organiz	zation	
	meets the facts-and-circumstances te	_	•	*	-			
b	10% -facts-and-circumstances test	_					10% or	
	more, and if the organization meets the				-			
	organization meets the facts-and-circu							
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 990) 2022	

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	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		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
- Fla		
5b		
5c		
6		
7		
8		
9a		
01 .		
9b		
9с		
-		
10a		
461		
10b	n 990)	2022

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Par	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?	1a		
b	A family member of a person described on line 11a above?	lb		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what contained or rectifications, if any, applied to each power 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,			
Caat		2		
Seci	tion C. Type II Supporting Organizations	\neg		
			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			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion D. All Type III Supporting Organizations	\neg	1	
			Yes	No
	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			
	, , , , , , , , , , , , , , , , , , , ,	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). 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			
		3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	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>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	5)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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			
		а		
	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			
		b		
	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			
		а		
	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.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

FONKOZE USA INC

52-2022113

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$850,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 203,906.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$200,000.	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
5		\$109,141.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

FONKOZE USA INC

Employer identification number 52-2022113

Par	t I Organizations Maintaining Donor Advised	I Funds or Other Similar F	unds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		·
		(a) Donor advised funds	(k) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in dono	or advised funds	S
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds	can be used on	ly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pu	ırpose conferrir	ng
Par	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Forn	n 990, Part IV, I	line 7.
1	Purpose(s) of conservation easements held by the organization	`		
	Preservation of land for public use (for example, recreating	ion or education) Preserva	ation of a histor	rically important land area
	Protection of natural habitat	Preserva	ation of a certifi	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in th	e form of a con ົ	
	day of the tax year.		ŀ	Held at the End of the Tax Year
_			·····	2a
b			Г	2b
C	Number of conservation easements on a certified historic stru-	()	····	2c
d	Number of conservation easements included in (c) acquired af			
•				2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	by the organiz	ation during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period		_	Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h			
U	Stan and volunteer flours devoted to monitoring, inspecting, i	ianding of violations, and emorcin	ig conservation	reasements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing co	inservation easi	ements during the year
•	7 thouse of expenses induited in monitoring, inspecting, harding	ing of violations, and officioning co	moer varion cas	oments during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	on 170(h)(4)(B)(i)
_				
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	3		
Par		Art, Historical Treasures,	or Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue state	ement and balar	nce sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or resear	ch in furtherand	ce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes the	se items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statemer	nt and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS	SC 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 Instructions	for Form 990.		Schedule D (Form 990) 2022

_	t III Organizations Maintaining C	ollections of Art	t, Historica	al Tre	asures, o	r Othei	r Simila	r Assets	(conti	nued)	<u>.gc</u>
3	Using the organization's acquisition, accession								•		
	collection items (check all that apply):		•		· ·						
а	a Public exhibition d Loan or exchange program										
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they fu	ther th	e organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historic	al treas	ures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the orga	nizatio	n answered '	'Yes" on	Form 990	D, Part IV,	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for contri	butions	or other ass	sets not i	included		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. <u>1e</u>				
f	Ending balance						. 1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escro	v or cu	stodial acco	unt liabili	ity?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i										
		(a) Current year	(b) Prior y		(c) Two year		• •	years back	(e) Fou		
1a	Beginning of year balance	1,132,843.	1,063	,870.	972	2,360.	8	312,134.		859,	925.
b	Contributions							600.			
С	Net investment earnings, gains, and losses	-237,984.	130	,673.	91	1,510.	1	159,626.		139,	397.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs		-61	,700.						-187,	134.
f	Administrative expenses										
g	End of year balance	894,859.	1,132	,843.	1,063	3,870.	9	972,360.		812,	134.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, colu	ımn (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment 22.0000	%									
С	Term endowment 78.0000	%									
	The percentages on lines 2a, 2b, and 2c show	•									
3а	Are there endowment funds not in the posses	ssion of the organiza	tion that are	neld an	d administer	ed for th	e			1	
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza			ıle R?					_3b		
Do:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.								
Pai			Dort IV line	110 0	00 Form 000	Dort V	lino 10				
	Complete if the organization answered							. 1			
	Description of property	(a) Cost or of basis (investment)	•	basis (or other (other)		ccumulate preciation	I	(d) Boo	k value	3
1a	Land										
b	Buildings				3,035.		3,0				0.
С	Leasehold improvements				6,224.		6,2				0.
d	Equipment			2	5,591.		25,5	91.			0.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X, column (B)	line 10	Oc.)						0.

Schedule D (Form 990) 2022

INC	52-2022113 Page 3
on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(b) Book value	(c) Method of valuation: Cost or end-of-year market value
856,541.	END-OF-YEAR MARKET VALUE
856,541.	
on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(b) Book value	(c) Method of valuation: Cost or end-of-year market value
3,050,615.	END-OF-YEAR MARKET VALUE
	on Form 990, Part IV, line (b) Book value 856,541. 856,541. on Form 990, Part IV, line (b) Book value

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

(5) (6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 999 Part V col (P) line 15	

3,050,615.

Part X Other Liabilities.

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)	LOAN PAYABLE, INVESTORS	3,037,524.
(3)	OPERATING LEASE LIABILITY	162,158.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,199,682.

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 ... X

Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022 FONKOZE USA INC		52-2	2022113 Page
	rt XI Reconciliation of Revenue per Audited Financial State	ements With Revenue per		rago
	Complete if the organization answered "Yes" on Form 990, Part IV, line	-		
1			1	2,908,101
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			• •
	Net unrealized gains (losses) on investments	$ _{2a} $ $-274,823$	3.	
b				
c				
d				
	Add lines 2a through 2d		2e	-274,823
3	Subtract line 2e from line 1		. – –	3,182,924
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		.	0,202,022
' a		4a		
b				
	Add lines 4a and 4b	·	4c	0
_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			3,182,924
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expenses pe	r Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			· ·
_			1	2,577,428
1	Total expenses and losses per audited financial statements			2,311,420
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0-		
a				
b	, , , , , , , , , , , , , , , , , , , ,			
C			_	
d	(_	0
	Add lines 2a through 2d			2 577 420
3	Subtract line 2e from line 1		. 3	2,577,428
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b		·		•
С	Add lines 4a and 4b			0 555 400
5	THICHIGG GGG TOTH GCC. T GITT. IIIC TC.	<u>) </u>	5	2,577,428
	rt XIII Supplemental Information.			
Prov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Part V, lin	ne 4; Part X	, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
PAI	RT X, LINE 2:			
THI	E PROVISIONS INCLUDED IN ACCOUNTING PRING	CIPLES GENERALLY A	ACCEPT	ED IN THE
UN.	ITED STATES OF AMERICA PROVIDE CONSISTEN'	T GUIDANCE FOR TH	E ACCC	UNTING
		_		
FOI	R UNCERTAINTY IN INCOME TAXES RECOGNIZED	IN AN ENTITY'S F	INANCI	AL
STZ	ATEMENTS AND PRESCRIBE A THRESHOLD OF "MO	ORE LIKELY THAN NO	OT" FC)R
REC	COGNITION OF TAX POSITIONS TAKEN OR EXPE	CTED TO BE TAKEN :	IN A T	'AX
RE'	TURN.			
THE	E ORGANIZATION PERFORMED AN EVALUATION O	F UNCERTAIN TAX PO	OSITIC	NS AS OF

DECEMBER 31, 2022, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2022, THE STATUTE OF

Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** FONKOZE USA INC 52-2022113 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN GRANTS 1,081,132. CENTRAL AMERICA AND PROGRAM INVESTMENTS / THE CARIBBEAN PAYABLES 3,037,524. 0 0 4,118,656. 3 a Subtotal **b** Total from continuation 0 sheets to Part I Totals (add lines 3a 4,118,656. and 3b)

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

Schedule F (Form 990) 2022

FONKOZE USA INC

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & THE CARIBBEAN	EDUCATION AND SUPPORT	1081132	WIRE TRANSFER	0.		
			BOOMION IND BOTTOM	1001132.	WIND THENDED IN	<u> </u>		
exempt 501(c)(3) orga	nization by the IRS,	or for which the grantee	recognized as charities by the for counsel has provided a sect	ion 501(c)(3) equ	uivalency letter			

Part III Grants and Other Assistance	ce to Individuals Outside	e the United Sta	tes. Complete i	f the organization answered "Yes" o	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	dditional space is neede	d					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 3

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

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2022

Yes X No

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

FONKOZE USA INC Employer identification number 52-2022113

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MISC compensation	C and/or 1099-NEC	other deferred ben	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SHERRY TODD-GREEN	(i)	152,500.	0.	0.	0.	2,500.	155,000.	0.
DEPUTY DIRECTOR / DIRECTOR, COMMUNIC	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
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	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							

Page 2

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

Employer identification number 52-2022113

		FONKOZE US	A INC			52	-2022	113	
Pai	rt I Ty	pes of Property							
	·		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont		•	s
1	Art - Works	of art							
2	Art - Histor	ical treasures							
3	Art - Fraction	onal interests							
4	Books and	publications							
5	Clothing ar	nd household goods							
6	Cars and c	ther vehicles							
7	Boats and	planes							
8		property							
9	Securities	- Publicly traded	X	532	254,595.	FMV			
10	Securities	- Closely held stock							
11	Securities	- Partnership, LLC, or							
	trust intere	ests							
12	Securities	- Miscellaneous							
13	Qualified c	onservation contribution -							
	Historic str	ructures							
14	Qualified c	onservation contribution - Other	·						
15	Real estate	e - Residential							
16	Real estate	e - Commercial							
17	Real estate	e - Other							
18		s	I						
19		ntory							
20		medical supplies							
21	Taxidermy								
22	Historical a	artifacts							
23		pecimens							
24		cal artifacts							
25	Other (, I						
26	Other ()						
27	Other (· ·)						
28	Other ()						
29	Number of	Forms 8283 received by the or	ganization during	g the tax year for c	ontributions				
	for which t	he organization completed Forn	n 8283, Part V, D	Oonee Acknowledg	ement 29				
								Yes	No
30a	During the	year, did the organization recei	ve by contribution	on any property rep	orted in Part I, lines 1 throug	h 28, that it			l
	must hold	for at least 3 years from the dat	e of the initial co	ntribution, and whi	ich isn't required to be used	for			
	exempt pu	rposes for the entire holding pe	riod?				. 30a		Х
b		escribe the arrangement in Part							
31	Does the o	rganization have a gift acceptar	nce policy that re	equires the review o	of any nonstandard contribut	tions?	31		Х
32a	Does the o	rganization hire or use third par	ties or related or	ganizations to soli	cit, process, or sell noncash				
	contributio	ns?					. 32a		Х
b	If "Yes," de	escribe in Part II.							
33	If the organ	nization didn't report an amount	in column (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in	Part II.							
LHA	For Pape	erwork Reduction Act Notice,	see the Instruc	tions for Form 990). 	Schedul	e M (Forn	n 990)	2022

232142 09-09-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FONKOZE USA INC

Employer identification number 52-2022113

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OPERATES EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES,
INCLUDING, BUT NOT LIMITED TO, RAISING, DONATING, AND LENDING
CHARITABLE FUNDS AND FACILITATING TECHNICAL ASSISTANCE TO ITS FONKOZE
PARTNERS (FONDASYON KOLE ZEPOL AND SEVIS FINANSYE FONKOZE) AND OTHER
ORGANIZATIONS EMPOWERING THE POOR ACROSS HAITI, AND INCREASING PUBLIC
AWARENESS ABOUT HAITI AND THE SERVICES AND PROGRAMS PROVIDED BY FONKOZE
AND THE DEVELOPMENT ORGANIZATIONS THAT THE CORPORATION SUPPORTS.
FORM 990, PART VI, SECTION A, LINE 2:
THE INTERIM EXECUTIVE DIRECTOR AND A BOARD MEMBER HAVE A FAMILY
RELATIONSHIP.
EODW 000 DADE UT GEGETON D. LINE 11D.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCIAL OFFICER, THE MEMBERS
OF ITS BOARD, AND AN INDEPENDENT CPA.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH INQUIRY OF ALL
PARTIES.
FORM 990, PART VI, SECTION B, LINE 15:
THE COMPENSATION FOR OFFICERS AND OTHER KEY EMPLOYEES IS EVALUATED BY THE
BOARD OF DIRECTORS.

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 **Employer identification number** Name of the organization FONKOZE USA INC 52-2022113 FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: NY, AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NC, OR, PA, RI, SC, TN, UT VA,WV,WI FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS (BY-LAWS), CONFLICT OF INTEREST POLICY, DONOR RIGHTS POLICY, AND FINANCAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE. PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

52-2022113

Name of the organization

Department of the Treasury Internal Revenue Service

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

(a)	(b)	(c)	(d)		(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)		me End-c	of-year assets	ets Direct con entit		J
Part II Identification of Related Tax-Exempt Or organizations during the tax year.	rganizations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	ecause it had	d one or more	related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public cha status (if se 501(c)(3	ection	(f) ct controlling entity	Section 5 contr	olled ity?
				301(0)(3	·//		Yes	No
	DEVELOPMENT SERVICES AND PROGRAMS TO SUPPORT THE							
		L.,						37
119 AVENUE CHRISTOPHE , PORT-AU-PRINCE, HAITI	ULTRA-POOR	HAITI	N/A					Х
119 AVENUE CHRISTOPHE		HAITI	N/A					X

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

FONKOZE USA INC

Schedule R (Form 990) 2022

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

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
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	1										
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ti) otion b)(13) rolled tity?
SEVIS FINANSYE FONKOZE, S.A.		Country)						Yes	No
119 AVENUE CHRISTOPHE	-								
, PORT-AU-PRINCE, HAITI	MICROLOANS	HAITI	N/A				3.45%		Х
	_								
								 	
	-								
-	1								
								<u> </u>	<u> </u>
	_								

Part V 7	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 34	, 35b, or 36.
----------	--	---------------------------------------	------------------	---------------------	---------------

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FONDASYON KOLE ZEPOL	В	549,000.	FMV
(2) SEVIS FINANSYE FONKOZE, S.A.	E	3,037,524.	FMV
(3) FONDASYON KOLE ZEPOL	В	1,056,269.	FMV
<u>(4)</u>			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2022 FONKOZE USA INC 52-2022113 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion:	por- ate ons?		Gener mana partr	ral or aging ner?	(k) Percentage ownership
		332	Sections 3 12-3 14)	Yes No	 33333	Yes	No	(1011111003)	Yes	NO	

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STATE COPY

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. NY 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

OND NO. 1343 0041
2022
Open to Public
Inspection

A I	For the	2022 calendar year, or tax year beginning	and	ending		
	Check if applicable	C Name of organization			D Employer identific	cation number
	Addres					
	Name change	Doing business as			52-20221	13
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not delive 1900 L STREET NW		Room/suite 304	E Telephone numbe (202)628	
	termin- ated	City or town, state or province, country, and ZIF	or foreign postal code		G Gross receipts \$	3,182,924.
	Ameno return		•		H(a) Is this a group re	eturn
	Application pending	F Name and address of principal officer: பாப்ப	NTZ HYPPOLITE		for subordinates	······ — —
_		SAME AS C ABOVE	/; · · · \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () e: WWW.FONKOZE.ORG	(insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Nebsit		ciation Other	I Voor	H(c) Group exemption 1997	n number M State of legal domicile: NY
	art I	Summary	Clation Other	L Year	or formation. 1997 N	M State of legal doffliche, IN 1
an.	1	Briefly describe the organization's mission or most sig				
Governance		<u>ORGANIZATION) IS AN AMERICA</u>				
rna	2	Check this box if the organization disconti	nued its operations or dispos	sed of more	than 25% of its net ass	
ove.	3	Number of voting members of the governing body (Pa			3	12
	1 -	Number of independent voting members of the gover				12
es		Total number of individuals employed in calendar yea				13
Ę		Total number of volunteers (estimate if necessary) \dots				16
Activities &		Total unrelated business revenue from Part VIII, colur				0.
_	b	Net unrelated business taxable income from Form 99	0-T, Part I, line 11	<u></u>		0.
		0			Prior Year	Current Year
ne	8				2,996,259. 0.	2,881,034.
Revenue	9		1 7 - 1\		135,047.	197,422.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, ar			98,280.	104,468.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			3,229,586.	3,182,924.
		Total revenue - add lines 8 through 11 (must equal Pa			1,680,557.	1,081,132.
	1	Grants and similar amounts paid (Part IX, column (A),			0.	0.
	45	Benefits paid to or for members (Part IX, column (A), I Salaries, other compensation, employee benefits (Par			754,158.	910,830.
Expenses	162	Professional fundraising fees (Part IX, column (A), line			0.	0.
en	h	Total fundraising expenses (Part IX, column (D), line 2	000 5	87.	<u> </u>	
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 1	·		434,395.	585,466.
		Total expenses. Add lines 13-17 (must equal Part IX,			2,869,110.	2,577,428.
		Revenue less expenses. Subtract line 18 from line 12			360,476.	605,496.
		Tevende less expenses. Gastract line to from line 12		Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)			5,674,666.	6,318,801.
ASS	21				3,598,232.	3,911,694.
Net Set	22	Net assets or fund balances. Subtract line 21 from lin			2,076,434.	2,407,107.
Pa	art II	Signature Block				
Und	er pena	ties of perjury, I declare that I have examined this return, inc	cluding accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of wh	nich preparer	has any knowledge.	
Sig		Signature of officer			Date	
Her	е	ERLANTZ HYPPOLITE, EXECUTIV	E DIRECTOR			
		Type or print name and title				
Paid	i	Print/Type preparer's name PAMELA GRAY	reparer's signature	[Oate Check If self-employ	PTIN PO 1 2 3 7 5 0 6
	parer	Firm's name SB & COMPANY, LLC				0-2153727
	Only	Firm's address 10200 GRAND CENTRAI		250		
	. 41 1-	OWINGS MILLS, MD 21			Phone no. 4 1	05840060
May	y tne IF	S discuss this return with the preparer shown above	? See instructions			X Yes No

	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	FONKOZE USA SECURES FINANCIAL AND TECHNICAL SUPPORT FOR ITS HAITIAN	
	PARTNERS AND EDUCATES THE AMERICAN PUBLIC ABOUT FONKOZE'S WORK IN	_
	HAITI. FONKOZE USA ALSO ACTS AS A CHANNEL FOR SOCIALLY RESPONSIBLE	_
	INVESTORS WHO WANT TO "INVEST" IN FONKOZE'S LOAN FUND.	_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
2	If "Yes," describe these new services on Schedule O. 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.	U
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,050,748 . including grants of \$1,050,748 .) (Revenue \$	
	GRANTMAKING: FONKOZE USA RAISES PROGRAM FUNDS TO SUPPORT THE FONKOZE	- ′
	FAMILY OF ORGANIZATIONS IN HAITI. GRANTS, BOTH UNRESTRICTED AND	
	RESTRICTED, SUPPORT A WIDE VARIETY OF FONKOZE'S PROGRAMS INCLUDING	
	SOCIAL INCLUSION AND SELF-RESILIENCE, ADULT LITERACY AND EDUCATION,	
	HEALTH INITIATIVES, AS WELL AS MICRO-CREDIT AND OTHER ECONOMIC	
	EMPOWERMENT ACTIVITIES. THROUGH THESE PROGRAMS, HUNDREDS OF THOUSANDS	
	OF ECONOMICALLY VULNERABLE AND DISENFRANCHISED HAITIANS ACROSS THE	
	COUNTRY ARE NOT ONLY EQUIPPED WITH THE TOOLS AND RESOURCES NEEDED TO	
	BREAK THE CYCLE OF POVERTY, BUT THEY ARE SUPPORTED THROUGHOUT THEIR	
	JOURNEY.	
		_
4b	(Code:) (Expenses \$390,610 • including grants of \$) (Revenue \$)	_)
	EDUCATION: FONKOZE USA EDUCATES THE AMERICAN PUBLIC ABOUT THE FONKOZE	_
	FAMILY'S EMPOWERING WORK THROUGHOUT HAITI. COMMUNICATIONS ARE	_
	DISSEMINATED THROUGH A NUMBER OF CHANNELS, INCLUDING FACE-TO-FACE,	_
	DIRECT MAIL, AND DIGITAL, TO ENGAGE AUDIENCES IN A HOLISTIC WAY.	_
		_
		_
		_
		_
4c	(Code:) (Expenses \$	_)
	TECHNICAL ASSISTANCE: TO SUPPORT FONKOZE FAMILY PROGRAMS AND	
	CAPACITY-BUILDING NEEDS, FONKOZE USA SUPPORTS ITS PARTNERS IN HAITI BY	_
	PROVIDING TECHNICAL ASSISTANCE. THIS INCLUDES (BUT IS NOT LIMITED TO)	_
	GRANT WRITING AND RESEARCH, COMMUNICATIONS AND BRAND MARKETING, AS WELL	_
	AS PARTNERSHIP FACILITATION AND SOCIAL LOAN MANAGEMENT.	_
		_
		_
		_
		_
		_
		_
	Other program services (Describe on Schedule O.)	_
Tu	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program convice expenses 1 974 046.	_

13010703 138138 FONK001

Form **990** (2022)

Form 990 (2022) FONKOZE USA INC
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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			
	Schedule D, Part III	8		X
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		X
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	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		37	
	Schedule D, Parts XI and XII	12a	Х	
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	37	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Δ	
15		4-	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Λ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_^_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

FONK0011

Form 990 (2022) FONKOZE USA INC
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			
	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	l		7.7
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
	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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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			3,7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		<u> X</u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	1
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	Λ	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
	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?			
D -	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8 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			
J	(gambling) winnings to prize winners?	1c	Х	
232004	1 12-13-22	Form	990	(2022)

		22113	Р	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	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	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country HAITI			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	or? 7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
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?			
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
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			
Ü		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
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 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
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
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			<u></u>
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.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
.0	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		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4955?			

If "Yes," complete Form 6069.

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						
				_	_\	/es	No_
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12			
	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		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	ny other				
	officer, director, trustee, or key employee?			2	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3	3		_X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was	filed?	4	ı L		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5		_X
6	Did the organization have members or stockholders?			6	3		_X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint c	ne or				
	more members of the governing body?			7	а		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or				
	persons other than the governing body?			7	b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:				
а	The governing body?			. 8	а	X	
b	Each committee with authority to act on behalf of the governing body?			8	b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at	the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9)		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue (Code.)				
				_	\	/es	No
10a	Did the organization have local chapters, branches, or affiliates?			10)a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	-		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before	e filing the form?	1.	la	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	-	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," de	escribe				
	on Schedule O how this was done			—	_	X	
13	Did the organization have a written whistleblower policy?			1	_	<u>X</u>	
14	Did the organization have a written document retention and destruction policy?			1	4	X	
15	Did the process for determining compensation of the following persons include a review and approva	•	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					,,	
	The organization's CEO, Executive Director, or top management official					X	
b	Other officers or key employees of the organization			15	bb	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment wi	th a				v
	taxable entity during the year?			16	ia		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-	' -				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
800	exempt status with respect to such arrangements? tion C. Disclosure			16	bb		
		T C	\ UT TT I	7 TZ	V 1	<u>/TD</u>	MΛ
17 10	List the states with which a copy of this Form 990 is required to be filed NY, AL, AR, CA, F						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection, Indicate how you made those available. Check all that apply	11u 99U-	i (Section 501(C	no eron	ıy) av	alidD	ii C
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain)	^	h = -11. (2)				
10	C P			and fir	anci-	,I	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.	ס זטוווות	i interest policy,	anu in	ai iCla	ıı	
20	State the name, address, and telephone number of the person who possesses the organization's boo	nke and	records				
20	ERLANTZ HYPPOLITE - (202)628-9033	uno aliu	records				
	1900 L STREET NW, 304, WASHINGTON, DC 20036						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition _{more}	l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		JCI aii		10010	174143		from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	nstitutional trustee	Jec	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) BETH DANIELS	2.00	ļ								
SECRETARY		Х		Х				0.	0.	0.
(2) LAURA STEPHENS	2.00	1								_
CHAIR		Х		Х				0.	0.	0.
(3) LISA W. CLARK	2.00	l								
VICE-CHAIR		Х		Х				0.	0.	0.
(4) ROBYN MORDENO	2.00	ļ								_
TREASURER		Х		Х				0.	0.	0.
(5) KAVEH H. AZIMI	2.00	ļ								_
BOARD MEMBER		Х						0.	0.	0.
(6) MACKENZIE KELLER	2.00	ļ								_
BOARD MEMBER		Х						0.	0.	0.
(7) LAWRENCE ARBUTHNOTT	2.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(8) MARGUERITE LATHAN	2.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(9) MARJORIE ROBERTS	2.00	ļ								_
BOARD MEMBER		Х						0.	0.	0.
(10) ROXANN THOMAS CHARGOIS	2.00	ļ								_
BOARD MEMBER		Х						0.	0.	0.
(11) JERRY NEMORIN	2.00	ļ								_
BOARD MEMBER		Х						0.	0.	0.
(12) JEAN BELIZAIRE	2.00	ļ								_
BOARD MEMBER		Х						0.	0.	0.
(13) LAUREN DOYLE	2.00	ļ								_
BOARD MEMBER		Х						0.	0.	0.
(14) MARJORIE DORCELY	2.00	ļ								_
BOARD MEMBER		Х						0.	0.	0.
(15) MICHELE HARTIGAN	2.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(16) R. CLAUDIA CYRILL	2.00							_		_
BOARD MEMBER		Х				_		0.	0.	0.
(17) KATIE CORTES	2.00							_		_
BOARD MEMBER		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trus	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average hours per week	box	not c	ss per	more rson i	than of s both or/trus	n an	Reportable compensation from	Reportable compensation from related		am	timateo nount c other	of
	(list any hours for related organizations	Individual trustee or director	al trustee		yee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISO 1099-NEC)	S/	fr orga	pensat om the anization d relate	e on
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest co employee	Former				orga	ınizatio	ns
(17) MABEL VALDIVIA-DIAZ FORMER EXECUTIVE DIRECTOR	40.00	-					х	103,892.		0.			0.
(18) SHERRY TODD-GREEN	40.00							103,032.		•			<u> </u>
DEPUTY DIRECTOR / DIRECTOR, COMMUNIC		1		х				152,500.		0.		2,50	0.
(19) NAVNEET RANGRA	40.00							,					
CONTROLLER				Х				101,419.		0.			0.
(20) KEVIN CAVANAUGH	40.00												
MAJOR GIFTS OFFICER				Х				41,562.		0.			0.
1b Subtotal		l		l	<u> </u>		<u> </u>	399,373.		0.		2,50	0.
c Total from continuation sheets to Part VI								0.		0.		,	0.
d Total (add lines 1b and 1c)								399,373.		0.	- :	2,50	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				2
compensation from the organization											Ī	Yes	3 No
3 Did the organization list any former officer,	director trust	ee l	CEV 6	mnl	OVE	e or	hia	hest compensated empl	ovee on	ſ		103	140
line 1a? If "Yes," complete Schedule J for s	•	-	•	•	•		•	•	•		3		Х
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	ım of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from the	ne organization	l	4	Х	
5 Did any person listed on line 1a receive or a	accrue comper	ısati	on fi	rom	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J f	or su	ıch ı	oers	on .					5		Х
Complete this table for your five highest co	mnensated inc	lene	nde	nt co	ntr	acto	re th	nat received more than \$	100 000 of compe	neat	ion fro	m	
the organization. Report compensation for	•	•							•	iisat	1011 110	,,,,	
(A)				. <u>.</u>				(B)			(C	;)	
Name and business	address	N	INC	3				Description of s	ervices	C	omper	nsation	1
2 Total number of independent contractors (in \$100,000 of compensation from the organic		ot lir	nited	d to	thos (ted	above) who received mo	ore than				

Form **990** (2022)

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Form 990 (2022) FONKOZE
Part VIII Statement of Revenue

			Check if Schedule O c	cont	ains a respo	nse (or note to any lir	e in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lanction revenue	business revenue	sections 512 - 514
ts ts	1	l a	Federated campaigns		1a						
ra Zun		b	Membership dues		1b						
Ω, E		С	Fundraising events		1c						
ar F		d			1d						
s, C		е	Government grants (contri	ibuti	ions) 1e						
ion		f	All other contributions, gifts,	gran	ts, and						
ibut			similar amounts not included	abov	ve 1f		<u>881,034.</u>				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in I	lines	1a-1f 1g	<u> </u>	254,595.				
ပ္ပဲ မ		h	Total. Add lines 1a-1f					2,881,034.			
							Business Code				
ce	2	2 a									
Program Service Revenue		b									
Sch		С									
ran Sev		d									
rog		е									
۵ ا			All other program service								
	_		Total. Add lines 2a-2f								
	3	3	Investment income (includ					197,422.			197,422.
								191,422.			191,422.
	4		Income from investment o		-	-					
	5	•	Royalties	·····	(i) Rea		(ii) Personal				
	-		Cross rents	6-			(ii) i ersoriai				
	C	a h	Gross rents	6a 6b				-			
		b	Less: rental expenses Rental income or (loss)	6c							
			Net rental income or (loss)		•						
	7		Gross amount from sales of	<u> </u>	(i) Securit		(ii) Other				
	•	а	assets other than inventory	7a	<u>'</u>		(, 55.				
		h	Less: cost or other basis	74							
<u>o</u>		~	and sales expenses	7b							
her Revenue		c		7c							
3e			Net gain or (loss)		•		l				
er	8		Gross income from fundraisir								
Q H				-	of						
			contributions reported on	line	1c). See						
			Part IV, line 18			8a					
		b				8b					
		С	Net income or (loss) from t	fund	draising ever	nt <u>s</u>					
	9	Э а	Gross income from gamine	g ac	tivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from (gam	ing activitie	s	 I				
	10) a	Gross sales of inventory, le								
			and allowances			10a		-			
			Less: cost of goods sold			10b					
-		С	Net income or (loss) from s	sale	s of invento	ry	Business Code				
sn	4.4		CONTRACT INCO	мъ			561499	104,468.			104,468.
Miscellaneous Revenue	17	la h	CONTRACT INCO.	ثلت		_	301499	104,400.			TOT, 400•
lar		b				_					
Sce		c d	All other revenue			_					
Σ			Total. Add lines 11a-11d				L	104,468.			
	12		Total revenue. See instruction					3,182,924.	0.	0.	301,890.
23200									•		Form 990 (2022)

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 response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 1,081,132. individuals. See Part IV, lines 15 and 16 1,081,132. Benefits paid to or for members Compensation of current officers, directors, 357,810. 232,734. 57,207. 67,869. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 416,432. 270,863. 66,580. 78,989. Other salaries and wages 7 Pension plan accruals and contributions (include 11,350. 7,382. 1,815. 2,153. section 401(k) and 403(b) employer contributions) <u>32,</u>930. 8,094. 50,627. 9,603. Other employee benefits 9 74,611. 48,530. 11,929. 14,152. 10 Payroll taxes Fees for services (nonemployees): Management 9,116. 9,116. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 105,047. 38,540. 45,496. 21,011 column (A), amount, list line 11g expenses on Sch O.) <u>7,</u>777. 6,288. 1,482. Advertising and promotion 12 117,327. 66,091. 13,381. 37,855. Office expenses 13 38,312. 13,834. 16,097. 8,381. Information technology 14 15 Royalties 12,474. 7,854. 51,153. 30,825. 16 Occupancy 57,583. 48,940. 4,067. 4,576. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,237. 7,861. 2,312. 2,312. Conferences, conventions, and meetings 19 62,558. 62,558. 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 7,437. 3,486. 2,972. 979. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 73,699. 73,699. BAD DEBT ALL OTHER EXPENSES 38,025. 19,720. 12,463. 5,842. 9,571. 9,571. MISCELLANEOUS С d All other expenses 2,577,428. 1,974,046. 322,795. 280,587. Total functional expenses. Add lines 1 through 24e 25 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)

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Form 990 (2022)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		539,028.	1	581,698.	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3	28,061. 706,224.	
	4	Accounts receivable, net	142,524.	4	706,224		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese per	ons		5	
	6	Loans and other receivables from other disqu	alified p	rsons (as defined			
		under section 4958(f)(1)), and persons describ	etion 4958(c)(3)(B)		6		
2	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		8			
۲	9	Prepaid expenses and deferred charges		·····	4,386.	9	4,623.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	34,850. 34,850.			
	b	Less: accumulated depreciation	10b	34,850.	0.	10c	0.
	11	Investments - publicly traded securities	1,132,843.	11	894,859		
	12	Investments - other securities. See Part IV, lin	856,541.	12	856,541.		
	13	Investments - program-related. See Part IV, lin	2,912,167.	13	3,050,615		
	14	Intangible assets		14	100		
	15	Other assets. See Part IV, line 11			87,177.	15	196,180
	16	Total assets. Add lines 1 through 15 (must e			5,674,666.	16	6,318,801
	17	Accounts payable and accrued expenses		l l	31,065.	17	57,012
	18	Grants payable			549,000.	18	549,000.
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
₩		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr			106,000.	23	106,000.
	24	Unsecured notes and loans payable to unrela			100,000.	24	100,000
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin			2,912,167.	O.E.	3,199,682.
	26	of Schedule D Total liabilities. Add lines 17 through 25			3,598,232.	25 26	3,911,694.
	20	Organizations that follow FASB ASC 958, c	hock he	e X	3,330,232.	20	3,511,054
Se		and complete lines 27, 28, 32, and 33.	HECK HE				
ü	27	, , ,			1,621,714.	27	1,344,259.
3ale	28				454,720.	28	1,062,848.
<u>ğ</u>		Organizations that do not follow FASB ASC					
필		and complete lines 29 through 33.	, 000, 01				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
<u>e</u>	32				2,076,434.	32	2,407,107.
				·····	5,674,666.	33	6,318,801.

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	182	2,9	24.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	57'	7,4	28.
3	Revenue less expenses. Subtract line 2 from line 1	3		60	5,4	96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	07	5,4	34.
5	Net unrealized gains (losses) on investments	5	_	-27	4,8	23.
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	2,	40'	7,1	07.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
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?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or suidite, explain why on Schedule O and describe any stars taken to undergo such suidite			3h		

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public

Inspection
Employer identification number

FONKOZE USA INC 52-2022113 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	2503367.	1886435.	2275846.	2996259.	2881034.	12542941.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	2503367.	1886435.	2275846.	2996259.	2881034.	12542941.				
	The portion of total contributions										
Ŭ	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,										
							1461786.				
_							11081155.				
	Public support. Subtract line 5 from line 4.						<u> ттооттээ.</u>				
		(=) 2012	(h) 0010	(a) 2020	(4) 2021	(a) 2022	(f) Total				
	ndar year (or fiscal year beginning in)	(a) 2018 2503367.	(b) 2019 1886435.	(c) 2020 2275846.	(d) 2021 2996259.	(e) 2022 2 9 9 1 0 3 4	(f) Total 12542941.				
	Amounts from line 4	2303307.	1000433.	22/3040.	2990239.	2001034.	12342341.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,	120 207	75 010	121 200	125 047	107 400	670 005				
	and income from similar sources	139,397.	/5,010.	131,209.	135,047.	197,422.	6/8,085.				
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.)	72,537.	83,273.	86,958.	98,280.		445,516.				
11	Total support. Add lines 7 through 10						13666542.				
12	Gross receipts from related activities,	etc. (see instruction	ns)			12					
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	ourth, or fifth tax y	ear as a section 50	01(c)(3)					
_	organization, check this box and stop										
Sec	ction C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, o	olumn (f))		14	81.08 %				
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	80.27 %				
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies	as a publicly suppo	orted organization				X				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition							
17a	10% -facts-and-circumstances test										
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation				
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization						
b	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or										
	more, and if the organization meets the	_									
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organization										
				,,	,		(Form 990) 2022				

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.)

Sed	ction A. Public Support	siow, picase comp	oicte 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 membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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).
- 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.
- 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.)

	162	140
1		
2		
_		
3a		
3b		
3c		
_		
<u>4a</u>		
4b		
1-		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		<u> </u>
dule A (Forn	n 990)	2022

Sched

rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	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 I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, 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			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (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. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Sche	edule A (Form 990) 2022 FONKOZE USA INC		Ţ	52-2022113 Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi		У.
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st 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):			
a	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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

6

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ıed)	rage r
	on D - Distributions	<u> </u>	Corrente	100)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	•
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(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				
<u> </u>	From 2019				
<u>d</u>	From 2020				
<u> e</u>	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
7	Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3				
′	•				
8	and 4c. Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

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

Name of the organization **Employer identification number** FONKOZE USA INC 52-2022113 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 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

FONKOZE USA INC

52-2022113

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$850,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>203,906.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 50,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 200,000.	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
5		\$ <u>109,141.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 75,000.	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization Employer identification number

FONKOZE USA INC 52-2022113

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

FONKOZE USA INC

52-2022113

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	2022113
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	67 SHARES AMZN; 5 SHARES V	\$ 203,906.	02/24/22
(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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** FONKOZE USA INC 52-2022113 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 (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 (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 (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 (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift

Schedule B (Form 990) (2022) 223454 11-15-22

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

FONKOZE USA INC

Employer identification number 52-2022113

ı u	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Sillillar Fullus	of Accounts. Complete if the
		(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes N
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes N
Pa	rt II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply)		
	Preservation of land for public use (for example, recreat	_	_	a historically important land area
	Protection of natural habitat	,	_	a certified historic structure
	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form o	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b				
c				
	Number of conservation easements included in (c) acquired at			
_	historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			
	year	acca, camigaichea, ci		organization dailing the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		tion, handling of	
_	violations, and enforcement of the conservation easements it	• • •		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	3, 1	,	ŭ	Ç,
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and e	nforcing conservat	tion easements during the year
	3, 1, 3,	,	· ·	5 ,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	its of section 170(h	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	, .		Yes N
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	Ü		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	venue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finance			•
b				
	art, historical treasures, or other similar assets held for public	•		
	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 trea			gain, provide
	the following amounts required to be reported under FASB AS			J /1
а		-		\$
b				
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 202

			TT ~ 3	T370
Schedule D (Form 990)) 2022	FONKOZE	USA	TNC

Pai	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	ır Assets	(conti	nued)			
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition d Loan or exchange program										
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpo	ose in Part	XIII.				
5	During the year, did the organization solicit or	r receive donations of	f art, historical treas	ures, or other simila	ır assets				_		
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pai	t IV Escrow and Custodial Arrang		te if the organization	n answered "Yes" o	n Form 99	0, Part IV, I	ine 9, or				
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia					_	-	_	_		
	on Form 990, Part X?					L	Yes		No		
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:			1		_			
							Amoun	t			
	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance				<u> 1f</u>		7		7		
	Did the organization include an amount on Fo				•		Yes		∐ No		
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if										
ı uı	Endownient i dias. Complete ii	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Fou	r veare	hack		
4.	Designing of year balance	1,132,843.	1,063,870.	972,360.	+` ′	812,134.	(c) i ou		925.		
_	Beginning of year balance	1,132,043.	1,005,070.	372,300.		600.		035,	723.		
b	Contributions Net investment earnings, gains, and losses							139	397.		
C C		237,301.	130,073.	31,310.		133,020.		100,	337.		
d	Grants or scholarships Other expenditures for facilities										
е	·		-61,700.					-187,	134.		
f	Administrative expenses		,								
g	End of year balance	894,859.	1,132,843.	1,063,870.		972,360.		812.	134.		
2	Provide the estimated percentage of the curre	· · · ·			1	, -					
– a	Board designated or quasi-endowment	one your one balance	%	, 1101d do.							
b	Permanent endowment 22.0000	%	_/~								
	Term endowment 78.0000										
	The percentages on lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses	•	tion that are held an	d administered for t	he						
	organization by:	· ·						Yes	No		
	(i) Unrelated organizations						3a(i)		X		
	(ii) Related organizations						3a(ii)		X		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b				
4	Describe in Part XIII the intended uses of the	organization's endov									
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.						
	Description of property	(a) Cost or ot basis (investm		' '	Accumulat epreciation		(d) Boo	k valu	e 		
1a	Land										
b	Buildings			3,035.		35.			0.		
С	Leasehold improvements			6,224.		24.			0.		
d	Equipment		2	5,591.	25,5	91.			0.		
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	K. column (B), line 10	Oc.)	<u></u>				0.		

Schedule D (Form 990) 2022

(D) (E) (F) (G) (H)

Schedule D (Form 990) 2022 FONKOZE USA	INC	52-2022113 Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT IN FONKOZE S.		
(B) A •	856,541.	END-OF-YEAR MARKET VALUE
(0)		

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 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value			
(1) LOAN RECEIVABLES, RELATED					
(2) PARTY	3,050,615.	END-OF-YEAR MARKET VALUE			
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	3,050,615.				
Part IX Other Assets.					

856,541.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Other Liabilities.

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) LOAN PAYABLE, INVESTORS	3,037,524.
(3) OPERATING LEASE LIABILITY	162,158.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,199,682.

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

Sche	dule D (Form 990) 2022 FONKOZE USA INC		52-2	2022113 Pag
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue լ	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,908,101
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments		823.	
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		074 001
_	Add lines 2a through 2d			-274,823
3	Subtract line 2e from line 1		3	3,182,924
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	•		(
c	Add lines 4a and 4b		4c	3,182,924
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) † XII Reconciliation of Expenses per Audited Financial Sta	tements With Expenses		
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line		s per metam	•
1			1	2,577,428
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		·······	2,311,420
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
_	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	(
3	Subtract line 2e from line 1			2,577,428
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			, - ,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	•	4c	(
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			2,577,428
Pa	t XIII Supplemental Information.			-
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Part	V, line 4; Part X	, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			
PAF	RT X, LINE 2:			
THE	PROVISIONS INCLUDED IN ACCOUNTING PRIN	ICIPLES GENERALL	Y ACCEPT	ED IN THE
UN.	TED STATES OF AMERICA PROVIDE CONSISTEN	T GUIDANCE FOR	THE ACCO	DUNTING
FOE	R UNCERTAINTY IN INCOME TAXES RECOGNIZED	IN AN ENTITY'S	FINANCI	AL
~				
STA	ATEMENTS AND PRESCRIBE A THRESHOLD OF "M	ORE LIKELY THAN	NOT" FC)R
ם הי	COGNITION OF TAX POSITIONS TAKEN OR EXPE	יכיהביה היה פבי המצבי	ידי גרותו ואי	יא ע
KEC	CONTITUDION OF TAX FOOTITIONS TAKEN ON EAFE	CIED TO DE TAKE	111 TH A I	AA
RET	rurn.			
THE	ORGANIZATION PERFORMED AN EVALUATION C	F UNCERTAIN TAX	POSITIC	NS AS OF
				

DECEMBER 31, 2022, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2022, THE STATUTE OF

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Department of the Treasury Internal Revenue Service

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

name of the organization					Employer identi	ncation number
FONKOZE USA INC					52-202211	L3
	mation on A	ctivities Out	side the United States. Comple	te if the organ		
						. v
the grantees' eligibility to	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes 🗘 No
2 For grantmakers Desc	rihe in Part V the	organization's	procedures for monitoring the use of its	grants and ot	her assistance outs	side the
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region of in the region in the region in the region like program service, investments, grants to recipients located in the region of service(s) in the region in the region like of service(s) in the region like program service, and service in the region like of service(s) like of service(s) like of service(s) like of						
	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If active		
		agents, and				
	in the region	contractors			• • • • • • • • • • • • • • • • • • • •	
			Tookprome recured in the region,		(e, a.e region	in the region
CENTRAL AMERICA AND						
THE CARIBBEAN			GRANTS			1.081.132.
						1 , , , -
CENTRAL AMERICA AND			PROGRAM INVESTMENTS /			
THE CARIBBEAN			PAYABLES			3,037,524.
						1
						+
3 a Subtotal	0	0				4,118,656.
b Total from continuation	_	_				
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				4,118,656.
and 3b)	ı					1,110,000.

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

Schedule F (Form 990) 2022

Part II Grants and Other

Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA &		1001120				
		THE CARIBBEAN	EDUCATION AND SUPPORT	1081132.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organization	I ns listed above that are r	l recognized as charities by the f	l oreign country. i	l recognized as a tax			L
	nization by the IRS, o	or for which the grantee	or counsel has provided a sect			> ,		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, (d) Amount of (e) Manner of (f) Amount of (g) Description of (c) Number of (a) Type of grant or assistance (b) Region recipients cash disbursement noncash assistance cash grant noncash

		assistance	appraisal, other)
			 . = /=

Schedule F (Form 990) 2022

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

232075 10-17-22 Schedule F (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

52-2022113

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number FONKOZE USA INC Part I Questions Regarding Compensation

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 FONKOZE USA INC 52-2022113 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation e		reported as deferred on prior Form 990	
(1) SHERRY TODD-GREEN	152,500	. 0.	0.	0.	2,500.	155,000.	0.
DEPUTY DIRECTOR / DIRECTOR, COMMUNIC	0	. 0.	0.	0.	0.	0.	0.
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Schedule J (Form 990) 2022	FONKOZE USA INC	52	2-2022113	Page 3
Part III Supplemental Informati				
Provide the information, explanation	n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6	b, 7, and 8, and for Part II. Also complete this part fo	r any additional information.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

Employer identification number 52-2022113

	FONKOZE USA	INC			52-2	02211	3
Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	532	254,595.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other (
29	Number of Forms 8283 received by the organ						
	for which the organization completed Form 8	283, Part V, [Oonee Acknowledg	ement 29			
					I	Ye	s No
30a	During the year, did the organization receive	•		· · · · · · · · · · · · · · · · · · ·			
	must hold for at least 3 years from the date of						
	exempt purposes for the entire holding period	d?				30a	<u> </u>
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance		•	•	ions?	31	<u> </u>
32a	Does the organization hire or use third partie		•			220	x
L						32a	A
	If "Yes," describe in Part II. If the organization didn't report an amount in	column (a) fo	r a type of propert	for which column (a) is about	skod		
33		Columnit (C) 10	ι a type οι property	nor which column (a) is ched	oneu,		
LHA	describe in Part II. For Paperwork Reduction Act Notice, se	a tha Instruc	tions for Form 99	<u> </u>	Schedule M	(Form Of	30) 2022
	i oi rapei work neduction Act Notice, Se	o แเซ แเอแนต	いいいろ いい トリココ ツツ	J.	Scriedule IV	4 14 UI III 37	/UI ZUZZ

Schedule M (Form 990) 2022

232142 09-09-22

Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FONKOZE USA INC

Employer identification number 52-2022113

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OPERATES EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES,
INCLUDING, BUT NOT LIMITED TO, RAISING, DONATING, AND LENDING
CHARITABLE FUNDS AND FACILITATING TECHNICAL ASSISTANCE TO ITS FONKOZE
PARTNERS (FONDASYON KOLE ZEPOL AND SEVIS FINANSYE FONKOZE) AND OTHER
ORGANIZATIONS EMPOWERING THE POOR ACROSS HAITI, AND INCREASING PUBLIC
AWARENESS ABOUT HAITI AND THE SERVICES AND PROGRAMS PROVIDED BY FONKOZE
AND THE DEVELOPMENT ORGANIZATIONS THAT THE CORPORATION SUPPORTS.
FORM 990, PART VI, SECTION A, LINE 2:
THE INTERIM EXECUTIVE DIRECTOR AND A BOARD MEMBER HAVE A FAMILY
RELATIONSHIP.
EODW 000 DADE UT GEGETON D. LINE 11D.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCIAL OFFICER, THE MEMBERS
OF ITS BOARD, AND AN INDEPENDENT CPA.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH INQUIRY OF ALL
PARTIES.
FORM 990, PART VI, SECTION B, LINE 15:
THE COMPENSATION FOR OFFICERS AND OTHER KEY EMPLOYEES IS EVALUATED BY THE
BOARD OF DIRECTORS.

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** FONKOZE USA INC 52-2022113 FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: NY, AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NC, OR, PA, RI, SC, TN, UT VA,WV,WI FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS (BY-LAWS), CONFLICT OF INTEREST POLICY, DONOR RIGHTS POLICY, AND FINANCAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE. PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.

(b)

OMB No. 1545-0047

Open to Public Inspection

(f)

Name of the organization

(a)

Department of the Treasury Internal Revenue Service

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

Employer identification number 52-2022113 FONKOZE USA INC

(d)

(e)

(c)

rt IV, line 34, because
rt IV, line 34, because
(d) xempt Code Pub section status
30

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata		General	Percentage
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes N	
				,							
									1		

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	1	tion b)(13) rolled tity?
		country)		·				Yes	No
SEVIS FINANSYE FONKOZE, S.A.									
119 AVENUE CHRISTOPHE									
, PORT-AU-PRINCE, HAITI	MICROLOANS	HAITI	N/A				3.45%		X
]								
]								
]								
	1								

Page 3

Yes No

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

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>/</i>			1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	X	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)					X	
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
-1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related organ						X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization						Х
	Sharing of paid employees with related organization(s)						Х
р	Reimbursement paid to related organization(s) for expenses				1р		X
	Reimbursement paid by related organization(s) for expenses						Х
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," and "Yes," in the above it is "Yes," in the above i						
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount i	nvolved		
		type (a-s)					
1)]	FONDASYON KOLE ZEPOL	В	549,000.	FMV			
2) 5	SEVIS FINANSYE FONKOZE, S.A.	E	3,037,524.	FMV			
3)]	FONDASYON KOLE ZEPOL	В	1,056,269.	FMV			
4)							
5)							

Schedule R (Form 990) 2022 FONKOZE USA INC 52-2022113 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

232165 09-14-22 Schedule R (Form 990) 2022

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

December 31, 2022

Prepared For:	
	Fonkoze USA Inc 1900 L Street NW 304 Washington, DC 20036
Prepared By:	
	SB & COMPANY, LLC 10200 Grand Central Ave., Suite 250 Owings Mills, MD 21117
Amount of Ta	x:
	Balance due of \$275
Make Check F	Payable To:
	Not applicable
Mail Tax Retu	rn To:
	The New York Form Form CHAR500 should be filed via the web at: https://charitiesnys.com/annual_filing.html
Return must b	pe mailed on or before:
	Please mail as soon as possible.
Special Instru	ctions:

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2022

Open to Public Inspection

1.General Informati	on				
For Fiscal Year Beginning	(mm/dd/yyy	y) 01/01/	2022 and Ending (r	mm/dd/yyyy) 12/31/2	2022
Check if Applicable: Address Change	Name of Org	ganization: LE USA ING	C		Employer Identification Number (EIN): 52-2022113
Name Change Initial Filing	Mailing Addr		NW, NO. 304		NY Registration Number: 05-92-32
Final Filing Amended Filing	City / State /	ZIP:	20036		Telephone: 202 628-9033
Reg ID Pending	Website:	NKOZE.ORO			Email: EHYPPOLITE@FONKOZE.
Check your organization's registration category:	7A or	nly EPTL	only X DUAL (7A &		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.
2. Certification					0 5
See instructions for certifitwo signatories.	cation require	ements. Improper	certification is a violation of	of law that may be subject t	o penalties. The certification requires
				all attachments, and to the l	best of our knowledge and belief,
they are	o trac, correct	t and complete in	accordance with the laws	ERLANTZ HYP	' ' '
President or Authorized	Officer:			EXECUTIVE D	
		Signature		Print Name	_
				ROBYN MORDE	ENO
Chief Financial Officer or	Treasurer:			BOARD TREAS	SURER
		Signature		Print Name	and Title Date
3. Annual Reporting	Exemption	on			
Check the exemption(s) the	nat apply to y	our filing. If your o	organization is claiming an	exemption under one categ	gory (7A or EPTL only filers) or both
categories (DUAL filers) th	at apply to yo	our registration, c	omplete only parts 1, 2, ar	nd 3, and submit the certifie	d Char500. No fee, schedules, or
additional attachments are	e required. If	you cannot claim	an exemption or are a DU	AL filer that claims only one	exemption, you must file applicable
schedules and attachmen	ts and pay ap	oplicable fees.			
exceed \$2		e organization did	•		vernment agencies, etc. did not aising counsel (FRC) to solicit
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.					
4. Schedules and Attachments					
See the following page for a checklist of schedules and attachments to	_	for fund r	aising activity in NY State?	If yes, complete Schedule	
complete your filing.	Yes _X	L INO 4b. DId tr	ie organization receive gov	vernment grants? If yes, cor	TIPIETE SCREAUIE 4D.
5. Fee				1	
See the checklist on the next page to calculate you	7A filinç ur	g fee:	EPTL filing fee:	Total fee:	Make a single check or money order payable to:
fee(s). Indicate fee(s) you are submitting here:	\$	25.	\$ <u>250.</u>	\$ <u>275.</u>	"Department of Law"
<u> </u>					

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

The Exempt dategory folds to all organizations who registration states. It does not fold to its in that designation.

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500:	
IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Condisclosure and will not be available for public review.	ntributors). Schedule B of public charities is exempt from
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenu filing year. We have included an IRS Form 990-EZ for state purposes only.	e exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public	Accountant's Review or Audit Report:
Review Report if you received total revenue and support greater than \$250,000	
X Audit Report if you received total revenue and support greater than \$1,000,000	and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before that date, an Audit Report is required if total revo	enue and support is greater than \$750,000
No Review Report or Audit Report is required because total revenue and support	ort is less than \$250,000
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	required
Calculate Your Fee	
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
Fax 7A and DITAL fileys, calculate the 7A feet	Organizations are assigned a Registration Category upon
For 7A and DUAL filers, calculate the 7A fee:	registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a	7A filera are registered to colinit contributions in New York
X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
	EDTI filere are registered under the Estates Douers & Truste
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct
	activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b	DUAL filers are registered under both 7A and EPTL.
\$25, if the NET WORTH is less than \$50,000	DOAL filers are registered under both 7A and EFTE.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	EXEMPT filers have registered with the NY Charities Bureau
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in Schedule E - Registration
X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Exemption for Charitable Organizations. These organizations are not required to file annual financial reports
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	but may do so voluntarily.
\$1500, if the NET WORTH is \$50,000,000 or more	bat may do do volantamy.
	Confirm your Registration Category and learn more about NY
Cond Vous Eiling	law at www.CharitiesNYS.com.
Send Your Filing	Where do I find my organization's NET WORTH?
Send your CHAR500, all schedules and attachments, and total fee to:	NET WORTH for fee purposes is calculated on:
	- IRS Form 990 Part I, line 22
NYS Office of the Attorney General	- IRS Form 990 EZ Part I, line 21
Charities Bureau Registration Section	- IRS Form 990 PF, calculate the difference between
28 Liberty Street	Total Assets at Fair Market Value (Part II, line 16(c)) and

Need Assistance?

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

²⁶⁸⁴⁶¹ 01-24-23 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

Page 2

Total Liabilities (Part II, line 23(b)).

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. NY 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

OND 140. 1343 0041
2022
Open to Public
Inspection

A I	For the	2022 calendar year, or tax year beginning	and	ending		
	Check if applicable	C Name of organization			D Employer identific	cation number
	Addres					
	Name change	Doing business as			52-20221	13
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not delive 1900 L STREET NW		Room/suite 304	E Telephone numbe (202)628	
	termin- ated	City or town, state or province, country, and ZIF	or foreign postal code		G Gross receipts \$	3,182,924.
	Ameno return		• .		H(a) Is this a group re	eturn
	Application pending	F Name and address of principal officer: EKLIKI	NTZ HYPPOLITE		for subordinates	······ — —
_		SAME AS C ABOVE	/; · · · \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () e: WWW.FONKOZE.ORG	(insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Nebsit		ciation Other	I Voor	H(c) Group exemption 1997	n number M State of legal domicile: NY
	art I	Summary	Clation Other	L Year	or formation. 1997 N	M State of legal doffliche, IN 1
an.	1	Briefly describe the organization's mission or most sig				
Governance		<u>ORGANIZATION) IS AN AMERICA</u>				
rna	2	Check this box if the organization disconting	nued its operations or dispos	sed of more	than 25% of its net ass	
ove.	3	Number of voting members of the governing body (Pa			3	12
	1 -	Number of independent voting members of the gover				12
es		Total number of individuals employed in calendar yea				13
Ę		Total number of volunteers (estimate if necessary) \dots				16
Activities &		Total unrelated business revenue from Part VIII, colun				0.
_	b	Net unrelated business taxable income from Form 99	0-T, Part I, line 11	<u></u>		0.
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Prior Year	Current Year
ē	8				2,996,259. 0.	2,881,034.
Revenue	9		1 7 - 1\		135,047.	197,422.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, ar			98,280.	104,468.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d		3,229,586.	3,182,924.	
		Total revenue - add lines 8 through 11 (must equal Pa			1,680,557.	1,081,132.
	1	Grants and similar amounts paid (Part IX, column (A),			0.	0.
	45	Benefits paid to or for members (Part IX, column (A), I Salaries, other compensation, employee benefits (Par			754,158.	910,830.
Expenses	162	Professional fundraising fees (Part IX, column (A), line			0.	0.
en	h	Total fundraising expenses (Part IX, column (D), line 2	000 5	87.	<u> </u>	
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 1	·		434,395.	585,466.
		Total expenses. Add lines 13-17 (must equal Part IX, o			2,869,110.	2,577,428.
		Revenue less expenses. Subtract line 18 from line 12			360,476.	605,496.
		Tevende less expenses. Gastraet line 16 from line 12		Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)			5,674,666.	6,318,801.
ASS	21				3,598,232.	3,911,694.
Net Set	22	Net assets or fund balances. Subtract line 21 from lin			2,076,434.	2,407,107.
Pa	art II	Signature Block				
Und	er pena	ties of perjury, I declare that I have examined this return, inc	cluding accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of wh	nich preparer	has any knowledge.	
Sig	n	Signature of officer			Date	
Her	е	ERLANTZ HYPPOLITE, EXECUTIV	E DIRECTOR			
		Type or print name and title				
Paid	i	Print/Type preparer's name PAMELA GRAY	reparer's signature	[Oate Check If self-employ	PTIN PO 1 2 3 7 5 0 6
	parer	Firm's name SB & COMPANY, LLC				0-2153727
	Only	Firm's address 10200 GRAND CENTRAL		250		
	. 41 1-	OWINGS MILLS, MD 21			Phone no. 4 1	05840060
May	y tne IF	S discuss this return with the preparer shown above	? See instructions			X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: FONKOZE USA SECURES FINANCIAL AND TECHNICAL SUPPORT FOR ITS HAITIAN
	PARTNERS AND EDUCATES THE AMERICAN PUBLIC ABOUT FONKOZE'S WORK IN
	HAITI. FONKOZE USA ALSO ACTS AS A CHANNEL FOR SOCIALLY RESPONSIBLE
	INVESTORS WHO WANT TO "INVEST" IN FONKOZE'S LOAN FUND.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-E2? If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,050,748 • including grants of \$ 1,050,748 •) (Revenue \$
	GRANTMAKING: FONKOZE USA RAISES PROGRAM FUNDS TO SUPPORT THE FONKOZE
	FAMILY OF ORGANIZATIONS IN HAITI. GRANTS, BOTH UNRESTRICTED AND
	RESTRICTED, SUPPORT A WIDE VARIETY OF FONKOZE'S PROGRAMS INCLUDING
	SOCIAL INCLUSION AND SELF-RESILIENCE, ADULT LITERACY AND EDUCATION,
	HEALTH INITIATIVES, AS WELL AS MICRO-CREDIT AND OTHER ECONOMIC
	EMPOWERMENT ACTIVITIES. THROUGH THESE PROGRAMS, HUNDREDS OF THOUSANDS
	OF ECONOMICALLY VULNERABLE AND DISENFRANCHISED HAITIANS ACROSS THE
	COUNTRY ARE NOT ONLY EQUIPPED WITH THE TOOLS AND RESOURCES NEEDED TO
	BREAK THE CYCLE OF POVERTY, BUT THEY ARE SUPPORTED THROUGHOUT THEIR
	JOURNEY.
4b	(Code:) (Expenses \$390 , 610 • including grants of \$) (Revenue \$)
	EDUCATION: FONKOZE USA EDUCATES THE AMERICAN PUBLIC ABOUT THE FONKOZE
	FAMILY'S EMPOWERING WORK THROUGHOUT HAITI. COMMUNICATIONS ARE
	DISSEMINATED THROUGH A NUMBER OF CHANNELS, INCLUDING FACE-TO-FACE,
	DIRECT MAIL, AND DIGITAL, TO ENGAGE AUDIENCES IN A HOLISTIC WAY.
4c	(Code:) (Expenses \$532,688. including grants of \$) (Revenue \$)
	TECHNICAL ASSISTANCE: TO SUPPORT FONKOZE FAMILY PROGRAMS AND
	CAPACITY-BUILDING NEEDS, FONKOZE USA SUPPORTS ITS PARTNERS IN HAITI BY
	PROVIDING TECHNICAL ASSISTANCE. THIS INCLUDES (BUT IS NOT LIMITED TO)
	GRANT WRITING AND RESEARCH, COMMUNICATIONS AND BRAND MARKETING, AS WELL
	AS PARTNERSHIP FACILITATION AND SOCIAL LOAN MANAGEMENT.
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1 , 974 , 046 •

13010703 138138 FONK001

Form **990** (2022)

Form 990 (2022) FONKOZE USA INC
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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			
	Schedule D, Part III	8		X
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		X
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	X	
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	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		37	
	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	37	X
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		х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
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	4	х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Λ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_^_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form 990 (2022) FONKOZE USA INC
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			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	28a		x
b	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
٠.	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	Λ	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Joa		
b	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?	555		
	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?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			Щ.
٠. د	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8 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			
C	(gambling) winnings to prize winners?	1c	Х	
23200	4 12-13-22			(2022)

	1990 (2022) FONKOZE USA INC 52-20	<u> 22113</u>	Р	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	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	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country HAITI			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	or? 7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	. 7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	. , ,		
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?	···		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
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			
Ü		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	···		
10	Section 501(c)(7) organizations. Enter:	36		
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 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	····		
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		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			<u></u>
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.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
.0	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		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4955?	''		

If "Yes," complete Form 6069.

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		L2							
	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		L2							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other								
	officer, director, trustee, or key employee?			2	Х						
3	Did the organization delegate control over management duties customarily performed by or under the										
				3		X					
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	- 500										
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or as			. 6		X					
74	more members of the governing body?	-		7a		X					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s										
b			•	7.		x					
0				. 7b		A					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	0	х						
a	The governing body?					<u> </u>					
b	Each committee with authority to act on behalf of the governing body?			8b	1	 					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					. v					
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		<u> </u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		Τ.,	Τ					
					Yes	No					
	Did the organization have local chapters, branches, or affiliates?			. 10	3	X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch										
					_	<u> </u>					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before	e filing the form?	11:	X						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				7.7						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13					 					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			121	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? H	,									
	on Schedule O how this was done				_	<u> </u>					
13	Did the organization have a written whistleblower policy?			. 13		<u> </u>					
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	lependent								
	$persons, comparability \ data, and \ contemporaneous \ substantiation \ of the \ deliberation \ and \ decision?$										
	The organization's CEO, Executive Director, or top management official			15	_	<u> </u>					
b	Other officers or key employees of the organization			. 15	X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment wi	th a								
	taxable entity during the year?			. 16	3	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its pa	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's								
	exempt status with respect to such arrangements?			. 16)						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NY, AL, AR, CA, F	'L,GZ	A,HI,IL,K	S,K	,MD	<u>, MA</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-	T (section 501(c)	(3)s only) availa	ble					
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request Other (explain										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy,	and fina	ncial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's book	oks and	records								
	ERLANTZ HYPPOLITE - (202)628-9033										
	1900 L STREET NW, 304, WASHINGTON, DC 20036										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one			l than d	one	Reportable	Reportable	Estimated
	hours per	box	box, unless officer and		son is	s both	n an	compensation	compensation	amount of
	week							174143		from
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	nstitutional trustee	Jec	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	lust	Officer	Key	High	Former			
(1) BETH DANIELS	2.00	ļ								
SECRETARY		Х		Х				0.	0.	0.
(2) LAURA STEPHENS	2.00	l								
CHAIR		Х		Х				0.	0.	0.
(3) LISA W. CLARK	2.00	l								
VICE-CHAIR		Х		Х				0.	0.	0.
(4) ROBYN MORDENO	2.00	ļ								
TREASURER		Х		Х				0.	0.	0.
(5) KAVEH H. AZIMI	2.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(6) MACKENZIE KELLER	2.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(7) LAWRENCE ARBUTHNOTT	2.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(8) MARGUERITE LATHAN	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(9) MARJORIE ROBERTS	2.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(10) ROXANN THOMAS CHARGOIS	2.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(11) JERRY NEMORIN	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(12) JEAN BELIZAIRE	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(13) LAUREN DOYLE	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(14) MARJORIE DORCELY	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(15) MICHELE HARTIGAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) R. CLAUDIA CYRILL	2.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(17) KATIE CORTES	2.00	1								_
BOARD MEMBER		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trus	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average hours per week	box	not c	Position of check more than one of the check mor				Reportable compensation from	Reportable compensation from related		am	timate nount o other	of
	(list any hours for related organizations	Individual trustee or director	al trustee		yee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISO 1099-NEC)	C/	fr orga	pensatom the anization relate	e on
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest co employee	Former				orga	nizatio	ns
(17) MABEL VALDIVIA-DIAZ FORMER EXECUTIVE DIRECTOR	40.00	-					х	103,892.		0.			0.
(18) SHERRY TODD-GREEN	40.00							103,032.		•			<u> </u>
DEPUTY DIRECTOR / DIRECTOR, COMMUNIC		1		х				152,500.		0.		2,50	0.
(19) NAVNEET RANGRA	40.00							,					
CONTROLLER				Х				101,419.		0.			0.
(20) KEVIN CAVANAUGH	40.00												
MAJOR GIFTS OFFICER				Х				41,562.		0.			0.
1b Subtotal		<u> </u>		l	<u> </u>		<u> </u>	399,373.		0.		2,50	0.
c Total from continuation sheets to Part VI								0.		0.		,	0.
d Total (add lines 1b and 1c)								399,373.		0.		2,50	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				2
compensation from the organization											Ī	Yes	3 No
3 Did the organization list any former officer,	director trust	ee l	CEV 6	mnl	OVE	e or	hia	hest compensated empl	ovee on	ſ		103	140
line 1a? If "Yes," complete Schedule J for s	•	-	•	•	•		•	•	•		3		Х
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	ım of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from the	ne organization	l	4	Х	
5 Did any person listed on line 1a receive or a	accrue comper	ısati	on fi	rom	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J f	or su	ıch ı	oers	on .					5		Х
Complete this table for your five highest co	mnensated inc	lene	nde	nt co	ntr	acto	re th	nat received more than \$	100 000 of compe	neat	ion fro	m	
the organization. Report compensation for	•	•							•	iisat	1011 110	"""	
(A)				. <u>.</u>				(B)			(C	;)	
Name and business	address	N	INC	3				Description of s	ervices	C	omper	nsation	1
2 Total number of independent contractors (in \$100,000 of compensation from the organic		ot lir	nited	d to	thos (ted	above) who received mo	ore than				

Form **990** (2022)

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Form 990 (2022) FONKOZE
Part VIII Statement of Revenue

			Check if Schedule O c	ont	ains a respo	nse (or note to any lir	e in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lanction revenue	business revenue	sections 512 - 514
ts ts	1	a	Federated campaigns		1a						
iran		b	Membership dues		1b						
Ame		С	Fundraising events		1c						
ar /		d	Related organizations		1d						
imil		е	Government grants (contri	buti	ions) 1e						
tion S		f	All other contributions, gifts,	gran	ts, and						
ibu			similar amounts not included	abov			881,034.	-			
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in I	ines	1a-1f 1g	<u> </u>	<u>254,595.</u>				
g g		h	Total. Add lines 1a-1f					2,881,034.			
							Business Code				
ce	2	2 a									<u> </u>
Program Service Revenue		b	-								<u></u>
n Si		С									
lran 3ev		d									
og T		е									
Д.			All other program service								
	_		Total. Add lines 2a-2f								
	3	3	Investment income (includ					197,422.			197,422.
							191,422.			191,422.	
	4		Income from investment o		•	-					
	5	•	Royalties		(i) Rea		(ii) Personal				
	6		Grans ronts	60	— ·		(ii) i cisoriai	-			
	U	i a b	Gross rents Less: rental expenses	6a 6b				1			
			Rental income or (loss)	6c				1			
			Net rental income or (loss)								
	7		Gross amount from sales of	·····	(i) Securit		(ii) Other				
	•	u	assets other than inventory	7a	<u>'</u>		()				
		b	Less: cost or other basis								
<u>e</u>			and sales expenses	7b							
her Revenue		С		7с							
Rev			Net gain or (loss)								
je	8		Gross income from fundraisir								
₽			including \$		of						
			contributions reported on	line	1c). See						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from t	func	Iraising ever	nt <u>s</u>					
	9) a	Gross income from gaming								
			Part IV, line 19			9a		-			
			Less: direct expenses			9b					
			Net income or (loss) from			s					
	10) a	Gross sales of inventory, le								
			and allowances			10a		-			
			Less: cost of goods sold			10b					
		С	Net income or (loss) from s	sale	s of invento	у	Business Code				
sn	44	a	CONTRACT INCO	MΕ			561499	104,468.			104,468.
neo iue	11	b	<u> </u>	للده			301477	101,100			
ella		C				_					
Miscellaneous Revenue			All other revenue			_					
Σ			Total. Add lines 11a-11d					104,468.			
	12		Total revenue. See instruction					3,182,924.	0.	0.	301,890.
232009								-			Form 990 (2022)

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 response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 1,081,132. individuals. See Part IV, lines 15 and 16 1,081,132. Benefits paid to or for members Compensation of current officers, directors, 357,810. 232,734. 57,207. 67,869. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 416,432. 270,863. 66,580. 78,989. Other salaries and wages 7 Pension plan accruals and contributions (include 11,350. 7,382. 1,815. 2,153. section 401(k) and 403(b) employer contributions) <u>32,</u>930. 8,094. 50,627. 9,603. Other employee benefits 9 74,611. 48,530. 11,929. 14,152. 10 Payroll taxes Fees for services (nonemployees): Management 9,116. 9,116. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 105,047. 38,540. 45,496. 21,011. column (A), amount, list line 11g expenses on Sch O.) <u>7,</u>777. 6,288. 1,482. Advertising and promotion 12 117,327. 66,091. 13,381. 37,855. Office expenses 13 38,312. 13,834. 16,097. 8,381. Information technology 14 15 Royalties 12,474. 7,854. 51,153. 30,825. 16 Occupancy 57,583. 48,940. 4,067. 4,576. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,237. 7,861. 2,312. 2,312. Conferences, conventions, and meetings 19 62,558. 62,558. 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 7,437. 3,486. 2,972. 979. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 73,699. 73,699. BAD DEBT ALL OTHER EXPENSES 38,025. 19,720. 12,463. 5,842. 9,571. 9,571. MISCELLANEOUS С d All other expenses 2,577,428. 1,974,046. 322,795. 280,587. Total functional expenses. Add lines 1 through 24e 25 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)

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Form 990 (2022)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to a	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		539,028.	1	581,698.	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3	28,061. 706,224.	
	4	Accounts receivable, net			142,524.	4	706,224
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese per	ons		5	
	6	Loans and other receivables from other disqu	alified p	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in se	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			4,386.	9	4,623.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	34,850. 34,850.			
	b	Less: accumulated depreciation	10b	34,850.	0.	10c	0.
	11	Investments - publicly traded securities		1,132,843.	11	894,859	
	12	Investments - other securities. See Part IV, line		856,541.	12	856,541.	
	13	Investments - program-related. See Part IV, lin	2,912,167.	13	3,050,615		
	14	Intangible assets			14	100	
	15	Other assets. See Part IV, line 11			87,177.	15	196,180
	16	Total assets. Add lines 1 through 15 (must ed			5,674,666.	16	6,318,801
	17	Accounts payable and accrued expenses		31,065.	17	57,012	
	18	Grants payable	549,000.	18	549,000.		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
-iak		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr			106,000.	23	106,000.
	24	Unsecured notes and loans payable to unrela			100,000.	24	100,000
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin			2,912,167.	O.E.	3,199,682.
	26	of Schedule D Total liabilities. Add lines 17 through 25			3,598,232.	25 26	3,911,694.
	20	Organizations that follow FASB ASC 958, c	hock ho	e X	3,330,232.	20	3,511,054
Se		and complete lines 27, 28, 32, and 33.	HECK HE				
ü	27	• , , ,			1,621,714.	27	1,344,259.
3ale	28				454,720.	28	1,062,848.
ğ		Organizations that do not follow FASB ASC					
필		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund			29		
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
et.	32				2,076,434.	32	2,407,107.
			·····	5,674,666.	33	6,318,801.	

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Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	182	2,9	24.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	57'	7,4	28.			
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	07	5,4	34.			
5	Net unrealized gains (losses) on investments	5	-	-27	4,8	23.			
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	2,	40'	7,1	07.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
			_		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
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?			За		x			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
_	or suidite, explain why on Schedule O and describe any stars taken to undergo such suidite			3h					

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public

Inspection
Employer identification number

FONKOZE USA INC 52-2022113 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2503367.	1886435.	2275846.	2996259.	2881034.	12542941.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2503367.	1886435.	2275846.	2996259.	2881034.	12542941.
	The portion of total contributions						
Ŭ	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,						
							1461786.
_							11081155.
	Public support. Subtract line 5 from line 4.						<u>штооттээ.</u>
		(=) 2012	(h) 0010	(a) 2020	(4) 2021	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2018 2503367.	(b) 2019 1886435.	(c) 2020 2275846.	(d) 2021 2996259.	(e) 2022 2 9 9 1 0 3 4	(f) Total 12542941.
	Amounts from line 4	2303307.	1000433.	22/3040.	2990239.	2001034.	12342341.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	120 207	75 010	121 200	125 047	107 400	670 005
	and income from similar sources	139,397.	/5,010.	131,209.	135,047.	197,422.	6/8,085.
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.)	72,537.	83,273.	86,958.	98,280.		445,516.
11	Total support. Add lines 7 through 10						13666542.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, o	olumn (f))		14	81.08 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	80.27 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	-		• • •	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
				,,	,		(Form 990) 2022

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.)

Sed	ction A. Public Support	slow, picase comp	oicte 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 membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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V-- N-

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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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).
- 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.
- 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.)

	162	140
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2		
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3a		
3b		
3c		
_		
<u>4a</u>		
4b		
1-		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		<u> </u>
dule A (Forn	n 990)	2022

Sched

rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	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 I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, 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			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (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. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Sche	edule A (Form 990) 2022 FONKOZE USA INC		Ţ	52-2022113 Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi		<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	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):			
a	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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

6

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ıed)	rage r
	on D - Distributions	<u> </u>	Corrente	100)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	•
2	Amounts paid to perform activity that directly furthers exemp	<u> </u>			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Г		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(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				
<u> </u>	From 2019				
<u>d</u>	From 2020				
<u> e</u>	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, explain in				
	•				
7	Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

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

FONKOZE USA INC 52-2022113 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 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

FONKOZE	USA	INC
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52-2022113

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 850,000.	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
2	Name, address, and 2n + 4	\$\$ 203,906.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

FONKOZE USA INC

52-2022113

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		\$65,000.	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		\$60,000.	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
9		\$60,000.	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
		\$	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.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

FONKOZE USA INC

52-2022113

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	2022113
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	67 SHARES AMZN; 5 SHARES V	\$ 203,906.	02/24/22
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** FONKOZE USA INC 52-2022113 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 (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 (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 (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 (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift

Schedule B (Form 990) (2022) 223454 11-15-22

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

FONKOZE USA INC

Employer identification number 52-2022113

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts. Complete if the
		(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organization			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)		
	Preservation of land for public use (for example, recreating	_	_	a historically important land area
	Protection of natural habitat		_	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	oution in the form o	of 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
b				
С	Number of conservation easements on a certified historic stru-			
	Number of conservation easements included in (c) acquired at			
-	historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			
_	year	acca, changaichea, ch		organization doming the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		ction, handling of	
_	violations, and enforcement of the conservation easements it	• • •	,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	3, 1	,	J	3 ,
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservat	tion easements during the year
	3, 1	,	· ·	3 ,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	nts 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 conservatio			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	s financial stateme	ents that describes the
	organization's accounting for conservation easements.	J		
Pai	rt III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its re	venue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in fui	rtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items	S.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	ue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public			
	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 trea			gain, provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 FONKOZE	ı
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Sche								2211:		age 2
Pai	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Siı	milar As	ssets	(contir	าued)_	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the fo	ollowing that make	signifi	cant use	of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exch	nange program						
b	Scholarly research	е	Other							
c Preservation for future generations										
4	Provide a description of the organization's co						n Part	XIII.		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	rt IV Escrow and Custodial Arrang		ete if the organization	n answered "Yes" o	n Forr	m 990, Pa	ırt IV, I	ine 9, or		
	reported an amount on Form 990, Par	<u> </u>								
1a	Is the organization an agent, trustee, custodia		•				_	7	_	7
	on Form 990, Part X?						. L	」Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:		Г			A		
					F	_		Amoun		
С.	Beginning balance				Г	1c				
d	Additions during the year					1d				
e	Distributions during the year				├	1e				
7	Ending balance				L	1f		7 ٧	$\overline{}$	
	Did the organization include an amount on Fo				-		∟	Yes	H	」No □
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete it									
	Complete ii	(a) Current year	(b) Prior year	(c) Two years back		Three years	back	(e) Four	vears	back
1a	Beginning of year balance	1,132,843.	1,063,870.	972,360	_	812,		(5) : 54:	859,	
b	Contributions	= 7 = 1 = 7 = 1 0		, , , , ,	1		600.			
C	Net investment earnings, gains, and losses	-237,984.	130,673.	91,510		159,			139,	397.
d	Grants or scholarships			7	1		•			
e	Other expenditures for facilities									
ŭ	and programs		-61,700.					_	-187,	134.
f	Administrative expenses		,							
g	End of year balance	894,859.	1,132,843.	1,063,870		972,	360.		812,	134.
2	Provide the estimated percentage of the curre	ent vear end balance								
а	Board designated or quasi-endowment	,	%							
b	Permanent endowment 22.0000	%	_							
С	Term endowment 78.0000	 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	the					
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		_X_
	(ii) Related organizations							3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. Se	ee Form 990, Part 2	K, line	10.				
	Description of property	(a) Cost or of		1 , ,		nulated		(d) Boo	k value	9
		basis (investm	nent) basis (otner) c	leprec	ation	-			
1a	Land			2 025		0.00				
b	Buildings			3,035.		3,035				0.
	Leasehold improvements			6,224.		5,224				0.
d	Equipment		<u> </u>	5,591.	۷5	5,591	•			0.
	Other						+			0.
ıotal	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part 🕽	x column (B) line 1(JC)			- 1			U •

Schedule D (Form 990) 2022

(D) (E) (F) (G) (H)

Schedule D (Form 990) 2022 FONKOZE USA	INC	52-2022113 Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT IN FONKOZE S.		
(B) A •	856,541.	END-OF-YEAR MARKET VALUE
(0)		

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 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LOAN RECEIVABLES, RELATED		
(2) PARTY	3,050,615.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	3,050,615.	
Part IX Other Assets.		

856,541.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Other Liabilities.

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) LOAN PAYABLE, INVESTORS	3,037,524.
(3) OPERATING LEASE LIABILITY	162,158.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,199,682.

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

Sche	dule D (Form 990) 2022 FONKOZE USA INC		52-2	2022113 Pag
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue լ	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,908,101
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments		823.	
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		074 001
_	Add lines 2a through 2d			-274,823
3	Subtract line 2e from line 1		3	3,182,924
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	•		(
c	Add lines 4a and 4b		4c	3,182,924
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) † XII Reconciliation of Expenses per Audited Financial Sta	tements With Expenses		
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line		s per metam	•
1			1	2,577,428
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		·······	2,311,420
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
_	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	(
3	Subtract line 2e from line 1			2,577,428
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			, - ,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	•	4c	(
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			2,577,428
Pa	t XIII Supplemental Information.			-
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Part	V, line 4; Part X	, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			
PAF	RT X, LINE 2:			
THE	PROVISIONS INCLUDED IN ACCOUNTING PRIN	ICIPLES GENERALL	Y ACCEPT	ED IN THE
UN.	TED STATES OF AMERICA PROVIDE CONSISTEN	T GUIDANCE FOR	THE ACCO	DUNTING
FOE	R UNCERTAINTY IN INCOME TAXES RECOGNIZED	IN AN ENTITY'S	FINANCI	AL
~				
STA	ATEMENTS AND PRESCRIBE A THRESHOLD OF "M	ORE LIKELY THAN	NOT" FC)R
ם הי	COGNITION OF TAX POSITIONS TAKEN OR EXPE	יכיחביה יה סבי יהאצבי	ידי גרותו ואי	יא ע
KEC	CONTITUDION OF TAX FOOTITIONS TAKEN ON EAFE	CIED TO DE TAKE	111 TH A I	AA
RE'	rurn.			
THE	ORGANIZATION PERFORMED AN EVALUATION C	F UNCERTAIN TAX	POSITIC	NS AS OF
				

DECEMBER 31, 2022, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2022, THE STATUTE OF

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Department of the Treasury Internal Revenue Service

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

name of the organization					Employer identi	ncation number
FONKOZE USA INC					52-202211	L3
	mation on A	ctivities Out	side the United States. Comple	te if the organ		
Form 990, Part IV						
			ds to substantiate the amount of its gra			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
the grantees' eligibility to	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes X No
2 For grantmakers. Desc	rihe in Part V the	organization's	procedures for monitoring the use of its	grants and ot	her assistance outs	side the
United States.	inde iiri art v tire	organization 3	or occurred for mornioning the dae of its	grants and ou	nor assistance out	side trie
	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If active	vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, program services, investments, grants to		gram service, specific type	expenditures for and
	in the region	independent contractors	recipients located in the region)		(s) in the region	investments
		in the region	Tookprome recured in the region,		(e, a.e region	in the region
CENTRAL AMERICA AND						
THE CARIBBEAN			GRANTS			1,081,132.
						1 , , , -
CENTRAL AMERICA AND			PROGRAM INVESTMENTS /			
THE CARIBBEAN			PAYABLES			3,037,524.
						1
						+
3 a Subtotal	0	0				4,118,656.
b Total from continuation	_	_				
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				4,118,656.
and 3b)	ı					1,110,000.

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

Schedule F (Form 990) 2022

Part II Grants and Other

Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA &		1001120				
		THE CARIBBEAN	EDUCATION AND SUPPORT	1081132.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organization	I ns listed above that are r	l recognized as charities by the f	l oreign country. i	l recognized as a tax			L
	nization by the IRS, o	or for which the grantee	or counsel has provided a sect			> ,		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, (d) Amount of (e) Manner of (f) Amount of (g) Description of (c) Number of (a) Type of grant or assistance (b) Region recipients cash disbursement noncash assistance cash grant noncash

		assistance	appraisal, other)
			 . = /=

Schedule F (Form 990) 2022

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

232075 10-17-22 Schedule F (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

52-2022113

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number FONKOZE USA INC Part I Questions Regarding Compensation

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 FONKOZE USA INC 52-2022113 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MISC compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SHERRY TODD-GREEN	(i)	152,500.	0.	0.	0.	2,500.	155,000.	0.
DEPUTY DIRECTOR / DIRECTOR, COMMUNIC	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
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	ii)							

Schedule J (Form 990) 2022	FONKOZE USA INC	52-2022113	Page 3
Part III Supplemental Informa			
Provide the information, explanat	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	d 8, and for Part II. Also complete this part for any additional information	١.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

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.

Name of the organization FONKOZE USA INC **Employer identification number** 52-2022113

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	532	254,595.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other \dots						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions			
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29		<u> </u>	
						Yes	No No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least 3 years from the date of						
	exempt purposes for the entire holding period?	?				30a	<u> </u>
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31	X
32a	Does the organization hire or use third parties contributions?		_			32a	X
b	If "Yes," describe in Part II.				·		
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is chec	cked,		
	describe in Part II.						
	For Denominade Dedication Act Notice and						

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

Schedule M (Form 990) 2022

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Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FONKOZE USA INC

Employer identification number 52-2022113

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OPERATES EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES,
INCLUDING, BUT NOT LIMITED TO, RAISING, DONATING, AND LENDING
CHARITABLE FUNDS AND FACILITATING TECHNICAL ASSISTANCE TO ITS FONKOZE
PARTNERS (FONDASYON KOLE ZEPOL AND SEVIS FINANSYE FONKOZE) AND OTHER
ORGANIZATIONS EMPOWERING THE POOR ACROSS HAITI, AND INCREASING PUBLIC
AWARENESS ABOUT HAITI AND THE SERVICES AND PROGRAMS PROVIDED BY FONKOZE
AND THE DEVELOPMENT ORGANIZATIONS THAT THE CORPORATION SUPPORTS.
FORM 990, PART VI, SECTION A, LINE 2:
THE INTERIM EXECUTIVE DIRECTOR AND A BOARD MEMBER HAVE A FAMILY
RELATIONSHIP.
EODW 000 DADE UT GEGETON D. LINE 11D.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCIAL OFFICER, THE MEMBERS
OF ITS BOARD, AND AN INDEPENDENT CPA.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH INQUIRY OF ALL
PARTIES.
FORM 990, PART VI, SECTION B, LINE 15:
THE COMPENSATION FOR OFFICERS AND OTHER KEY EMPLOYEES IS EVALUATED BY THE
BOARD OF DIRECTORS.

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

Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** FONKOZE USA INC 52-2022113 FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: NY, AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NC, OR, PA, RI, SC, TN, UT VA,WV,WI FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS (BY-LAWS), CONFLICT OF INTEREST POLICY, DONOR RIGHTS POLICY, AND FINANCAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE. PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.

(b)

OMB No. 1545-0047

Open to Public Inspection

(f)

Name of the organization

(a)

Department of the Treasury Internal Revenue Service

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

Employer identification number 52-2022113 FONKOZE USA INC

(d)

(e)

(c)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-year a	assets Direc	t controllin entity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	nizations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	pecause it had one o	or more related tax-e.	cempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	con en	(g) 512(b)(13) trolled htity?
FONDAYSON KOLE ZEPOL	DEVELOPMENT SERVICES AND			301(0)(3))		Yes	No
119 AVENUE CHRISTOPHE	PROGRAMS TO SUPPORT THE						
, PORT-AU-PRINCE, HAITI	ULTRA-POOR	HAITI	N/A				Х

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling		Share of total	Share of end-of-year assets	(h) Disproportionate allocations?			General (Percentage
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes No	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	1	tion b)(13) rolled tity?
		country)		·				Yes	No
SEVIS FINANSYE FONKOZE, S.A.									
119 AVENUE CHRISTOPHE									
, PORT-AU-PRINCE, HAITI	MICROLOANS	HAITI	N/A				3.45%		Х
]								

Page 3

Yes No

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

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		Х
b Gift, grant, or capital contribution to related organization(s)							
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)					X	
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
-1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related organ						X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization						Х
	Sharing of paid employees with related organization(s)						X
р	Reimbursement paid to related organization(s) for expenses				1р		X
	Reimbursement paid by related organization(s) for expenses						Х
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," and "Yes," in the above it is "Yes," in the above i						
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount i	nvolved		
		type (a-s)					
1)]	FONDASYON KOLE ZEPOL	В	549,000.	FMV			
2) 5	SEVIS FINANSYE FONKOZE, S.A.	E	3,037,524.	FMV			
3)]	FONDASYON KOLE ZEPOL	В	1,056,269.	FMV			
4)							
5)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000

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