				LIC DISCLOSURE CO		-	
	0	00	Return of Orga	nization Exempt F	-rom Ir	ncome lax	OMB No. 1545-0047
Forn	, 9 9	90	Under section 501(c), 527, or 49	47(a)(1) of the Internal Revenue	e Code (exc	ept private foundation	s) 2022
				security numbers on this form as			Open to Public
Depar Intern	tment of al Reveni	the Treasury ue Service	Go to www.irs.go	r/Form990 for instructions and t	the latest in		Inspection
ΑF	or the	2022 calend	ar year, or tax year beginning	AUG 1, 2022 and	ending J	UL 31, 2023	
B C	heck if plicable:	C Name o	forganization			D Employer identific	ation number
	Addres	S HODV	A Friends				
]change ∫Name		usiness as			74-199792	01
]change Initial		and street (or P.O. box if mail is not	delivered to street address)	Room/suite	E Telephone number	
]return]Final]return/	PO B	ox 52910	uenvereu to street audress)	Room/suite	713-874-0	087
	termin- ated Amende	City or t	own, state or province, country, ar	nd ZIP or foreign postal code		G Gross receipts \$	1,501,838.
	return Applica	nous	ton, TX 77052	ana Usahl Garrin		H(a) Is this a group re	
	tion pending		nd address of principal officer: A1	ene Haeni Coggin		for subordinates	
			as C above			H(b) Are all subordinates in	
			X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		ist. See instructions
	/ebsite		hspvafriends.org	Association Other		H(c) Group exemption	
			X Corporation Trust	Association Other	L Year (of formation: 1978 N	State of legal domicile: TX
Ра		Summary		HODE	N 10-1-1-1		
e			e the organization's mission or mo				es support
anc	-		<u>der High School f</u>				
Governance		Check this bo	-	continued its operations or dispos	sed of more		
ð			ting members of the governing boo				12
			lependent voting members of the				12
Activities &	5 1	Total number	of individuals employed in calenda	r year 2022 (Part V, line 2a)			5
Ż			of volunteers (estimate if necessar				100
Act			d business revenue from Part VIII,				0.
_	b	Net unrelated	business taxable income from For	m 990-T, Part I, line 11	<u></u>		0.
						Prior Year	Current Year
e						1,234,493.	702,069.
ent		•				310,743.	438,525.
Revenue			come (Part VIII, column (A), lines 3			67,482.	93,568.
_			e (Part VIII, column (A), lines 5, 6d,			-10,197.	7,942.
			- add lines 8 through 11 (must equ			1,602,521.	1,242,104.
			milar amounts paid (Part IX, colum			51,862.	165,475.
			to or for members (Part IX, column	· · · · · · · · · · · · · · · · · · ·		0.	0.
es			r compensation, employee benefits			186,814.	270,284.
Expenses			undraising fees (Part IX, column (A), line 11e)	1 2	0.	0.
ă			ing expenses (Part IX, column (D),			000 010	004 500
- "			es (Part IX, column (A), lines 11a-1			900,019.	884,520.
			s. Add lines 13-17 (must equal Par			1,138,695.	1,320,279.
	19 F	Revenue less	expenses. Subtract line 18 from lir	ie 12		463,826. ginning of Current Year	-78,175. End of Year
Net Assets or -und Balances							
sset 3ala						4,763,529.	<u>4,683,874.</u> 25,721.
et A						<u>30,444</u> . 4,733,085.	
		Net assets or Signatur	fund balances. Subtract line 21 fro	m line 20		4,/33,085•	4,658,153.
	rt II	-					Includes and balls (1) (
	r nor-l		I dealare that I have avantined this with	rn including occomponies sales to be		us and in the neet of my	KUOWIEDDE 200 DEIIET IT IS
			I declare that I have examined this retu				intervieuge und sener, it ie
		t, and complete	. Declaration of preparer (other than of				
true,	correct	t, and complete Elect	. Declaration of preparer (other than of Tronically Filed			has any knowledge.	
<u>true,</u> Sign	correct	t, and complete <u>Elect</u> Signature of o	. Declaration of preparer (other than of FONCOULY FILED Ifficer	icer) is based on all information of wh			
true,	correct	t, and complete <u>Elect</u> Signature of o Alene H	Declaration of preparer (other than of Fronically Filed fficer aehl Coggin, Exec	icer) is based on all information of wh		has any knowledge.	
<u>true,</u> Sign	correct	t, and complete <u>Elect</u> Signature of o	Declaration of preparer (other than of Tronically Filed Ifficer Taehl Coggin, Exec Iame and title	icer) is based on all information of wh	hich preparer	has any knowledge.	

	Print/Type preparer's name	Preparer's signature		PTIN					
Paid	Barbara Murphy	Barbara Murphy	06/14/24 self-employed PC	01386215					
Preparer	Firm's name Blazek & Vetterlin	ng	Firm's EIN 76-02	269860					
Use Only	Firm's address 2900 Weslayan, Su	ite 200							
	Houston, TX 77027	Phone no. $713 - 43$	39-5739						
May the IRS discuss this return with the preparer shown above? See instructions									

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

	1990 (2022) HSPVA Friends	74-1997921	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	To cultivate support for Kinder High School for the Perfe	orming and	
	Visual Arts to enhance educational, professional, and ar		
	opportunities for current and future students of Kinder		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-			s 🛛 No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
~			s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		S A 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 i		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a		ue\$ <u>438</u>	, 525.)
	Curriculum and Production Support - Provide art supplies		
	teaching personnel, professional support, and additional		
	opportunities for the 790 students at Kinder High School	for the	
	Performing and Visual Arts.		
46	(Code:) (Expenses \$ 49,920. including grants of \$ 49,920. (Revenue)
4b	Scholarships - were provided to 50 Kinder HSPVA students	les (and)
	graduates) for private lessons, summer programs, and cold		
	graduates, for private ressons, summer programs, and cor.	rege expense	:5.
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses1,037,443.		

Form	aan	(2022)
гопп	990	(2022)

Form 990 (2022) HSPVA Friends
Part IV Checklist of Required Schedules

1 Is the organization described in section 501(kg) or 4947(kg) (other than a private foundation)? I X 2 Is the organization engage in direct to indice black appage activities on behalf of or inoposition to candidates for public office? If "Yes," complete Schedule Q, Part I 3 X 3 Section 501(kg) organization. Did the organization engage in tobbying activities, or have a section 501(k) decision in effect 4 X 4 Section 501(kg) organization. Did the organization engage in tobbying activities, or have a section 501(k) decision in effect 5 X 5 Did the organization engage in tobbying activities, or have a section 501(k) decision in effect 5 X 6 Did the organization enterine in Rev. Proc. 981(kg) complete Schedule D, Part I 6 X 7 X 8 Did the organization reverse on ensement, including easternst in tobe serverse one spice. 7 X 8 Did the organization reverse on thoring a related organization, hold caracer serverse one spice. 7 X 9 Did the organization reverse on thoring a related organization, hold caracer serverse one spice. 7 X 9 Did the organization reverse an amount in Part X, line 21, for escorw or custodial acount linelity. Serverse as a custodian for amount in Part X, line				Yes	No
2 Is the organization engage in direct o indirect political campaign activities on balaf of or inopposition to candidate for public official if theys, "complete Schedule C, Part I 3 X 3 Dir the organization engage in direct political campaign activities on balaf of or inopposition to candidate for public official if theys, "complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Duit the organization engage in loobying activities, or have a section 501(f) election in effected of part I wes, "complete Schedule C, Part I 4 X 5 Is the organization matrian any donor adviced funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of haves, "complete Schedule D, Part I 6 X 7 Did the organization resort an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not liabid in Part X, or provide candic cound. Ilability, serve as a custodian for amounts not liabid in Part X, or provide candic counseling, deta management, cord liability, serve as a custodian for amounts not liabid in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not liabid in Part X, or provide candic counseling, deta management, cord liability, serve as a custodian for amounts not liabid in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not liabid in Cardy or through a railed organization, include assets reported in Part X, ine 10, W K, or complete Schedule D, Part W 10 X 10 X	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or patical campaign activities on behalt of or in opposition to candidates for public office? If Yes, "complete Schedule C, Part II 4 X 5 Bit the organization ascence 300 (c)(d) organization engage in lobbying activities, or have a section 501 (h) election in effect during the tax year? If Yes, "complete Schedule C, Part II 6 Did the organization maintain any done advised time of any similar functions are were neght to provide advice on the distribution or investment of amounts in such funds or accounts? (Part III) 7 Did the organization receive of add a conservation essement, incidual geasements to preserve open space. 7 Did the organization maintain collections of vorked advice on clusted activity. (Part III) 8 Did the organization receive of any south the security of the similar assets? (Part III) 8 Did the organization maintain collections of vorked advice on clusted activity. (Part III) 9 Did the organization receive of through a related organization, hold assets in donor restricted endowments or in quasi endowments? If Yes, 'complete Schedule D, Part II 9 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 10 Did the organization report an amount for insettents - program related in Part X, line 10? If Yes, 'complete Schedule D, Part VI 11a X 11a X 11a X 11b Did the organization report an amount for line statements on the tax year? If Yes, 'complete Schedule D, Part VI 11a X 11b Did the organization report an amount for line statements on the asset septend in Part X, line 10? If Yes, 'complete Schedule D, Part VI 11a X 11b Z 11b Z 11b C 11c Z 11c Z 11d Z <					
public office? If 'Yes,' complete Schedule C, Part I 3 X 4 Sectors 60((kg) organizations. De the organization engage in lobbying activities, or have a section 50((k) election in effect during the tax yea? If 'Yes, 'complete Schedule C, Part II 4 X 5 Is the organization asctors 501((k)(k) of 501((k)), organization in antain any done advised funds or any similar funds or accounts for which donors have the right to provide advised. Or hard tax asso, or historic at manutis in subtures? If 'Yes, 'complete Schedule D, Part II 6 X 7 X X 8 X 8 X Schedule D, Part II 8 X 9 Did the organization andexet in the following questions, hold assets in donor-restricted endowments or in quase advormmits II''', res', complete Schedule D, Part V 8 X 9 Did the organization answer to any of the following questions in 'Yes,' then complete Schedule D, Part V 10 X 11 If the organization engota an anount for index parization, hold assets in donor-restricted endowments or in quase advormmits'I'''''''', complete Schedule D, Part V 10 X 11 If the o	2		2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? // **es, 'complete Schedule C, Pet II 4 X b Is the organization a section 501(h) 501(c)(b), or 501(c)	3				
during the tax year? If Yes, "complete Schedule C, Part II 4 X 5 is the organization a section Solicity (500 (100 (40), 501 (100 (500 (40), 500 (100 (40), 5			3		
5 Is the organization excision \$01(c)(6) or \$01(c)(6) or \$01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. \$91.97 if "Yes," complete Schedule C, Part II 5 X Did the organization markan any doron advised funds or any similar tunds or accounts? If "Yes," complete Schedule D, Part II 6 X Did the organization markan any doron advised funds or any similar tunds or accounts? If "Yes," complete Schedule D, Part II 7 X B Old the organization markan any doron advised of ant, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization neutrin Part X, line 21, for escrew or custodial account lability, even as a custodian for amounts not listed in Part X, line 11, for escrew or custodial account lability, even as a custodian for amounts not listed any of the following questions in Yes, 'then complete Schedule D, Part V 10 X 9 Did the organization export an amount for thread, buildings, and equipment in Part X, line 10? If 'Yes, 'complete Schedule D, Part V 10 X 10 Did the organization report an amount for threadsets in donor-restricted endowmarks or 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 VI 114 X 10 Did the organization report an amount for three sacestin Part X, line 13, that is 5% or more	4				
similar amounts as defined in Rev. Proc. 98:197 If "Yes," complete Schedule Q, Part II 5 X Old the organization maintain any doora divides 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 for which donors have the right to provide advice on the distribution or investment of amounts in such 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 II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part IV. 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on directly or through a related organization, hold assets in donor restricted endowments? 7 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part IV 10 X 11 It as organization report an amount for land, buildings, and equipment 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 X 11 X 11 It as the organization report an amount for land, buildings, and equipment 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 X </th <td></td> <td></td> <td>4</td> <td></td> <td></td>			4		
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 II 6 X 7 Did the organization receive not hold a conservation essement, including easement including easements in such account liability, serve as a custodiant for amounts not listed in Part X, ior provide redit counseling, debt management, credit repair, or debt regolitation services? 7 X 8 Did the organization maintain any donor adviced transmisming account liability, serve as a custodiant for amounts not listed in Part X, ior provide credit counseling, debt management, redit repair, or debt regolitation services? 9 X 9 Did the organization regime the rollowing questions is "Yes," then complete Schedule D, Part W 9 X 10 Did the organization report an amount for law setments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 10 11 X 11 If the organization report an amount for investments - ordire schedule D, Part X 11 X 11 X 11 If the organization report an amount for investments - order schedule D, Part X 11 X 11 X 12 Did the organization report an amount for investments - program related In Part X, line 13? If "Yes," complete Schedule D, Part X 11 X<	5				
provide advace on the distribution or investment of amounts in such funds or account? // 'Yes,' complete Schedule D, Part // 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,' complete Schedule D, Part // 8 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,' complete Schedule D, Part // 8 X 9 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi indownents? // 'Yes,' complete Schedule D, Part // 10 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi indownents? // 'Yes,' complete Schedule D, Part // 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // 'Yes,' complete Schedule D, Part X // 11 X 12 Did the organization report an amount for investments - organ related in Part X, line 13? Mart is 5% or more of its total assets reported in Part X, line 16? // 'Yes,' complete Schedule D, Part X // 11 X 13 Did the organization report an amount for investments - program related in Part X, line 16? // 'Yes,' complete Schedule D, Part X	-		5		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic fand areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization animation collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization animation collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization organization, animation collections of works of at, historical treasures, or other similar asset? 9 X 0 Did the organization, animation or other similar asset? 9 X 11 The organization organization, animation or other similar asset? 9 X 10 Views, "complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? 111 X 111 X 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? 112 X 112 X 113 X 114 X 114	6				
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 resource, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi andownents? 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 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 167 II "Yes," complete Schedule D, Part VII 111 X 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part X 114 X 11 Did the organization report an amount for investments - other assets in Part X, line 167 II "Yes," complete Schedule D, Part X 114 X 11 Did the organization neport an amount	_		6		
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 operat an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide crudit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, field account liability, serve as a custodian for amounts not listed in Part X, or provide crudit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, isota answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part Viii 11 X 110 Did the organization report an amount for investments - orpogram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X 116 X 111 X Did the organization option a momut for other assets in Part X, line 27 if "Yes," complete Schedule D, Part X 116 X 112 X Did the organization separate or consolidated financial statements for the tax year? 1118 X <tr< th=""><td>7</td><td></td><td></td><td></td><td></td></tr<>	7				
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 on listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in door-restricted endowments 9 X 10 Did the organization, directly or through a related organization, hold assets in door-restricted endowments 9 X 11 the organization report an amount for inad, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 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 VI 11a X 11 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 X 11a X 11 Did the organization report an amount for investments for the tax year: include a clonothe that addresses the organization is parte at consolidated financial statements for the tax year? 114 X 11 X Did the organization asswerd Y to line 12a, then completing Schedule D, Part X 114	_		7		
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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? // */es,* complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is *'es,* then complete Schedule D, Part V, in VII, VII, VII, VII, VI, VII, VII, VI, V	8				
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X If 'Yes, " complete Schedule D, Part IV 10 X 10 X If the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? (# 'Yes, " complete Schedule D, Part V 10 X If the organization report an amount for land, buildings, and equipment in Part X, line 10? (# 'Yes," complete Schedule D, Part V 11a X If the organization report an amount for investments - other securities in Part X, line 10? (# 'Yes," complete Schedule D, Part VI 11a X If the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? (# 'Yes," complete Schedule D, Part VII 11t X If the organization report an amount for investments - organ related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? (# 'Yes," complete Schedule D, Part X 11t X If the organization is soparate or consolidated financial statements for the tax year include a dotonote that addresses the organization is slowility for uncertain tax postions under FIN 48 (ASC 740? (# 'Yes," complete Schedule D, Part X 11t X 12a Did the organization astoparate exo sonsolidated financial statements for the tax year? 11t X 11d X	_		8		
if "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments' or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 111 X 11 Did the organization report an amount for investments - other securities 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 1110 X 11 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 X 1112 X 11 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 1112 X 12 Did the organization is beparte port an amount for other liabilities in Part X, line 26? If "Yes," complete Schedule D, Part X 1112 X 12 Did the organization is postate surface PIN4 8 (AST CAPU) If "Yes," complete Schedule D, Part X 1112 X 12 Did the organization include	9				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 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 VI 11b X c Did the organization report an amount for investments - other securities 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 VII 11c X d Did the organization report an amount for investments - order assets 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 VII 11c X d Did the organization report an amount for other labilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11d X 11d Did the organization separate, independent audited financial statements for the tax year induced a footnote that addresses the organization aschadue and AII 11f X 12a Did the organization asparate, independent audited financial statements for the tax year? 11f X 12b Dearis XI and XII <td< th=""><td></td><td></td><td></td><td></td><td></td></td<>					
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or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 II and IV 15 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 19 X	U				
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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 of gross income from gaming activities on Part VIII, lines on Part VIII, lines for and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more thospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20b	15				
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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 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 17 X	17		10		<u> </u>
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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 0	20a				<u> </u>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					<u> </u>
			21	х	

Form 990 (2022)

Form	990	(2022)	

Form 990 (2022) HSPVA Friends
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X 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			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
~	"Yes," complete Schedule L, Part IV	28c 29	Х	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	л	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30 31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 55		<u> </u>
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 69			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners? 232004 12-13-22

1c X

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Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
0-	Estem the source of environments of an Estre M/O. Treasurity of Manager and Tau Obstansarts		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 5			
h	, , , , ,	2b	х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20 3a	21	x
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	55		
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	14		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
d	Is the organization licensed to issue qualified health plans in more than one state?	13a		
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
~				
14a		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
.0	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	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
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or			
	persons other than the governing body?			7b	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
<u> </u>	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 Rev	<u>enue</u>	Code.)			
				10	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
a	If "Yes," did the organization have written policies and procedures governing the activities of such cha			401		
44-	· · · · · · · · · · · · · · · · · · ·		a filing the form?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Detor	e filing the form?	11a	<u> </u>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	<u></u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	, -		10-	х	
40	on Schedule O how this was done			12c	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			13 14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval			14	- 23	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by in	dependent			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		x
5	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 arrangem	ient w	ith a			
100	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		-			
	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 None					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (section 501(c)(3)s	onlv) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			,,,		
	X Own website Another's website X Upon request Other (explain	on Sr	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			financ	ial	
	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 boo	ks and	d records			
	Alene Haehl Coggin - 713-874-0087					
	PO Box 52910, Houston, TX 77052					

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highe	est 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 List all of the organization's current officers, directors, trustees (whether individuals or organization) 	5	,

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.

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos			ane	Reportable	Reportable	Estimated
	hours per	box	do not check more than one ox, unless person is both an			s both	n an	compensation	compensation	amount of
	week				a director/trustee)			from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	vee Vee	_	1099-1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	(ey en	Highest compensated employee	Former			organizations
(1) Alene Haehl Coggin	40.00				-	<u> </u>				
Executive Director		1		x				118,583.	0.	0.
(2) Frank Angelle	1.00									
Chair		X		X				0.	0.	0.
(3) Kimberly Hickson Spaw	1.00									
Secretary		Х		Х				0.	0.	0.
(4) Grant Dorfman	1.00									
Treasurer		Х		Х				0.	0.	0.
(5) Patricia Bonner	1.00									
Director		Х						0.	0.	0.
(6) Algenita Scott Davis	1.00									
Director		Х						0.	0.	0.
(7) M Kaye DeWalt	1.00									
Director		Х						0.	0.	0.
(8) Andrew Edison	1.00									
Director		Х						0.	0.	0.
(9) Cristina Esquivel	1.00									_
Director		Х						0.	0.	0.
(10) Robert M Eury	1.00									_
Director		Х						0.	0.	0.
(11) Jo Furr	1.00									_
Director		Х						0.	0.	0.
(12) Janis Jarosz	1.00									_
Director		Х						0.	0.	0.
(13) Frank Staats	1.00									_
Director		Х						0.	0.	0.
		1								
		I		I		I			1	

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Part VII Section A. Officers, Directors, Trus		ploye	ees,			ghes	t C		, ,			
(A) Name and title	(B) Average hours per week	box,	not c , unles	ss per	ition more rson i) than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) Estima amoun othe	ted t of
	(list any hours for related organizations below	ndividual trustee or director	nstitutional trustee	ar	Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS0 1099-NEC)	C/	ompens from t organiza and rela organiza	sation he ation ated
	line)	Indiv	Instit	Officer	Key e	High empl	Former					
										+		
										+		
										_		
1b Subtotal c Total from continuation sheets to Part VI								118,583.		0.		0.
<u>d Total (add lines 1b and 1c)</u>								118,583.		0.		0.
2 Total number of individuals (including but n compensation from the organization								eceived more than \$100,	000 of reportable			1
compensation non the organization											Yes	s No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			•	•			Ŭ			3		x
4 For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from t	ne organization			
and related organizations greater than \$150Did any person listed on line 1a receive or a										4	,	X
rendered to the organization? <i>If</i> "Yes," corr Section B. Independent Contractors	plete Schedule	e J fo	or sı	ich i	bers	on .				5	;	X
1 Complete this table for your five highest co										ensation	from	
the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y (B)	ear.		(C)	
Name and business	address	NC	ONE	2				Description of s	ervices	Com	pensati	on
							+					
2 Total number of independent contractors (i	ncludina but na	ot lin	niter	to	thos	se lis	ted	above) who received mo	ore than			
\$100.000 of compensation from the organi	•				() (,				

	<u>1 990 (</u>		VA Friend	S			74-1997	921 Page 9	
Pa	Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Image: Check if Schedule O contains a response or note to any line in this Part VIII								
		Check if Schedule O	contains a respons	e or note to any lin	ie in this Part VIII (A)	(B)	(C)	[] (D)	
					Total revenue	Related or exempt	Unrelated	Revenue excluded	
						function revenue	business revenue	from tax under sections 512 - 514	
S S	1 a	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts	b		1b						
S, G	с	Fundraising events	1c	282,194.]				
3ifts Iar ∕	d	Related organizations	1d						
), sr Simi	е	Government grants (contr			4				
itior er S	f	All other contributions, gifts,		410 075					
oth		similar amounts not included		419,875.	-				
ont	g			32,832.	702,069.				
<u>o</u> a	n	Total. Add lines 1a-1f		Business Code	702,009.				
	9 a	Performances/	workshops		438,525.	438,525.			
vice	h				15075251	100,0200			
Ser	c			-					
am Serv evenue	d								
Program Service Revenue	е								
Pr	f	All other program service							
					438,525.				
	3	Investment income (includ			81,594.			81,594.	
	4	other similar amounts)	of tax axampt band		01,394.			01,394.	
	5	Royalties	-	-					
	5	noyanes	(i) Real	(ii) Personal					
	6 a	Gross rents	6a						
	b		6b]				
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss							
	7 a	Gross amount from sales of	(i) Securities		-				
		assets other than inventory	_{7a} 188,960	•	4				
Ð	b	Less: cost or other basis	7ь176,986						
venue	c	and sales expenses Gain or (loss)	7c 11,974		-				
		Net gain or (loss)			11,974.			11,974.	
Other Re		Gross income from fundraisi							
Oth		including \$ 282							
		contributions reported on	line 1c). See						
		Part IV, line 18	H	Ba 90,690.	4				
		1		8b 82,748.	7.040			7 040	
		()			7,942.			7,942.	
	9 a	Gross income from gamin	с С						
	h	Part IV, line 19		9a 9b					
		Gross sales of inventory, I							
		and allowances		0a					
	b	Less: cost of goods sold		0b					
	с	Net income or (loss) from	sales of inventory						
<u>s</u>				Business Code					
Miscellaneous Revenue	11 a								
ilan veni	b								
Ber	с С	All other revenue		_					
Σ	e	Total. Add lines 11a-11d							
	12	Total revenue. See instruction			1,242,104.	438,525.	0.	101,510.	

Par	990 (2022) HSPVA Friend t IX Statement of Functional Expense			74-19	97921 Page
ecti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	115,555.	115,555.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	49,920.	49,920.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
 5	Benefits paid to or for members				
•	Compensation of current officers, directors,	125,000.	62,500.	31,250.	31,250
	trustees, and key employees	125,000.	02,500.	51,250.	51,25
	persons (as defined under section 4958(f)(1)) and				
	1000000000000000000000000000000000000				
	Other salaries and wages	119,925.	45,796.	17,819.	56,31
	Pension plan accruals and contributions (include	,,,,,			
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	6,151.	1,763.	450.	3,93
	Payroll taxes	19,208.	8,320.	3,870.	7,01
	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	34,866.		34,866.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1		4 - 50 0	
	column (A), amount, list line 11g expenses on Sch 0.)	1,592.	10.005	1,592.	0.10
	Advertising and promotion	20,034.	10,265.	580.	9,18
	Office expenses	29,367.	00.076	27,719.	1,648
	Information technology	23,876.	23,876.		
	Royalties	20 024		20 024	
		30,834. 125,468.	125,349.	<u> </u>	
		125,400.	125,549.		
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	1,724.		1,724.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Program support	308,500.	308,500.		
	Artist fees	285,599.	285,599.		
с	Event expenses	22,660.			22,66
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,320,279.	1,037,443.	150,823.	132,013
i	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)

HSPVA Friends
heet
edule O contains a response or note to any line in this Pa

		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	788,500.	1	991,037.		
	2	Savings and temporary cash investments	2,335,742.	2	2,377,694.		
	3	Pledges and grants receivable, net	387,447.	3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	-			6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			11,856.	9	23,642.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,352.			
	ь	Less: accumulated depreciation		4	0.	10c	0.
	11	Investments - publicly traded securities			1,239,984.	11	1,291,501.
	12	Investments - other securities. See Part IV, line 1			, ,	12	<u> </u>
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			4,763,529.	16	4,683,874.
	17	Accounts payable and accrued expenses	24,839.	17	25,721.		
	18	Grants payable		18			
	19	Deferred revenue			5,605.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete l				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
bili		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa				~ 1	
	20	parties, and other liabilities not included on lines					
			,			25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			30,444.	26	25,721.
	20	Organizations that follow FASB ASC 958, che	ck her	e X		20	
es		and complete lines 27, 28, 32, and 33.					
ũ	27				1,460,863.	27	1,296,282.
3ale	28	Net assets with donor restrictions		3,272,222.	28	3,361,871.	
Ыd	20	Organizations that do not follow FASB ASC 9			• / = / = / = = = •	20	
Ъц		and complete lines 29 through 33.	00, 0110				
p	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				30	
Jss	31	Retained earnings, endowment, accumulated in				31	· · · · · ·
Net Assets or Fund Balances	32	Total net assets or fund balances			4,733,085.	32	4,658,153.
Ż	33	Total liabilities and net assets/fund balances			4,763,529.	33	4,683,874.
					_,,.	30	_,

Form **990** (2022)

Form 990 (2022)

 Part X
 Balance S

	990 (2022) HSPVA Friends	74-199	7921	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		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,242		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,320		
3	Revenue less expenses. Subtract line 2 from line 1	3			75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,733		
5	Net unrealized gains (losses) on investments	5	-	3,24	<u>43.</u>
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	4,658	<u>3,1</u> !	<u>53.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	· O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate) basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	eaudit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b		L

Form 990 (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of	the	organization
---------	-----	--------------

Name of the organization Employer identification n							identification number				
	HSPVA Friends								4-1997921		
Par	tl	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
The c	rgan	ganization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative					-				
4 [A medical research organize	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
г		city, and state:									
5 [An organization operated for		lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
- [section 170(b)(1)(A)(iv). (C									
6 [_ [A federal, state, or local gov	-								
7 [X	An organization that norma	•	ntial part of its support fi	rom a gove	ernmental	unit or from tr	ne general p	Dublic described in		
o [section 170(b)(1)(A)(vi). (C			• 11 \						
8 [9 [A community trust describe				d in coni	notion with a	land grant			
9 [An agricultural research org or university or a non-land-g				-		-	-		
		university:	fram concept of agrico			lame, ony	, and state of	the conege			
10		An organization that norma	Ilv receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from		
		activities related to its exem									
		income and unrelated busir		•	. ,				•		
		See section 509(a)(2). (Cor	mplete Part III.)			-					
11 [An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).				
12 [An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) c	or section	5 09(a)(2) .	See section &	509(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
		the supported organization			majority c	f the direc	tors or truste	es of the su	ipporting		
		organization. You must o	-								
b		Type II. A supporting org	-				-		•		
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported		
•		organization(s). You mus	-		in connoct	ion with a	and functional	ly integrate	d with		
С		J Type III functionally inte its supported organization						ly integrate	a with,		
d		Type III non-functionally	.,.,,	-			-	ted organiz	zation(s)		
u		that is not functionally int						-			
		requirement (see instructi			•		-	anatonin			
е		Check this box if the orga		• •				II, Type III			
		functionally integrated, or					<i></i>	<i>,</i> ,			
f	Ente	er the number of supported o	organizations								
g		vide the following information	about the supporte	d organization(s).							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Total											

HSPVA Friends

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

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	852,408.	603,590.	674,402.	1234493.	702,069.	4066962.		
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 \dots								
4	Total. Add lines 1 through 3	852,408.	603,590.	674,402.	1234493.	702,069.	4066962.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						508,906.		
6	Public support. Subtract line 5 from line 4.						3558056.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	852,408.	603,590.	674,402.	1234493.	702,069.	4066962.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	124,273.	50,905.	29,186.	42,743.	81,594.	328,701.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on					7,942.	7,942.		
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						4403605.		
12	Gross receipts from related activities,	etc. (see instructio	ins)			12 1	,376,385.		
	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	vear as a section 5				
	organization, check this box and stop	-		•					
Sec	ction C. Computation of Publi								
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	80.80 %		
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	83.10 %		
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and		
	stop here. The organization qualifies	as a publicly suppo	orted organization				X		
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box		
	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	st. The organizatio	n qualifies as a pu	blicly supported or	rganization				
b	10% -facts-and-circumstances test	-			-				
	more, and if the organization meets th	-							
	organization meets the facts-and-circu								
18									
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2022

 Schedule A (Form 990) 2022
 HSPVA Friends

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(6	e) 2022	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(6	e) 2022	(f) Total
	Amounts from line 6		(2) = 0 + 0	(0) = 0 = 0	(,		,	(1) 10101
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
h	Unrelated business taxable income							
~	(less section 511 taxes) from businesses							
	acquired offer June 20 1075							
	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included on line 10b,							
	whether or not the business is regularly carried on							
12	Other income. Do not include gain							
	or loss from the sale of capital							
12	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)		rot occord third i	fourth or fifth toy) organizatio	
14	First 5 years. If the Form 990 is for the	Ũ		,	,		, 0	n,
500	check this box and stop here	ic Support Per						
	•			(f))		45		0/
	Public support percentage for 2022 (I					15		%
	Public support percentage from 2021 ction D. Computation of Invest					16		%
	•					47		
	Investment income percentage for 20					17		%
	Investment income percentage from			Kara di Ali ana di Kara		18	(% 7 is used
19a	33 1/3% support tests - 2022. If the						, and line 1	/ is not
	more than 33 1/3%, check this box ar							L
b	33 1/3% support tests - 2021. If the	-						nd
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structio	ns	

1

Yes

No

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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A						Friends
Part IV	Suppor	τing C	rganiza	ations	(coi	ntinued)

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		

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

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

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

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 1

Section D.	All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a g	governmental entity.	Describe in Part VI how	vou supported a governmenta	l entitv (see instructions).
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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

Sche	dule A (Form 990) 2022 HSPVA Friends		•	74-1997921 Page 6
Pa		ing Organi		<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2022

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

	dule A (Form 990) 2022 HSPVA Friends			74	-1997921 Pag
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (contine	ued)	
ect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	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	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	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				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i>				

Schedule A (Form 990) 2022

Schedule A		Friends	74-1997921 Page 8
Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3	rovide the explanations required by Part II, line 10; Part II, line 17a b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit	and 2; Part IV, Section C, V, Section B, line 1e; Part V,

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule B

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

74-1997921

HSPVA Friends	5
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Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your 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.

J For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

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.

Name of or	rganization	Employer identification number		
HSPVA	Friends		74-1997921	
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution	
1		\$53,2	Person X Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution	
2		\$38,7	20. Person X Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution	
3		\$26,0	00. (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution	
4		\$25,0	00. (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution	
5		\$20,0	00. (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution	
6_		\$20,0	Person X Payroll	

Name of o	rganization		Employer identification number
HSPVA	Friends		74-1997921
Part I	Contributors (see instructions). Use duplicate copies of Part I in	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
7		\$18,0	008. Person X Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
8		\$15,0	000. Person X Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
9		\$15,0	000. Person X Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

ame of o	rganization		Employer identification number
SPVA	Friends		74-1997921
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		<u> </u>	

Schedule B (Form 990) (2022)

Name of o	rganization			Employer identification number
HSPVA	Friends			74-1997921
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	nrough (e) and the following line e aritable, etc., contributions of \$1,000 c	entry. For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of g	gift	
-	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
-		(e) Transfer of g	 jift	
-	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	ansferor to transferee
(-) N-			1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of g		
-	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of g	gift	
-	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	ansferor to transferee

SCHEDULE D	Supplem
(Form 990)	Complete if th

Department of the Treasury Internal Revenue Service

ental 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.

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

Employer identification number

Name	of the organization HSPVA Friends			Employer identification number $74 - 1997921$
Par		d Funds or Other Similar	r Funds or Ac	
	organization answered "Yes" on Form 990, Part IV, lin			
	.	(a) Donor advised funds	s (b) Funds and other accounts
1	Total number at end of year	()		
	Aggregate value of contributions to (during year)			
	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 v	writing that the assets held in do	nor advised fund	is in the second s
Ũ	are the organization's property, subject to the organization's	•		
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor o			
			• •	·
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on F	orm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	tion or education)	ervation of a histo	prically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in	the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a		
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or termina	ted by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, ha	ndling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enfo	rcing conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing	conservation eas	sements during the year
-				(n)
8	Does each conservation easement reported on line 2(d) abov			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financi	ial statements tha	at describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasure	s. or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
19	If the organization elected, as permitted under FASB ASC 95		atement and hala	ance sheet works
iu	of art, historical treasures, or other similar assets held for put	•		
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			
-	the following amounts required to be reported under FASB A			
а				\$
	Assets included in Form 990, Part X			

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 HSPVA F1							97921		age 2
Par	t III Organizations Maintaining Co	ollections of Art	i, Historical Tre	asures, or O [.]	ther S	imilar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that ma	ke signi	ficant us	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other	0 1 0						
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's	exempt	purpos	e in Part	XIII.		
5	During the year, did the organization solicit or									
-	to be sold to raise funds rather than to be ma							Yes		No
Par					s" on Fo	rm 990	Part IV I			
	reported an amount on Form 990, Par		in the englin-and							
1a	Is the organization an agent, trustee, custodia		ary for contributions	s or other assets	not incl	uded				
14	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a						∟		L	
D.			owing table.					Amount		
~	Paginning balance					1c		7 uno ano		
	Beginning balance					1d				
	Additions during the year					1e				
e	Distributions during the year					1f				
0-	Ending balance Did the organization include an amount on Fo					· · · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII.						L	162	-	
Par						<u></u>	<u></u>			
		(a) Current year	(b) Prior year	(c) Two years ba		Three ve	ars back	(e) Four	vears	hack
10	Paginning of year balance	1,142,431.	1,238,427.	1,010,93			4,572.		-	227.
	Beginning of year balance	78,188.	30,223.	42,5		,	4,000.		,	165.
b	Contributions	48,971.	-102,200.	217,6			<u>4,000.</u> .6,481.			180.
C	Net investment earnings, gains, and losses	20,069.	24,019.	32,6			4,121.			000.
	Grants or scholarships	20,009.	24,019.	52,0	· · .	1	4,121.		_20,	000.
е	Other expenditures for facilities									
-	and programs									
f	Administrative expenses	1 040 501	1 1 4 0 4 2 1	1 0 2 0 4	0.7	1 01	0 0 2 2	1	0.0.4	F7 0
g	End of year balance	1,249,521.	1,142,431.	1,238,42	27.	1,01	.0,932.	1,	004,	572.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment 80.8151	%								
С	Term endowment19.1849 g									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	id administered f	or the			г		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	$ \rightarrow $	X
	(ii) Related organizations							3a(ii)	$ \rightarrow $	X
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the	organization's endou	wment funds.							
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered									
	Description of property	(a) Cost or of			. ,	umulated	d	(d) Book	value	е
		basis (investm	nent) basis	(other)	depre	ciation				
	Land									
	Buildings									
с	Leasehold improvements									
d	Equipment									
е	Other			1,352.		1,35	2.			0.
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	X. column (B). line 1	0c.)						0.
						S	Schedule	D (Form	990)	2022

Part VII		on Form 000, Dort IV/ line	11b Cas Form 000 Dart V line 10	
(a) Descrip	Complete if the organization answered "Yes" tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
		(-)	(-)	· · ·) - ··· · · · · · · · · · · · · ·
	al derivatives held equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered "Yes"	on Form 000, Dart IV, line :	110 Soo Form 000 Port V line 12	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1)	(w) besonption of investment	(W) DOOK Value		i or your market value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
Part IX	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. <u>(Colu.</u> Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15.)		
		an Farma 000 Bart IV/ lines		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
	(a) Description of liability			(b) Book value
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Colu	mn (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

Sche	dule D (Form 990) 2022 HSPVA Friends				1997921 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Re	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,245,347.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	3,243.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	<u>3,243.</u> 1,242,104.
3	Subtract line 2e from line 1			3	1,242,104.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	1,242,104.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Sta) atements With E	xpenses per l		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	atements With E	xpenses per F		1.
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i> rt XII] Reconciliation of Expenses per Audited Financial Sta	ne 12a.	xpenses per l		
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	ne 12a.	xpenses per l	Returi	1.
Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i> TXII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With E	xpenses per l	Returi	1.
Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> , rt XII) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	atements With E ne 12a.	xpenses per l	Returi	1.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	atements With E ne 12a.	xpenses per l	Returi	1.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	atements With E 12a. 2a 2b 2c	xpenses per l	Returi	1.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	xpenses per F	Returi	n. <u>1,320,279.</u> 0.
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	xpenses per F	1	1.
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	xpenses per F	1 2e	n. <u>1,320,279.</u> 0.
Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	xpenses per F	1 2e	n. <u>1,320,279.</u> 0.
Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12. Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	xpenses per F	1 2e	n. <u>1,320,279.</u> 0.
Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	Expenses per F	1 2e	n. <u>1,320,279.</u> 0.
Pa 1 2 a b c d a b c d a b c 3 4 b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	Expenses per F	1 2e 3	n. <u>1,320,279.</u> <u>0.</u> 1,320,279.

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

Part V, line 4:

	The	endowment	funds	provide	college	and	summer	program	scholarships	s for
--	-----	-----------	-------	---------	---------	-----	--------	---------	--------------	-------

students of Kinder High School for the Performing and Visual Arts.

HSPVA Friends

(Form 990) Complete it the organization answered "ves" on Form 990. Part IV, line 17, 16, 05, 19, or it the organization entered more than \$15,000 on Form 990-EZ, line 6a. 20222 Dependent of the Treasury theme Revolute Service Constructions and the latest information. Employer identification number 74.4-19.97.92.1 Dependent of the Treasury theme Revolute Service Employer identification number 74.4-19.97.92.1 Employer identification number 74.4-19.97.92.1 Part I Fundicate whether the organization answered "Yes" on Form 990. Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization answered "Yes" on Form 990. Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization answered "Yes" on Form 990. Part IV, line 17. Form 990-EZ filers are not required to complete this part. 2 Dependent of the organization answered "Yes" on Form 990. Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization answered "Yes" on Form 990. Part IV, line 17. Form 990-EZ filers are not required to complete this part. 2 Dependent of the treasury file of the organization answered "Yes" on Form 990. Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organizations file Solicitation of one overnment grants 2 D the organization gorganization <t< th=""><th>SCHEDULE G</th><th>Suppleme</th><th>ntal Information Regarding</th><th>Func</th><th>Iraisi</th><th>ng or Gaming A</th><th>ctiv</th><th>ities</th><th>OMI</th><th>B No. 1545-0047</th></t<>	SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMI	B No. 1545-0047
Image: Control of the organization Importion Importion Name of the organization IspvA Frieds Fundraising Activities: complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this pant. Import of the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Indicate whether the organization are oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Is the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual (iii) Activity If the organization are organization are organization. (iv) Gross receipt for increase for individual is or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Activity If a location or organization are organization or organization or organization are organization organization are organization are organization are organization org	(Form 990)						r 19,	or if the		2022
Name of the organization Employer identification number HSPVA Friends 74-1997921 Part Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events ves No b Internet and email solicitations g Special fundraising services? Ves No b If the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ves No b If Yes, 'Itsh to 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser individual (ii) Activity (iii) Correction with professional fundraising services? Ves No (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser individual (ic) or entities (fundraiser individual (ic) or entity (fundraiser) (v) Amount paid (ic) or entinge										
HSPVA Friends 74-1997921 Part Fundraising Activities. Complete the parameter of the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ fliers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a b Solicitation of non-government grants b Internet and email solicitations f Solicitation of non-government grants b c Phone solicitations g Special fundraising events c Imperson solicitations g Special fundraising services? Yes No b Internet and email solicitations g Special fundraising services? Yes No complexes listed in Form 900, Part VII or entity in connection with professional fundraising services? Yes No No f(i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be componeated at least \$\$,000 by the organization. (v) Acrount paid (or retained by) internet organization of government yrants f(i) Name and address of individual organization. (v) Activity (v) Gross receipts (v) organization of government yrants is to be componeated at least \$\$,000 by the organization. (v) Activity (v) Gross receipts (v) organization of government yran			o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	า.	Employer		
Part Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants c c Phone solicitations f Solicitation of government grants g Solicitation of government grants d Inperson solicitations g Solicitation of government grants d Inperson solicitations g Solicitation of regenization raises of more government with any individual (including officers, directors, trustees, or key employees listed in form 990, Part VII) or entity in connection with professional fundriasing services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Activity (ii) Activity (iii) Activit	rtanie er tile erganization		riends							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of non-government grants c Phone solicitations g Special fundraising events d Internet and email solicitations g Special fundraising events d Internet and email solicitations g Special fundraising events d Internet and email solicitations g Special fundraising events d Internet and email solicitations g Special fundraising events d Indicate whether the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity findraiser is constrained by fundraiser is to be compensate at least \$5,000 by the organization version Ves No individual for retained by constrained by fundraiser is to be compensate at least \$5,000 by the organization version Ves No V		ing Activities.	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, li	ine 1			
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) organization Ves No Image: State of the	 Indicate whether the a Mail solicitat Mail solicitat Internet and Phone solicitat In-person so a Did the organization key employees list b If "Yes," list the 10 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-			No
(i) Name and address of individual or entity (fundraiser) (ii) Activity Undraiser have custory combutors? (iv) Gross receipts from activity to (or retained by indraised by organization) Ves No Ves No Ves No Ves No Image: Index of the second s		ast \$5,000 by the	organization.	1						
			(ii) Activity	fundi have c or cor	raiser ustody ntrol of	• •	tò (e	or retained t fundraiser	by) to	o (or retained by)
Image: Second				Yes	No					
Total										
Total										
Total										
Total										
	Total									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.		ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is	exempt fron	n regis	tration

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

HSPVA Friends

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Encore	PVA Show	1	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Hevenue	Gross receipts	254,253.	77,130.	41,501.	372,884
2	Less: Contributions	218,038.	37,505.	26,651.	282,194
3	Gross income (line 1 minus line 2)	36,215.	39,625.	14,850.	90,690
4	Cash prizes				
5	Noncash prizes				
Direct Expenses 2 9	Rent/facility costs	10,872.	1,425.		12,297
	Food and beverages	28,932.	8,687.		37,619
8	Entertainment				
		5,132.	27,700.		32,832
9		· · · · ·			52,052
10	D Direct expense summary. Add lines 4 throug	h 9 in column (d)			82,748
10	 Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from 	gh 9 in column (d) line 3, column (d)	n 990, Part IV, line 19, or r		82,748 7,942
10 11 Part	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization	gh 9 in column (d) line 3, column (d)	· · · · · ·		(d) Total gaming (add col. (a) through col. (c
10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization	h 9 in column (d) line 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	82,748 7,942 (d) Total gaming (add
10 11 Part	 Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 	yh 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	82,748 7,942 (d) Total gaming (add
10 11 Part	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	yh 9 in column (d) line 3, column (d) nanswered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	82,748 7,942 (d) Total gaming (add
10 11 Part 1 2 2	 Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes 	yh 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	82,748 7,942 (d) Total gaming (add
Direct Expenses Hevenue	 Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes 	(a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	82,748 7,942 (d) Total gaming (add

7 Direct expense summary. Add lines 2 through 5 in column (d)
8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?	 Yes	No
b If "No," explain:		

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

 b If "Yes," explain:

232082 10-27-22

Yes

No

Sch	iedule G (Form 990) 2022	HSPVA Friend	S	74-199	792	l Page 3
11	Does the organization conduct ga	aming activities with nonme	embers?		Yes	No
			t, or a member of a partnership or other entity formed			
	to administer charitable gaming?				Yes	No No
13	Indicate the percentage of gaming					
i	The organization's facility			13	a	%
					b	%
14	Enter the name and address of the	e person who prepares the	e organization's gaming/special events books and recor	ds:		
	Name					
	Address					
15a	a Does the organization have a cont	tract with a third party from	n whom the organization receives gaming revenue? \dots		Yes	🗌 No
I	If "Yes," enter the amount of gam	ing revenue received by th	ne organization \$ and the an	nount		
	of gaming revenue retained by the					
	If "Yes," enter name and address					
	Name					
	Addross					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	· · ·					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
	•	r state law to make charita!	ble distributions from the gaming proceeds to			
-					Yes	🗌 No
I			o be distributed to other exempt organizations or spent			
	organization's own exempt activit		\$			
Pa			planations required by Part I, line 2b, columns (iii) and (v)	; and Part III,	lines 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide a	any additional information. See instructions.			

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury		Compre		Attach to Forn				Open to Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organization	n HSPVA Fri	ends						Employer identification number $74 - 1997921$
Part I General Info	ormation on Grants a	nd Assistance						
	ard the grants or assis	stance?	amount of the grants oring the use of grant t					on XYes No
Part II Grants and	Other Assistance to	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and add or gove	ress of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Kinder High School Performing and Visu Austin St - Houston	ual Arts - 790	74-6001255	170(b)(1)(A)(ii)	115,555.	0.	Cash		Curriculum enhancement
			anizations listed in the	line 1 table				
3 Enter total number	r of other organization	s listed in the line 1	table					1.

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

HSPVA Friends

74-1997921 Page 2

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

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
42	49,920.	0.		
	recipients	recipients cash grant	recipients cash grant cash assistance	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Scholarships: For college, summer, and private lesson scholarships, the

organization pays the program or institution directly for tuition. Amounts

may also be reimbursed based on receipts. Recipients provide descriptions

of their classes and experiences.

HSPVA Friends provides support for Kinder High School for the Performing

and Visual Arts.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2022	
Open to Public	
Inspection	

Employer identification number

74-1997921

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

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

Name of the organization

HSPVA Friends

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of dete noncash contributio	•	
		applicable		Form 990, Part VIII, line 1g	noneasir contributi	Siramouna	.5
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (Auction items)	Х	215	27,700.	FMV		
26	Other (Raffle items)	Х	13	5,132.	FMV		
27	Other ()						
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions			
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement			
					_	Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be used	for		
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash	Γ		
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is cheo	cked,		

describe in Part II.

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022 HSPVA Friends	
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Part II
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. <u>Go to www.irs.gov/Form990 for the latest information.</u>



Employer identification number 74 - 1997921

HSPVA Friends

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

The Form 990 is reviewed by the Finance Committee and distributed to the

Board before filing.

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

All Board members are required to complete a questionnaire annually to

disclose any potential conflicts of interest. Should a conflict exist, such

Board members would be required to recuse themself from any vote pertaining

to the conflict.

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

The Board of Directors reviews comparability data and approves the

Executive Director's compensation on an annual basis.

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

The governing documents are available by request. Disclosure of other

documents is at the discretion of the organization's personnel.