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.

2022
Open to Public Inspection

Α	For the	2022 calendar year, or tax year beginning and endi	ding				
В	Check if applicabl	C Name of organization		D Employer identific	cation number		
	Addre	THE BEAUTYWELL PROJECT					
	Name chang			**-**81	60		
	Initial return	,	om/suite	E Telephone number			
	Final return	1821 UNIVERSITY AVE W		61225042			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	121,786.		
	Amen	SAINI PAUL, MN 33104		H(a) Is this a group re			
L	Application pendi		5104	for subordinates			
_		cluded? Yes No					
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions		
_	Websi			H(c) Group exemption			
	Form of art I	organization: X Corporation Trust Association Other Summary	L Year o	of formation: 2017 N	1 State of legal domicile: MN		
	1	Briefly describe the organization's mission or most significant activities: THE BEA	AUTY	WELL PROJECT	IS AN		
Governance		ORGANIZATION THAT WAS FOUNDED TO ADDRESS TH					
n	2	Check this box if the organization discontinued its operations or disposed o	of more	than 25% of its net ass	ets.		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		з	5		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			5		
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			1		
i‡ie	6	Total number of volunteers (estimate if necessary)			0		
÷	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		128,040.	121,786.		
	9	Program service revenue (Part VIII, line 2g)		0.	0.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
α.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		128,040.	121,786.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
v,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		89,144.	88,298.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
X De	. b	Total fundraising expenses (Part IX, column (D), line 25) 4,099.	<u>. </u>				
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		56,439.	36,369.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		145,583.	124,667.		
_	19	Revenue less expenses. Subtract line 18 from line 12		-17,543.	-2,881.		
Net Assets or	g		Вед	jinning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		78,249.	75,463.		
t As	21	Total liabilities (Part X, line 26)		790.	885.		
2	22	Net assets or fund balances. Subtract line 21 from line 20		77,459.	74,578.		
	art II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying schedules and		•	knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer l	has any knowledge.			
		Cignature of officer		Doto			
Sig		Signature of officer		Date			
He	re	AMIRA ADAWE, EXECUTIVE DIRECTOR					
		Type or print name and title	In	ate Check C	DTIN		
	_	Print/Type preparer's name Preparer's signature		i	X PTIN		
Pai		YANLI ZHAO YANLI ZHAO	Įυ	5/14/23 self-employe			
	parer	Firm's name ISAANA TAX & ACCOUNTING LLC		Firm's EIN *	*-***9127		
USE	Only	Firm's address 7501 N UNIVERSITY		, / 2	00/ 402 0660		
_		PEORIA, IL 61614		Phone no. (3			
		AS discuss this return with the preparer shown above? See instructions			X Yes No		
2320	01 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2022)		

Pai	Statement of Program Service Accomplishments	
	<u> </u>	X
1	Briefly describe the organization's mission: THE BEAUTYWELL PROJECT IS AN ORGANIZATION THAT WAS FOUNDED TO ADDRESS	
	THE ISSUE OF SKIN-LIGHTENING PRACTICES AND CHEMICAL EXPOSURES IN THE	
	IMMIGRANT AND COMMUNITIES OF COLOR. THE ORGANIZATION'S MISSION IS TO	
	DEVELOP HEALTHY INDIVIDUALS, FAMILIES AND COMMUNITY THROUGH EDUCATION,	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	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 N	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. (Code:) (Expenses \$ 25,449 • including grants of \$) (Revenue \$	
4a	(Code:) (Expenses \$25,449. including grants of \$) (Revenue \$) THE YOUNG WOMEN'S WELLNESS AND LEADERSHIP INITIATIVE (YWWLI) TRAINS	_ '
	YOUNG 1418-YEAR-OLD SOMALI WOMEN TO TAKE LEAD OF THEIR HEALTH AND	
	WELLBEING, GAIN POLICY AND ADVOCACY SKILLS, AND CREATE SOCIAL MEDIA	
	ADVOCACY CAMPAIGN TO ADDRESS SKIN-LIGHTENING PRACTICE, SELF-ESTEEM AND	
	PROMOTE REPRODUCTIVE HEALTH. YWWLI WILL GIVE THEM A SAFE SPACE TO	
	FLOURISH, RE-DISCOVER, AND EXPLORE PARTS OF THEIR HEALTH AND WELLNESS	
	THAT THEY HAVE NOT YET TAPPED INTO DUE TO SOCIAL AND ECONOMIC	
	LIMITATIONS. EACH COHORT MEET WEEKLY FOR 18 WEEKS AND CONCLUDE WITH A	
	RETREAT. YWWLI WILL ALSO INCLUDE ONE-ON-ONE MENTORSHIP FOR THE YOUNG	
	WOMEN AND WILL PROVIDE SUSTAINABLE MENTORSHIP ONCE THEY COMPLETE THE	
	PROGRAM. SO FAR IN THIS PROGRAM WE HAVE TRAINED 7 COHORTS.	
4b	(Code:) (Expenses \$ 37 , 310 including grants of \$) (Revenue \$	
	THIS WAS A LEGISLATION THAT MINNESOTA LEGISLATURE PASSED IN 2019 TO USE	_ ′
	FOR FISCAL YEARS OF 2020-2022. THE FUNDING PASSED THROUGH MINNESOTA	
	DEPARTMENT OF HEALTH (MDH) AND WAS AWARDED 55,000 TO THE BEAUTYWELL	
	PROJECT FOR TWO YEARS (2020-2022). THIS FUNDING ENDED JULY 2022;	
	HOWEVER, WE CONTINUED DOING THE OUTREACH AND EDUCATION TO COMMUNITIES	
	ADDRESSING THE TOXIC CHEMICALS THAT ASSOCIATE WITH THE USE OF	
	SKIN-LIGHTENING PRODUCTS.	
	WE HAVE DONE SEVERAL ACTIVITIES USING THIS MONEY AND CONTINUE TO DO	
	THEM:	
	1 VIE HAVE BEEN COMMINIOUGLY COMPHONING EDUCANTONAL OURDEACH ADOLIN	
	1) WE HAVE BEEN CONTINUOUSLY CONDUCTING EDUCATIONAL OUTREACH ABOUT	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 34,652. including grants of \$) (Revenue \$)	
4e	Total program service expenses 97,411.	
	- 000 ca	

Form 990 (2022) THE BEAUTYWELL PROJECT 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)?		37	
	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			37
	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	_		3,7
	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	_		37
_	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?			3,7
	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			3,7
	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	·	20a		Х
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) THE BEAUTYWELL PROJECT
Part IV | Checklist of Required Schedules (continued)

	Continued)		V	
00			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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? <i>If</i> "Yes," <i>complete</i>			
	·	23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
ZTU	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
31 32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		-25
32	Coloradado N. Dortell	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
-	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 T	Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	۵	Х	
	(gambling) winnings to prize winners?	1c	_^	

022) THE BEAUTYWELL PROJECT
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	1						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b		<u>X</u>			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X_			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		<u> </u>			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for F	ccour	ts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		<u>X</u>			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		_X_			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-				х			
L	any contributions that were not tax deductible as charitable contributions?			6a					
D	If "Yes," did the organization include with every solicitation an express statement that such contributi were not tax deductible?		•	6b					
7	Organizations that may receive deductible contributions under section 170(c).			OD					
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices i	provided to the payor?	7a		Х			
b			novidud to the payor.	7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?			7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f					
g									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9	9 Sponsoring organizations maintaining donor advised funds.								
a Did the sponsoring organization make any taxable distributions under section 4966?									
b				9b					
10	Section 501(c)(7) organizations. Enter:	1	I						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		4					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1					
11	Section 501(c)(12) organizations. Enter:	445	I						
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a		1					
D	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	124					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a				14a		_X_			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?			15		X			
	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	t incoi	ne?	16		X			
47	If "Yes," complete Form 4720, Schedule O.	A1741	_						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			47					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17					
232005	12-13-22			Form	990	(2022)			
			*PUBLIC VIEV			()			

Form 990 (2022) THE BEAUTYWELL PROJECT

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to lines 2 through 7b 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	5								
	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	5								
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		Х						
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		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
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		Х						
	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	2a 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 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	X							
13	Did the organization have a written whistleblower policy?	13		Х						
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 MN									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.	,,								
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	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									
	ISAANA TAX LLC - 3094030660									
	7501 N UNIVERSITY STREET STE 221A, PEORIA, IL 61614									

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 hours per week	Position (do not check more than one box, unless person is both a officer and a director/trustee					n an	Reportable compensation from	Reportable compensation from related	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)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) AMIRA ADAWE	40.00							01 004	_	
EXECUTIVE DIRECTOR (2) JAMES KOPPEL	1.50			Х				81,984.	0.	0.
BOARD CHAIR	1.50	Х						0.	0.	0.
(3) DAVID ORREN	1.00							0.	0.	<u></u>
BOARD MEMBER		Х						0.	0.	0.
(4) ARPITA APPANNAGARI	1.00									
SECRETARY		Х						0.	0.	0.

Form 990 (2022)

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Par	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	High k	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average Position (do not check more than one						one	Reportable	Reportable	Э	Es	stimate	ed .
		hours per	box	, unle	ss pe	rson i	is botl	h an	compensation	compensation		ar	nount	of
		week	_	cer ar	ia a a	irecto	or/trus	Tee)	from	from relate			other	
		(list any	rector						the	organization			pensa	
		hours for related	or di	e e			ated		organization	(W-2/1099-MI			om the	
		organizations	ustee	trust		e e	Suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		anizati d relati	
		below	ual tr	tional		ploye	t col		1099-NEC)				u reiati anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	ainzan	JI 13
		1	=	=	0		1 0	<u> </u>						
			1											
							-							
			1											
		-					-	<u> </u>						
			-											
							_	_						
			-											
							_	_						
			1											
	Subtotal	1			<u> </u>		<u> </u>	· ·	81,984.		0.			0.
10	Subtotal Total from continuation sheets to Part VI	I Cootion A							0.		0.			0.
									81,984.		0.			0.
	Total (add lines 1b and 1c)									000 of resortable				<u> </u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wr	io re	eceived more than \$100,	000 of reportabl	е			0
	compensation from the organization												Yes	No
													162	INO
3	Did the organization list any former officer,	•		•	•	•	-	•	•	•				37
	line 1a? If "Yes," complete Schedule J for s											3		X
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	•				•			•					
	rendered to the organization? If "Yes." com	plete Schedule	e J f	or st	ıch į	oers	on					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion 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)								(B)			(0	C)	
	Name and business	address	N	INC	3				Description of s	ervices	С	ompe	nsatio	ภ
								\dashv						
_	Tatal according of the desired at th	a alterative or 2 - 1	-4 "	:	4.4	.			ala aval vida a via					
2	Total number of independent contractors (in		ot IIr	nited	to to		_	ted	above) who received me	ore tnan				
	\$100,000 of compensation from the organiz	zation				()							

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		Check if Schedule O	contains a	response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
ņς	1 a	Federated campaigns		1a					
ant	b .			1b					
2 5	C			1c					
fts,		Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts				1e					
Sir	e	• ,							
utic er	т	All other contributions, gifts,			121 786				
章된		similar amounts not included			121,786.				
d d	g		lines 1a-1f	1g \$		101 706			
O g	h	Total. Add lines 1a-1f				121,786.			
					Business Code				
Ce	2 a								
ΘŽ	b								
Se	С	·							
an eve	d								
Program Service Revenue	е								
Ą.	f	All other program service	revenue						
	g	Total. Add lines 2a-2f							
	3	Investment income (includ	ling divide	ends, intere	st, and				
		other similar amounts)							
	4	Income from investment o							
	5	Royalties							
		,		(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
		Rental income or (loss)	6c						
	4	Net rental income or (loss)							
		Gross amount from sales of	$\overline{}$	Securities	(ii) Other				
	ı a		· · ·	Scouritics	(ii) Other				
		assets other than inventory	7a						
•	D	Less: cost or other basis	l l						
ng		and sales expenses	7b						
Revenue		Gain or (loss)	7c						
æ		Net gain or (loss)			I				
ther	8 a	Gross income from fundraisir	ng events ((not					
ō		including \$							
		contributions reported on							
		Part IV, line 18							
	b	Less: direct expenses		8b					
		Net income or (loss) from		_					
	9 a	Gross income from gamin	-	I					
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	С	Net income or (loss) from	gaming a	ctivities					
	10 a	Gross sales of inventory, le	ess returr	าร					
		and allowances		10a					
	b	Less: cost of goods sold							
		: Net income or (loss) from							
\neg		2. (1000) 110111		,	Business Code				
sno	11 a	r							
Miscellaneous Revenue	u								
ella	C								
Sce		All other revenue							
Σ		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				121,786.	0.	0.	0.
	14	i Juli i ovoliuo. Oce ilibli delle				,,,,,,,,	, ,	. •	, ••

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 expenses (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. 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 individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 81,984. 4,099. 65,587. 12,298. 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) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 6,314. 5,051. 1,263. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 2,183. 2,183. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 13,212. 13,212. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 630. 630. Office expenses 13 Information technology 14 15 Royalties 5,554. 5,554. 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 510. 510. 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.) 12,583. 12,583. PROGRAM EXPENSES PROGRAM SUPPLIES 928. 928. 388. 388. UTILITIES 258. 258. SHIPPING & DELIVERY 123. 50. 73. All other expenses 124,667. 97,411. 23,157. 4,099. 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)

Form 990 (2022)

Part X | Balance Sheet

2 Savings and temporary cash investments	ı a	LA	Balance oneet				
Cash - non-interest-bearing 78 , 249 . 1			Check if Schedule O contains a response or note	e to any line in this Part X			
2 Savings and temporary cash investments 2 3 2 375.					(A) Beginning of year		
Savings and temporary cash investments 2 3 2 3 3 2 375.		1	Cash - non-interest-bearing		78,249.	1	73,088.
3 Pledges and grants receivable, net 3 2 , 375		2				2	
A Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958((r)1), and persons described in section 4958(c)(3)(B) 6 Control 4958((r)1), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 9 9 9 9 9 9 9 9		3			3	2,375.	
Secure Content Conte		4				4	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses 9 P		5					
Controlled entity or family member of any of these persons 5							
Section Company Comp					5		
Under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6					
7 Notes and loans receivable, net 8 Inventroise for sale or use 8 Inventroise for sale or use 9 Prepaid expenses and deferred charges 9						6	
8	"	7		Г			
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable in through 15 (must equal line 33) 18 Carants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrew or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 27 Net assets with donor restrictions Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 27 through 33. 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 77, 459, 32 74, 578.	ěţ						
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c 10c 11 10vestments - publicly traded securities 111 112 113 114 114 115 115 115 115 116 116 116 116 116 117 117 117 118 118 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119 119	Ass		5				
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b Less: accumulated depreciation 10b 10c		IVA	• • • • • • • • • • • • • • • • • • • •	102			
11 Investments - publicly traded securities 11 12 10 12 10 12 10 13 10 14 15 13 10 14 15 14 15 14 15 15 16 15 16 16 16 16		h				100	
12							
13							
14							
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 78,249							
16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 77, 459 32 74, 578 .							
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18 Grants payable 18 19 Deferred revenue 19 20 Tax exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and other liabilities included on lines 17.24). Complete Part X of Schedule D 378. 25 885.						/5,463.	
19 Deferred revenue 19				412.			
20 Tax-exempt bond liabilities 20							
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 77, 459 32 74, 578.		19					
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24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 20 Total net assets or fund balances 77, 459 . 32 74, 578 .	abi		controlled entity or family member of any of these	e persons		22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	_	23	Secured mortgages and notes payable to unrelate	ted third parties		23	
parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 77, 459 . 32 74, 578 .		24	Unsecured notes and loans payable to unrelated	third parties		24	
of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 37 A 578.		25	Other liabilities (including federal income tax, pay	ables to related third			
Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 77,459. 27 Net assets with donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 790. 26 885. 77,459. 27 74,578.			parties, and other liabilities not included on lines	17-24). Complete Part X			
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 31 Total net assets or fund balances 32 Total stock or trust principal assets or fund balances 33 Total net assets or fund balances 34 Total net assets or fund balances			of Schedule D			25	
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and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 78, 249 33 75, 463.			Organizations that follow FASB ASC 958, check	ck here X			
Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances 77,459. 27 74,578.	Ses		and complete lines 27, 28, 32, and 33.				
Programme 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 77,459 32 74,578 33 Total liabilities and net assets/fund balances 78,249 33 75,463 35	au	27	Net assets without donor restrictions		77,459.	27	74,578.
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 36 Total liabilities and net assets/fund balances 37 7 4 5 9 3 3 7 5 , 4 6 3 .	Bal	28	Net assets with donor restrictions			28	
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 36 Total liabilities and net assets/fund balances 37 7, 459 32 74,578 33 75,463 35	pu						
29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 36 Total liabilities and net assets/fund balances 39 Total liabilities and net assets/fund balances 77,459.32 74,578.	Ē		and complete lines 29 through 33.				
Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances 77,459.32 74,578. 78,249.33 75,463.	ğ	29	Capital stock or trust principal, or current funds			29	
31 Retained earnings, endowment, accumulated income, or other funds 31	sets	30				30	
32 Total net assets or fund balances 77,459.32 74,578. 33 Total liabilities and net assets/fund balances 78,249.33 75,463.	As	31		., , ,		31	
33 Total liabilities and net assets/fund balances 78,249. 33 75,463.	ēt				77,459.		74,578.
	~						

Form **990** (2022)

	990 (2022) THE BEAUTYWELL PROJECT	**-**	160	Pag	ge 12
Pa	rt 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			86.
2	Total expenses (must equal Part IX, column (A), line 25)	2	124	.,6	<u>67.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	8,8	81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77	, 4	<u>59.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	74	.,5	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
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 require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 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.

Open
Ins

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** **-***8160 THE BEAUTYWELL PROJECT 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). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")			171,051.	128,040.	121,786.	420,877.		
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			171,051.	128,040.	121,786.	420,877.		
	The portion of total contributions			•	•	•	•		
-	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.						420,877.		
	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	(=) == : =	V -7	171,051.	128,040.	121,786.	420,877.		
	Gross income from interest,			,	,	•	•		
_	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
•	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						420,877.		
	Gross receipts from related activities,	etc (see instruction	ns)			12			
	First 5 years. If the Form 990 is for the	<u></u>		fourth or fifth tax v	ear as a section 50	-			
	organization, check this box and stop	-							
Sec	tion C. Computation of Publi	c Support Per							
	Public support percentage for 2022 (I			column (f))		14	100.00 %		
	Public support percentage from 2021					15	100.00 %		
	33 1/3% support test - 2022. If the					ore, check this box			
	stop here. The organization qualifies						T		
b	33 1/3% support test - 2021. If the	organization did no	t check a box on I						
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact								
	meets the facts-and-circumstances te								
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								
	no organization			, , ,	, 200, al				

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

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

Se	ction A. Public Support						
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						
Ŭ	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						
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
		(-) 0010	(h) 0010	(-) 0000	(4) 0001	(-) 0000	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						
106	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
_	•		-				
	ction C. Computation of Publi					1 1	
	Public support percentage for 2022 (I	, (,,	• •	column (f))		15	%
	Public support percentage from 2021		-			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19	33 1/3% support tests - 2022. If the	organization did r	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	
k	33 1/3% support tests - 2021. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

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		
0		
2		
0-		
3a		
3b		
_		
3c		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
.50		
10b		
IUU		

Par	t IV	Supporting Organizations (continued)			<u></u>
		Commody		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	•	elow, the governing body of a supported organization?	11a		
h		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1110		
·		in Part VI.	11c		
Sec		3. Type I Supporting Organizations	110		
		,pooupporung organizations		Yes	No
4	Did th	so governing body, members of the governing body, officers esting in their official consoity, or membership of one or		162	NO
1		le 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,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
_		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800		vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
Sec	LIOIT	5. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
800	the su	pported organization(s). D. All Type III Supporting Organizations	1		
Sec	LIOII L	5. All Type III Supporting Organizations		1	
	-			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization'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	_		
•	-	ization'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			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
•	•	ganization 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			
	-	cant 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	_		
Sec	suppo tion F	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1		k 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. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
b		The organization is the parent of each of its supported organizations. Complete line 3 pelow. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins		- 1	
с 2		ties Test. Answer lines 2a and 2b below.	truction	yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		162	INO
а					
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	20		
L		nese activities constituted substantially all of its activities.	2a		
D		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	CI.		
•		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	ı	

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

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continue	ed)	o z o o r age r
	on D - Distributions	<u> </u>	Continue		Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (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	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	s	(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				
е	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
<u> </u>	Carryover from 2017 not applied (see instructions)				
_ <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				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

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

THE BEAUTYWELL PROJECT

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

-*8160

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)

Name of organization Employer identification number

THE BEAUTYWELL PROJECT

-*8160

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	HENNEPIN COUNTY 300 S 6TH ST MINNEAPOLIS, MN 55487	\$18,365.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	MINNESOTA DEPARTMENT OF HEALTH 625 ROBERT ST. N	\$8,595.	Person X Payroll Noncash (Complete Part II for
	ST. PAUL, MN 55164		noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 PAUL AND SHEILA STEINER CHARITABLE LEAD TRUST	Total contributions	Person X Payroll
	1821 UNIVERSITY AVE W	\$22,600.	Noncash
	ST. PAUL, MN 55104		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 SAINT PAUL FOUNDATION	Total contributions	Person X Payroll
	101 5TH ST E STE 2400	\$\$	Noncash
	ST. PAUL, MN 55101		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	YOUTH PRISE		Person X
	3001 BROADWAY ST NE SUITE #330 MINNEAPOLIS, MN 55413	\$10,000.	Payroll Noncash (Complete Part II for noncash contributions.)
	HINNERI OLID, FM 33413		Therreadin definitional of the second of the
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MEDICA FOUNDATION		Person X
	P.O. BOX 9310	\$ 10,000.	Payroll Noncash
	1:0: BOX 7510	— — — — — — — — — —	(Complete Part II for

Name of organization Employer identification number

THE BEAUTYWELL PROJECT

-*8160

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Employer identification number Name of organization

	EAUTYWELL PROJECT			**_*	
t III	Exclusively religious, charitable, etc., contribu	tions to organizations described in s	ection 50	(c)(7), (8), or (10) that total more	than \$1,000 for the ye
	from any one contributor. Complete columns (a	a) through (e) and the following line er	try. For or	ganizations	
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for th	e year. (Enter this info. once.) Φ	
	Use duplicate copies of Part III if additional	space is needed.			
No. om			7		
m	(b) Purpose of gift	(c) Use of gift		(d) Description of h	ow gift is held
rt I					
—				-	
Ì		(a) Transfer of a	· £1		
		(e) Transfer of g	π		
	Transferee's name, address,	and 7 IP ± 4	R	elationship of transferor to tr	ransferee
ŀ	Transferce o name, address,	und 211 1 4			unorcico
No. om					
m rt I	(b) Purpose of gift	(c) Use of gift		(d) Description of h	ow gift is held
U					
_		-			
		(e) Transfer of g	ft		
		(c) Transfer of g			
	Transferee's name, address,	and ZIP + 4	Re	elationship of transferor to tr	ransferee
-	Transferee's name, address,	and ZIP + 4	Re	elationship of transferor to tr	ransferee
	Transferee's name, address,	and ZIP + 4	Re	elationship of transferor to tr	ransferee
	Transferee's name, address,	and ZIP + 4	Re	elationship of transferor to to	ransferee
	Transferee's name, address,	and ZIP + 4	Re	elationship of transferor to tr	ransferee
	Transferee's name, address,	and ZIP + 4	Re	elationship of transferor to tr	ransferee
No.	Transferee's name, address,	and ZIP + 4	Re	elationship of transferor to tr	ransferee
No.			Ro		
No. om rt I	(b) Purpose of gift	(c) Use of gift	Re	elationship of transferor to tr	
m			Re		
m			Re		
m			Re		
m			Re		
m			Re		
m		(c) Use of gift			
m					
m		(c) Use of gift			
m	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift		(d) Description of h	ow gift is held
m		(c) Use of gift (e) Transfer of gift			ow gift is held
m	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift		(d) Description of h	ow gift is held
m	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift		(d) Description of h	ow gift is held
m	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift		(d) Description of h	ow gift is held
m	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift		(d) Description of h	ow gift is held
em rt I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift		(d) Description of h	ow gift is held
m t1	(b) Purpose of gift Transferee's name, address,	(c) Use of gift (e) Transfer of giand ZIP + 4		(d) Description of h	ow gift is held
m tl	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift		(d) Description of h	ow gift is held
m tl	(b) Purpose of gift Transferee's name, address,	(c) Use of gift (e) Transfer of giand ZIP + 4		(d) Description of h	ow gift is held
m tl	(b) Purpose of gift Transferee's name, address,	(c) Use of gift (e) Transfer of giand ZIP + 4		(d) Description of h	ow gift is held
m †!	(b) Purpose of gift Transferee's name, address,	(c) Use of gift (e) Transfer of giand ZIP + 4		(d) Description of h	ow gift is held
m	(b) Purpose of gift Transferee's name, address,	(c) Use of gift (e) Transfer of giand ZIP + 4		(d) Description of h	ow gift is held
m †!	(b) Purpose of gift Transferee's name, address,	(c) Use of gift (e) Transfer of giand ZIP + 4		(d) Description of h	ow gift is held
m †!	(b) Purpose of gift Transferee's name, address,	(c) Use of gift (e) Transfer of gi and ZIP + 4 (c) Use of gift	ift	(d) Description of h	ow gift is held
m t1	(b) Purpose of gift Transferee's name, address,	(c) Use of gift (e) Transfer of giand ZIP + 4	ift	(d) Description of h	ow gift is held
m t I	(b) Purpose of gift Transferee's name, address,	(c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (e) Transfer of gift	ift Ro	(d) Description of h	ow gift is held ransferee ow gift is held

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

THE BEAUTYWELL PROJECT

Employer identification number **-***<u>8160</u>

		(a) Donor advised	d 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 hel	d in donor advised fu	ınds
	are the organization's property, subject to the organization's e	-		
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?			
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recreat		Preservation of a his	storically important land area
	Protection of natural habitat	, <u> </u>	1	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribu	ition in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Y
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru			
d	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	, ,	, 0	9
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri		on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enf	orcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	s of section 170(h)(4)((B)(i)
	and section 170(h)(4)(B)(ii)?			Yes
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's	financial statements	that describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Other	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 reve	nue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education,	or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balan	ice sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheran	ice of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u>
2	If the organization received or held works of art, historical trea			n, 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			\$

	t III Organizations Maintaining Colle	ections of Ar	t, Hist	orical Tre	asures, o	r Othei	r Simil	ar Assets	s (contir	nued)	age –
3	Using the organization's acquisition, accession,	and other record	s, check	any of the f	following that	t make si	gnificar	t use of its	,		
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е	,	Other							
С	Preservation for future generations										
4	Provide a description of the organization's collect	tions and explair	n how th	ey further th	ne organizatio	on's exen	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or red	ceive donations of	of art, his	storical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be mainta								Yes		No
Par	t IV Escrow and Custodial Arranger	nents. Comple	ete if the	organizatio	n answered	"Yes" on	Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Part X,			-							
1a	Is the organization an agent, trustee, custodian of	or other intermed	iary for o	contributions	s or other ass	sets not i	included	ł			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII and										
	, ,	•	Ü						Amoun	t	
С	Beginning balance						10	;			
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Form								Yes		No
	If "Yes," explain the arrangement in Part XIII. Che						•				j
Par	···										_
		a) Current year		rior year	(c) Two yea			e years back	(e) Four	years	back
1a	Beginning of year balance	, ,	, ,		, ,		. ,		, ,		
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
е											
	and programs										
	Administrative expenses										
g	End of year balance	voor and balance	. /lina 1		\\						
2	Provide the estimated percentage of the current	year end balance	•	j, column (a))) neid as:						
a	Board designated or quasi-endowment	0/	_%								
b	Permanent endowment	%									
С	Term endowment%	1 4 0 0 0 /									
0-	The percentages on lines 2a, 2b, and 2c should of	•		A a considerated and	and and a death of a base						
Зa	Are there endowment funds not in the possessio	on of the organiza	ition tha	t are neid ar	na aaminister	rea for th	ie		ſ	Yes	No
	organization by:								(a, t)	163	NO
	(i) Unrelated organizations								3a(i)	-	
_	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organization								3b		
4 Dar	Describe in Part XIII the intended uses of the org t VI Land, Buildings, and Equipment		wment f	unds.							
Fai			Dort IV	/ line 11e C	`aa Farm 000) Dort V	line 10				
	Complete if the organization answered "Y					i		.			
	Description of property	(a) Cost or o			or other		ccumul	I	(d) Boo	k value	е
		basis (investn	nent)	basis	(other)	de	preciation	on			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
Total	l. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part	X. colun	nn (B). line 1	0c.)						0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 THE BEAUTYW	ELL PROJECT	**	-***8160 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			1 - 6
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	i-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1)	(D) Dook value	(c) memor or randamem coor or one	. or your marries raise
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	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	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FEDERAL PAYROLL TAXES PAY	ABLE		885
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

885.

(7) (8) (9)

Sche	dule D (Form 9	90) 2022 THE BEAUT	YWELL PROJEC	CT	**-***816() Page 4
Par	t XI Reco	nciliation of Revenue per	Audited Financial	Statements With Reve	enue per Return.	
	Comp	ete if the organization answered "Y	es" on Form 990, Part	IV, line 12a.		
1	Total revenue	, gains, and other support per audi	ted financial statements	S	1	
2	Amounts inclu					
а	Net unrealized	d gains (losses) on investments		2a		
b	Donated serv	ces and use of facilities		2b		
С		prior year grants				
d						
е	Add lines 2a	through 2d			2e	
3	Subtract line	2e from line 1			3	
4		uded on Form 990, Part VIII, line 12				
а	Investment ex	penses not included on Form 990,	Part VIII, line 7b	4a		
b	Other (Descril	oe in Part XIII.)		4b		
С	Add lines 4a	and 4b			4c	
5	Total revenue	. Add lines 3 and 4c. (This must eq	ual Form 990, Part I, lin	e 12.)	5	
Par	t XII Reco	nciliation of Expenses per	Audited Financia	I Statements With Exp	enses per Return.	
	Comp	ete if the organization answered "Y	es" on Form 990, Part	IV, line 12a.		
1	Total expense	es and losses per audited financial	statements		1	
2	Amounts inclu	uded on line 1 but not on Form 990), Part IX, line 25:			
а	Donated serv	ces and use of facilities		2a		
b	Prior year adj	ustments		2b		
С	Other losses			2c		
d	Other (Descril	oe in Part XIII.)		2d		
е	Add lines 2a	through 2d			2e	
3	Subtract line	2e from line 1			3	
4	Amounts inclu	uded on Form 990, Part IX, line 25,	but not on line 1:	1 1		
а	Investment ex	penses not included on Form 990,	Part VIII, line 7b	4a		
b	Other (Descril	oe in Part XIII.)		4b		
С	Add lines 4a					
5	Total expense	es. Add lines 3 and 4c. (This must e	equal Form 990, Part I, I	ine 18.)	5	
		lemental Information.				
	•	tions required for Part II, lines 3, 5,	·	·		: XI,
lines	2d and 4b; and	d Part XII, lines 2d and 4b. Also cor	mplete this part to provi	de any additional information	-	

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

Name of the organization

THE BEAUTYWELL PROJECT

Employer identification number **-***8160

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SKIN-LIGHTENING PRACTICES AND CHEMICAL EXPOSURES IN THE IMMIGRANT AND

COMMUNITIES OF COLOR. THE ORGANIZATION'S MISSION IS TO DEVELOP HEALTHY

INDIVIDUALS, FAMILIES AND COMMUNITY THROUGH EDUCATION, RESEARCH,

EMPOWERMENT, POLICY AND SYSTEMS CHANGES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESEARCH, EMPOWERMENT, POLICY AND SYSTEMS CHANGES. WE HAVE BEEN

CONDUCTING COMMUNITY FORUMS TO EDUCATE THE SOMALI/AFRICAN GROUPS, HMONG

AND LATINO AND OTHER COMMUNITIES OF COLOR ABOUT THE SKIN-LIGHTENING

PRACTICES, CHEMICAL EXPOSURES, THE HEALTH AND PSYCHOLOGICAL IMPACTS. WE

HAVE CONDUCTED SEVERAL FOCUS GROUP SESSIONS AND KEY INFORMANT

INTERVIEWS IN THE SOMALI, HMONG, LATINO AND SOUTH SUDANESE COMMUNITIES

TO LEARN THEIR ATTITUDE TOWARDS SKIN-LIGHTENING PRACTICES, HOW THE

CULTURES INFLUENCE THE PRACTICE AND THE UNJUST RACIAL ASSOCIATE WITH

SKIN COLOR. WE HAVE TRAINED FOUR HEALTH CARE SYSTEMS INCLUDING MORE

THAN 100 CLINICS IN THE MINNEAPOLIS-ST. PAUL METRO AREA AND GREATER MN.

MORE THAN 3,000 HEALTH CARE PROVIDER

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SKIN-LIGHTENING PRACTICES AND CHEMICAL EXPOSURES IN ALL OUR PROGRAMS.

WE HAVE BEEN SHARING THE EDUCATIONAL MESSAGES THROUGH OUR TEXT PROGRAM,

WHATSAPP, IN ALL OUR SOCIAL MEDIA PLATFORMS INCLUDING FACEBOOK,

TWITTER, LINKEDIN AND INSTAGRAM AS WELL AS OTHER SOCIAL MEDIA

PLATFORMS. WE HAVE BEEN SHARING THE SKIN-LIGHTENING AND CHEMICAL

EXPOSURE EDUCATION THROUGH PRESENTING AT WEBINAR SESSIONS, PRESENTING

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

Name of the organization **Employer identification number** **-***8160 THE BEAUTYWELL PROJECT TO COMMUNITY LEADERS AND MEMBERS. HOSTING SESSIONS FOR YOUTH AND PARENT GROUPS. WE HAVE BEEN PRESENTING AND TRAINING AT UNIVERSITY OF MINNESOTA SCHOOL OF PUBLIC HEALTH STUDENTS AND SCHOOL OF SOCIAL WORK STUDENTS. WE HAVE PRESENTED AT SEVERAL CONFERENCES BOTH IN STATE AND NATIONWIDE. WE HAVE CONDUCTED TRAININGS COMMUNITIES TO OTHER STATES AND STATE GOVERNMENT STAFFS. DESIGNED MULTIPLE EDUCATION MATERIALS ABOUT SKIN-LIGHTENING AND CHEMICALS EXPOSURES. WE ALSO TRANSLATED OUR EDUCATION MATERIALS IN MULTIPLE LANGUAGES. 2) SOME OF THE FUNDING USED FOR OUR YOUNG WOMEN'S WELLNESS AND LEADERSHIP INITIATIVE. 3) CONDUCTING REGULAR EVALUATION FOR THE PROJECT. 4) WE HAVE CONDUCTED OUR 2ND ANNUAL YOUTH HEALTH SUMMIT COMBATING COLORISM. 5) CONTINUES EDUCATION THROUGH BEAUTY-WELLNESS TALK PODCAST 6) CONDUCTED KEY INFORMANT INTERVIEWS AND FOCUS GROUP SESSION TO CONTINUE COLLECT DATA ABOUT THE USE OF THESE SKIN-LIGHTENING PRODUCTS, ATTITUDES TOWARDS THE PRACTICE AND ITS IMPACT ON COMMUNITIES. 7) TESTED SKIN-LIGHTENING PRODUCTS. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION REVIEWED THE 990 TAX RETURN AT ITS BOARD MEETING.

<u>Schedule O (Form 990) 2022</u> Page **2**

Schedule O (Form 990) 2022	Page 2
Name of the organization THE BEAUTYWELL PROJECT	Employer identification number **-**8160
FORM 990, PART VI, SECTION B, LINE 12C:	
SEE ATTACHED POLICY	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD MEMBERS DISCUSSED AND DECIDED THE AMOUNT OF COM	PENSATION FOR
EXECUTIVE DIRECTOR DURING THE BOARD MEETING.	
FORM 990, PART VI, SECTION C, LINE 18:	
FORMS 1023 AND 990 WILL BE MADE AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERI	EST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQI	EUST IN ITS
OFFICE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
SUBCONTRACTORS:	
PROGRAM SERVICE EXPENSES	12,383.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,383.
TRANSLATION SERVICES:	
PROGRAM SERVICE EXPENSES	829.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	829.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	13,212.
232212 10-28-22	Schedule O (Form 990) 2022

Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address:

www.ag.state.mn.us/charity

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

Legal Name of Organization THE BEAUTYWELL PRO	JECT
Federal EIN: **-***8160	Fiscal Year-End: 12312022
	mm/dd/yyyy
	Did the organization's fiscal year-end change? Yes X No
Mailing Address: ISAANA TAX LLC	Physical Address:
Contact Person 1821 UNIVERSITY AVE W	Contact Person 1821 UNIVERSITY AVE W
Street Address SAINT PAUL, MN 55104	Street Address SAINT PAUL, MN 55104
City, State, and ZIP Code 6122504263	City, State, and ZIP Code 6122504263
Phone Number AMIRA.ADAWE@THEBEAUTYWELL.ORG	Phone Number AMIRA.ADAWE@THEBEAUTYWELL.ORG
Email Address	Email Address
 Organization's website: <u>WWW.THEBEAUTYWELL.O</u> List all of the organization's alternate and former names (attach leads) 	
List all names under which the organization solicits contributions	Alternate Former
Is the organization incorporated pursuant to Minn. Stat. ch. 317/	A? Yes X No
Total amount of contributions the organization received from Min	 -
6. Has the organization's tax-exempt status with the IRS changed? Yes X No If yes, attach explanation.	
7. Has the organization significantly changed its purpose(s) or prog	gram(s)?

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or government agency? Yes X No If yes, attach explanation.					
9.						
	Name of Professional Fundraiser	Compensation				
	Street Address	City, State, and ZIP Cod	e			
10.	0. Is the organization a food shelf?					
11.	Do any directors, officers, or employees of the organization or its related organization(s) compensation* of more than \$100,000? \qquad Yes \qquad No If yes, provide the following information for the five highest paid individuals:	receive total				
	Name and title	Compensation*	Other compensation			

^{*}Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

XPE	ENSES	
5.	TOTAL INCOME	\$ <u>121,786.</u> 5
4.	Other Revenue	\$ 4
3.	Program Service Revenue	\$ 3
2.	Government Grants	\$ 2
1.	Contributions Received	\$ <u>121,786.</u> ₁

EX

6.	Program Expenses	\$_	97,411. 6
7.	Management & General Expenses	\$_	23,157. 7
8.	Fund-raising Expenses	\$_	4,099. 8
9.	TOTAL EXPENSES	\$_	124,667.9
10.	EXCESS or DEFICIT	\$_	-2,881 . 10
	(Line 5 minus Line 9)		

ASSETS

11.	Cash	\$ 73,088.
12.	Land, Buildings & Equipment	\$ 12
13.	Other Assets	\$ 2,375. 13
14.	TOTAL ASSETS	\$ 75,463. 14

LIABILITIES

LIABILITIES						
15. Accounts Payable	\$	15				
16. Grants Payable	\$	16				
17. Other Liabilities	\$	885. 17				
18. TOTAL LIABILITIES	\$	885. 18				
FUND BALANCE/NET WORTH \$ 74,						

(Line 14 minus Line 18)

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

Colui	mns B, C, and D must equal Column A. The amour	it on Line 25, Column A	must match line 17 of IF	RS Form 990-EZ or Line 2	26 OT IRS FORM 990-PF.
		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
	Grants and other assistance to muviduals in the 0.3.				
3.	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
	Compensation of current officers, directors,				
) 5.	trustees, and key employees	81,984.	65,587.	12,298.	4,099.
6.	Compensation not included above, to disqualified	01,504.	05,507.	12,250.	4,000.
0.					
	persons (as defined under section 4958(f)(1) and				
-	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages				
ő.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits	6,314.	5,051.	1,263.	
	Payroll taxes	0,314.	3,031.	1,203.	
11.	Fees for services (non-employees):				
	Management				
	Legal	2 102		2 102	
	Accounting	2,183.		2,183.	
	Lobbying				
	Professional fundraising services				
	Investment management fees	12 010	12 010		
g.	Other	13,212.	13,212.		
12.	Advertising and promotion	620		620	
13.	Office expenses	630.		630.	
14.	Information technology				
15.	Royalties				
16.	Occupancy	5,554.		5,554.	
17.	Travel				
18.	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance	510.		510.	
24.	Other expenses. Itemize expenses not covered				
	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a.	INTERNSHIP PAY				
	STIPEND				
c.	TRAVEL				
d.	ALL OTHER EXPENSE STMT 1	14,280.	13,561.	719.	
25.	Total functional expenses. Add lines 1 through 24d	124,667.	97,411.	23,157.	4,099.
26.	Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organi- zation reported in Column B joint costs from a combined educational campaign and fundraising solicitation	·	·	·	

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. \S 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly of	constituted officers of this organization, being the
(Title) and	(Title) respectively, and
that we execute this document on behalf of the organization pursua	ant to the resolution of the
	(Board of Directors, Trustees, or Managing Group) adopted on the
day of, 20, approving the contents of the	e document, and do hereby certify that the
	(Board of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and hav	e supervised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true,	correct and complete to the best of our knowledge.
AMIRA ADAWE	
Name (Print)	Name (Print)
Signature	Signature
EXECUTIVE DIRECTOR	
Title	Title
Date	Date

ANNUAL REPORT ALL OTHER EXPENSES FOR FUNCTIONAL EXPENSE STATEMENT 1 STATEMENT				
DESCRIPTION	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
PROGRAM EXPENSES	12,583.	12,583.	0.	0.
PROGRAM SUPPLIES	928.	928.	0.	0.
UTILITIES	388.	0.	388.	0.
SHIPPING & DELIVERY	258.	0.	258.	0.
MEALS	72.	0.	72.	0.
FOOD & REFRESHMENT	50.	50.	0.	0.
BANK CHARGES	1.	0.	1.	0.
TOTAL TO LINE 24D OF STATEMENT OF FUNCTIONAL EXPENSE	14,280.	13,561.	719.	0.