Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2022 Open to Public Inspection

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

Α	For the 20	22 calendar year, or tax year beginning	, and ending							
В	Check if applica	ble: C Name of organization			1	D Employe	r identification number			
	Address chang	Coafrica								
	Name change	Doing business as					824286			
$\equiv$	Initial return	Number and street (or P.O. box if mail is not deliven 3546 S. Millhaven Aver				E Telephon	e number <b>413-3878</b>			
$\overline{}$	Final return/	City or town, state or province, country, and ZIP o				90T-	413-30/0			
	terminated		UT 84109			<b>2</b> 0	eipts\$ 2,352,884			
	Amended return	F Name and address of principal officer:	01 04109		<u> </u>	<b>G</b> Gross red	eipts 2,332,004			
	Application per		H(a) Is this a grou	p return for	subordinates' Yes X No					
		3546 S. Millhaven	Avenue		H(b) Are all subo	rdinates inc	luded? Yes No			
		Salt Lake City	UT 84109				See instructions			
_	Tax-exempt s		sert no.) 4947(a)(1) or	527						
÷	Website:	www.coafrica.org	301(110.)	021	H(c) Group exem	ntion numb	er			
ĸ	Form of organi		Other	I Ye	ar of formation: 20		M State of legal domicile: <b>UT</b>			
	Part I	Summary	Other	ĮL 16	ai oi ioimation. Z	,20	M State of legal dofflicite. OI			
		y describe the organization's mission or mo-	et significant activities:							
ė		ee Schedule O	ot significant activities.							
anc		<del>'</del>								
Governance										
§	2 Che	k this box if the organization discontinue	ed its operations or disposed (	of more than 25	 5% of its net as	sets				
ფ დ		ber of voting members of the governing bod	(5 () (1 )			_	8			
ş		ber of independent voting members of the g		 h)			6			
ij		number of individuals employed in calendar					3			
Activities		number of volunteers (estimate if necessar	\				15			
⋖		unrelated business revenue from Part VIII,	I (O) II 10			·	0			
		inrelated business taxable income from Fori				. —	0			
	<b>D</b> Not	The latest buelinese taxable income from Ferr			Prior Year		Current Year			
Ф	8 Conf	ributions and grants (Part VIII, line 1h) $\dots$			660	,012	2,349,802			
Revenue	9 Prog						0			
eve		stment income (Part VIII, column (A), lines 3	, 4, and 7d)		5	,303	3,082			
œ	11 Othe	r revenue (Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)				0			
		revenue – add lines 8 through 11 (must equ			665	,315	2,352,884			
	13 Gran	ts and similar amounts paid (Part IX, columi	n (A), lines 1–3)		544	,060	758,553			
			its paid to or for members (Part IX, column (A), line 4)							
S	15 Sala	ries, other compensation, employee benefits	s (Part IX, column (A), lines 5-	-10)	37	,422	52,336			
xpenses	<b>16a</b> Profe	ries, other compensation, employee benefits essional fundraising fees (Part IX, column (A fundraising expenses (Part IX, column (D),	A), line 11e)				0			
g	<b>b</b> Tota	fundraising expenses (Part IX, column (D),	line 25) <b>1</b> , 9	903						
ш	<b>17</b> Othe	r expenses (Part IX, column (A), lines 11a–	11d, 11f–24e)		11	,567	33,647			
	18 Tota	expenses. Add lines 13-17 (must equal Pa	rt IX, column (A), line 25)		593	,049	844,536			
		enue less expenses. Subtract line 18 from lir	ne 12			,266	1,508,348			
Net Assets or					Beginning of Curr		End of Year			
Sset	<b>20</b> Tota				102	,758	1,609,091			
e d	<b>21</b> Tota				100	211	407			
		assets or fund balances. Subtract line 21 from	m line 20		102	,547	1,608,684			
*****	Part II	Signature Block								
		es of perjury, I declare that I have examined this r and complete. Declaration of preparer (other than					f my knowledge and belief, it is			
	1	The description. Deciding of property (other trial)	omeer) is based on all information	on or willon prope	arer rias arry kno	T I				
c:	Sign	nature of officer				Date				
Sig	9''   "		Пто			Date				
He		saac Wilson e or print name and title	Tre	asurer						
		e or print name and title t/Type preparer's name	Preparer's signature		Date	C: :	if PTIN			
Pai	.a.					Check	□"			
	narer	Paul Winward, CPA	M. Paul Winward, CPA		•	23 self-em				
	e Only	o's name Squire & Compo	Fir	m's EIN	87-0343246					
US	- 1	1329 South 80					001 005 0000			
N 4			97-7737			one no.	801-225-6900			
		scuss this return with the preparer shown al					X Yes No			

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Part III Statement of Program Service Accomplishments

Page 2

1 6	Check if Schedule O contains a response or note to any line in this Part III	X
	Briefly describe the organization's mission:	
S	See Schedule O	
	•	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.	ers,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 811,792 including grants of \$ 758,553 ) (Revenue \$	,
P	(Code: )(Expenses\$ 811,792 including grants of\$ 758,553 )(Revenue \$ Provide funding for classroom construction in Africa.	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	
	•	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	I/A	
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
N	I/A	
	•••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	
	•	
	011 1 01 1 01	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of\$ ) (Revenue \$	\

### **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 X 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 X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III 19 X **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			37
04-	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		х
h	through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Λ
	Did the organization milest any proceeds of tax-exempt bonds beyond a temporary period exception:  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			7.5
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		v
27	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Х
37	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		71
50	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
P	art V Statements Regarding Other IRS Filings and Tax Compliance	1 30	_ 42	
	Check if Schedule O contains a response or note to any line in this Part V			
	225 2525 2 55 & roopened of flote to any fine in the fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (cor	ntinue	ed)		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 $\dots$	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ${\sf res}$	return	s?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sche			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of		=			
	a financial account in a foreign country (such as a bank account, securities account, or other fina	ncial a	iccount)?	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance		counts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	nsactı	on?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and or	lid the				<b></b>
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contril	oution	s or	Ch		
7	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for ac	ada			
а	and services provided to the payor?	ioi gc	ous	7a		х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?		• • • • • • • • • • • • • • • • • • • •	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was		7.0		
·	required to file Form 8282?	it was		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		tract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit c			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint					
	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:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	· // · · ·	ı	1041?	12a		
b	· · · · · · · · · · · · · · · · · · ·	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	۱				
	the organization is licensed to issue qualified health plans	13b		_		
C 140	Enter the amount of reserves on hand	13c		44-		X
14a			······	14a 14b		^
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sch</i>			140		<del>                                     </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remexcess parachute payment(s) during the year?			15		х
				15		Λ
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investry.	nent i	ncome?	16		X
10	If "Yes," complete Form 4720, Schedule O.	nent II	ICOITIE!	10		42
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any	activit	es			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		1
	If "Yes," complete Form 6069.					

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 8 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. Enter the number of voting members included on line 1a, above, who are independent 6 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ...... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. X **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **None** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 3546 S. Millhaven Circle Marci Romney

UT 84109

Salt Lake City

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 or							n c	ompensated any current o	officer, director, or trustee	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below	box	c, unle: cer an	Pos heck ss pe	(C) position lik more than one person is both an director/trustee)  (B) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)		Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1)Stan Wilson	dotted line)	tee	ıstee			nsated				
Asst Treasurer	5.00	x						0	0	0
(2) Heather Hammond	Cruz 1.00							_		_
Member (3) Laura Eyi	0.00	X						0	0	0
Member (4)Wil Eyi	1.00	х						0	0	0
Member	1.00	x						0	0	0
(5) Matthew Romney	2.00									
Board Chair (6) Isaac Wilson	1.00	X		X				0	0	0
Treasurer (7) Vimbai Tembo	0.00	x		X				0	0	0
Member	3.00	X						0	0	0
(8) Marci Romney	20.00							25 222		
Director (9)	0.00	X						35,008	0	0
(10)										
(11)										

Part VII Section A. Offi	cers, Directors, T	rust	ees,	Key	/ Em	ploy	yees	s, and Highest Compens	ated Employees (contin	ued)
(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an tee)	( <b>D</b> )  Reportable  compensation  from the  organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
· · · · · · · · · · · · · · · · · · ·										
······										
· · · · · · · · · · · · · · · · · · ·										
1b Subtotal								35,008		
c Total from continuation d Total (add lines 1b and								35,008		
	ls (including but no	t lim	ited				ed al	pove) who received more		Yes No
employee on line 1a? If "	Yes," complete Sch	edu	le J	for s	uch	indiv	/idua			Yes No
organization and related	organizations great	er th	nan S	150	,000	)? If	"Ye	ation and other compensa s," complete Schedule J fo	or such	4 X
5 Did any person listed on for services rendered to t								n any unrelated organization e J for such person	on or individual	5 X
Section B. Independent Cont										
compensation from the o	ganization. Report							ontractors that received m lendar year ending with or	within the organization's	
Nam	(A) e and business address							Descrip	(B) tion of services	(C) Compensation
2 Total number of independence received more than \$100	lent contractors (in ,000 of compensat	clud ion f	ing b	out n	ot lir	nited	d to tion	those listed above) who	0	

Pa	irt V			<b>ot Revenue</b> nedule O co	ntains	a resp	onse or no	te to any line in	this Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated cam	naign	s	1a						
Gra	b	Membership du	ies		1b						
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising eve	ents		1c						
	d	Related organiz	zations	s	1d						
in,	е	Government grants (c			1e						
butio ther S	f	All other contributions and similar amounts n Noncash contributions	s, gifts, g not includ	rants, ded above	1f	2,	349,802				
퉏	y	lines 1a-1f			1g	\$					
a S	h	Total. Add lines			-			2,349,802			
							Business Code				
e	2a										
e <u>≺</u> i	b										
n en	С										
Sea Se	d										
Program Service Revenue	е										
_	f	All other progra	ım ser	vice revenue .							
	3	Investment inco	,	•	-	-					
		other similar an	nounts	s)				3,082			3,082
	4	Income from inv	vestm	ent of tax-exen	npt bor	nd procee	eds				
	5	Royalties	. <u></u>								
				(i) Real		(ii)	Personal				
		Gross rents	6a								
		Less: rental expenses									
		Rental inc. or (loss)	6c								
		Net rental incor Gross amount from	ne or	<u> </u>							
	٠. ۵	sales of assets	_	(i) Securitie	S	(i	i) Other				
ø.	_	other than inventory	7a								
Other Revenue	b	Less: cost or other									
eve		basis and sales exps.									
Ä		Gain or (loss)	7c								
the		Net gain or (los Gross income from	,								
0	oa										
		(not including \$ of contributions re									
		1c). See Part IV, li			8a						
	h	Less: direct exp			8b						
		Net income or (				te .					
		Gross income f	٠,		3 24011						
	•	activities. See F			9a						
	b	Less: direct exp			9b						
		Net income or (				·					
		Gross sales of i									
		returns and allo		-	10a						
	b	Less: cost of go			10b						
		Net income or (				y					
<u>s</u>		`				-	Business Code				
eor	11a										
Jan Fun	b	*									
es es	С										
Miscellaneous Revenue	d	All other revenu									
_		Total. Add lines									
		Total revenue.						2,352,884	0	0	3,082

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) (**D**) Fundraising Do not include amounts reported on lines 6b, ₹b, expenses Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 555,000 555,000 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and 203,553 203,553 foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 17,504 17,504 35,008 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 12,963 12,963 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... 9 Payroll taxes ..... 4,365 2,619 1,746 Fees for services (nonemployees): a Management ..... **b** Legal 1,750 1,750 c Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees ..... g Other. (If line 11g amount exceeds 10% of line 25, column 456 (A) amount, list line 11g expenses on Schedule O.) 930 474 12 Advertising and promotion ..... 2,495 592 1,903 8,793 8,793 Office expenses 13 Information technology ..... 14 Royalties Occupancy 16 19,679 19,679 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates ..... 21 Depreciation, depletion, and amortization 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) d e All other expenses 811,792 844,536 30,841 1,903 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

### Form 990 (2022) Coafrica

### Part X Balance Sheet

	Check if Schedule O contains a respons	·	(A)		(B)
			Beginning of year		End of year
·			30,254	1	1,241,607
2	2 Savings and temporary cash investments		48,650	2	42,308
;	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
	Loans and other receivables from any current	or former officer, director,			
	trustee, key employee, creator or founder, sub				
	controlled entity or family member of any of the			5	
	6 Loans and other receivables from other disqua				
SIS	under section 4958(f)(1)), and persons describ	ped in section 4958(c)(3)(B)		6	
Assets				7	
₹   8				8	
				9	
1	<b>0a</b> Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D	10a			
	<b>b</b> Less: accumulated depreciation	10b	22.27	10c	
1			23,854	11	325,176
1:				12	
1	,			13	
1				14	
1	, , , , , , , , , , , , , , , , , , , ,		100 770	15	1 600 001
1	5 1		102,758	16	1,609,091
1			211	17	407
1				18	
1				19	
2				20	
2	,			21	
	, ,				
	trustee, key employee, creator or founder, sub				
	controlled entity or family member of any of the			22	
2				23	
2	, ,			24	
2	5 Other liabilities (including federal income tax, parties, and other liabilities not included on lin	· · · · ·			
	•	es 17-24). Complete Part X		25	
2	of Schedule D		211	25 26	407
	6 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c		211	20	407
Ses	and complete lines 27, 28, 32, and 33.	THECK HERE A			
	7 N-4444		102,547	27	1,608,684
			102,347	28	1,000,004
ے   <sup>ح</sup>	Organizations that do not follow FASB ASC	2 958 chock hov		20	
፤	and complete lines 29 through 33.	5 930, CHECK HEI			
5 2		e		29	
Sers   3		£		30	
3 3				31	
Net Assets or rund balances 3 3 3 3			102,547	32	1,608,684
ž I J	3 Total liabilities and net assets/fund balances		102,758		1,609,091

Form **990** (2022)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,35	52,8	384
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,5	
3	Revenue less expenses. Subtract line 2 from line 1	3	1,50		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	2,5	547
5	Net unrealized gains (losses) on investments	5	-	-2,2	<u> 211</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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,60	8,6	<u> 584</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule 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				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

### SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

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

Attach to Form 990.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 84-3824286

Coafrica
Part I General Information on Activities Outside

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	For	m 990, Part IV, lin	e 14b.			
1				ords to substantiate the amount o	of its grants and	
	other assistar	ice, the grantees' eli	gibility for the grants	or assistance, and the selection	criteria used to	
	award the gra	nts or assistance?				X Yes No
2	For grantmal	<b>vare</b> Describe in Pa	rt \/ the organization'	e procedures for monitoring the I	use of its grants and other assistance	
_	outside the U		it v the organization	s procedures for monitoring the t	ise of its grants and other assistance	
3	Activities per	Region. (The followir	ng Part I, line 3 table	can be duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
S	ubsaharan	Africa				
(1)				Construction	School construction	82,553
(2)						
(3)						
(4)						
. ,						
(5)						
(6)						
<b>(7</b> )						
(7)					+	
(8)						
<b>(0)</b>						
(9)						
(10)						
(11)						
11)						
12)						
(13)						
(14)						
(15)						
13)						
(16)						
(17)						
3a S	Subtotal					203,553
b T	otal from continuation	1				
	heets to Part I					
	Totals (add					
li	ines 3a and 3h)		1			203 553

Part				nizations or Entities Outside no received more than \$5,000.					s" on Form
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(4)				School construction	74,373	Wire tran	sfer		
(1)				Assistance	8,180	Wire tran	sfer		
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16) 2 Fn	ter total number of re	ecipient organization	s listed above th	at are recognized as charities by the f	oreian country recor	nized as a tax			
ex	empt 501(c)(3) orgar	nization by the IRS,	or for which the g	rantee or counsel has provided a sect	tion 501(c)(3) equival	ency letter		•	
<b>3</b> En	ter total number of o	ther organizations o	or entities					Schodulo E	(Form 990) 2022

orm 990) 2022 Coafrica 84-3824286 P Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, (a) Type of grant or assistance (b) Region (c) Number of (e) Manner of (f) Amount of (g) Description recipients cash grant cash noncash of noncash assistance disbursement assistance appraisal, other) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Schedule F (Form 990) 2022 Coafrica
Part IV Foreign Forms

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 Coafrica

### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds  Coafrica establishes coalitions with other organizations to build schools in Africa. These partnerships are established after evaluating the effectiveness of their operations. Coafrica representatives regularly monitor the progress of construction projects.						
Part I, Line 3 - Activities pe						
Region		Exper	ditures	Investmen	ts	
Subsaharan Africa		\$	82,553 \$		0	

DAA

SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number Coafrica 84-3824286

Part I General Information on Grants ar	nd Assistance						
<ol> <li>Does the organization maintain records to substantiate the selection criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's procedures for records.</li> </ol>							X Yes No
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient that	Oomestic Orga	anization	ns and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990
(a) Name and address of organization     or government	(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
1) Build a School in Africa 1090 Texan Trail #511 Grapevine TX 76051	03-0406505	3	676,000				School construction
2)			,				
3)							
4)							
5)							
6)							
7)							
8)							
9)							
2 Enter total number of section 501(c)(3) and governme		sted in the	line 1 table				<u> </u>
<b>3</b> Enter total number of other organizations listed in the	line 1 table						▶

cash grant on cash assistance of PAW, appraisal, other)  1  2  3  4  5  6  7  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 - Procedures for Monitoring the Use of Grant Funds  Coafrica establishes coalitions with other organizations to build schools in Africa. These partnerships are established after evaluating the effectiveness of their operations. Coafrica representatives regularly monitor the progress of construction projects.	Part III can be duplicated if action (a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(a) Method of valuation (book	(f) Description of noncash assistance
4 5 6 7 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 - Procedures for Monitoring the Use of Grant Funds  Coafrica establishes coalitions with other organizations to build schools  in Africa. These partnerships are established after evaluating the  effectiveness of their operations. Coafrica representatives regularly	(a) Type of grant of assistance	* *	` '			(i) Description of noncastr assistance
A 5 6 6 7 7 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 - Procedures for Monitoring the Use of Grant Funds  Coafrica establishes coalitions with other organizations to build schools  in Africa. These partnerships are established after evaluating the  effectiveness of their operations. Coafrica representatives regularly						
A grant 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 - Procedures for Monitoring the Use of Grant Funds  Coafrica establishes coalitions with other organizations to build schools  in Africa. These partnerships are established after evaluating the  effectiveness of their operations. Coafrica representatives regularly	1					
A grant 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 - Procedures for Monitoring the Use of Grant Funds  Coafrica establishes coalitions with other organizations to build schools  in Africa. These partnerships are established after evaluating the  effectiveness of their operations. Coafrica representatives regularly	2					
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 - Procedures for Monitoring the Use of Grant Funds  Coafrica establishes coalitions with other organizations to build schools  in Africa. These partnerships are established after evaluating the  effectiveness of their operations. Coafrica representatives regularly						
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 - Procedures for Monitoring the Use of Grant Funds  Coafrica establishes coalitions with other organizations to build schools  in Africa. These partnerships are established after evaluating the  effectiveness of their operations. Coafrica representatives regularly	}					
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 - Procedures for Monitoring the Use of Grant Funds  Coafrica establishes coalitions with other organizations to build schools  in Africa. These partnerships are established after evaluating the  effectiveness of their operations. Coafrica representatives regularly	4					
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 - Procedures for Monitoring the Use of Grant Funds  Coafrica establishes coalitions with other organizations to build schools  in Africa. These partnerships are established after evaluating the  effectiveness of their operations. Coafrica representatives regularly	_					
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 - Procedures for Monitoring the Use of Grant Funds  Coafrica establishes coalitions with other organizations to build schools  in Africa. These partnerships are established after evaluating the  effectiveness of their operations. Coafrica representatives regularly	5					
Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds  Coafrica establishes coalitions with other organizations to build schools  in Africa. These partnerships are established after evaluating the  effectiveness of their operations. Coafrica representatives regularly	6					
Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds  Coafrica establishes coalitions with other organizations to build schools  in Africa. These partnerships are established after evaluating the  effectiveness of their operations. Coafrica representatives regularly	7					
Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds  Coafrica establishes coalitions with other organizations to build schools  in Africa. These partnerships are established after evaluating the  effectiveness of their operations. Coafrica representatives regularly	Part IV Supplemental Information.	 Provide the information	ı ı required in Part I.	line 2: Part III. colur	nn (b): and anv other addi	tional information.
Coafrica establishes coalitions with other organizations to build schools in Africa. These partnerships are established after evaluating the effectiveness of their operations. Coafrica representatives regularly	• •		•			
in Africa. These partnerships are established after evaluating the effectiveness of their operations. Coafrica representatives regularly	Part I, Line 2 - Procedu	res for Monito	ring the Use	e of Grant Fu	ınds	
effectiveness of their operations. Coafrica representatives regularly	Coafrica establishes coa	litions with o	ther organi:	zations to bu	ild schools	
	in Africa. These partne	rships are est	ablished af	ter evaluatir	ng the	
	effectiveness of their o	perations. Co	africa repre	esentatives 1	regularly	
monitor the progress of construction projects.						
	monitor the progress or	construction p	rojects.			

### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

**Open to Public** Inspection

Schedule O (Form 990) 2022

**Employer identification number** 

Coafrica	84-3824286						
Form 990 - Organization's Mission							
Unleash the power of education for al	l African children by constructing						
classrooms in partnership with local	communities.						
By creating an international coalition of sponsors, local mentors, and							
community, Coafrica facilitates the c	onstruction of needed classrooms. Our						
goal is to enable every interested con	mmunity to meet the classroom needs of						
their children.							
Form 990, Part VI, Line 2 - Related P	arty Information Among Officers						
Laura Eyi	Wil Eyi						
Member	Member						
Family relationship							
Marci Romney	Matt Romney						
Director	Member						
Family relationship							
Stan Wilson	Isaac Wilson						
Member	Member						
Family relationship							
Form 990, Part VI, Line 11b - Organiz	ation's Process to Review Form 990						
Form 990 provided to director and tre	asurer for review prior to filing.						

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 20

Schedule O (Form 990) 2022

Name of the organization  Coafrica	Employer identification number 84-3824286			
Governing documents are available upon request as are				
	Page 1 of 1			

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

Name of the organization

Coafrica Employer identification number 84-3824286

Pa	art	Reas	on for Public Charity	/ Status. (All organization	ns mus	st comp	lete this part.) See instr	ructions.
The	orga	anization is no	t a private foundation beca	use it is: (For lines 1 through 1	12, check	only one	e box.)	_
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school des	scribed in section 170(b)(1	)(A)(ii). (Attach Schedule E (F	orm 990)	).)		
3	П	A hospital or	a cooperative hospital ser	vice organization described in	section	170(b)(1	)(A)(iii).	
4	П	-		ed in conjunction with a hospit				the hospital's name,
		city, and stat	te.					•
5		•		t of a college or university own				ed in
	ш	_	(b)(1)(A)(iv). (Complete Pa	=		,	3	
6				governmental unit described i	in <b>sectio</b> i	n 170(b)	(1)(A)(v).	
7	X			a substantial part of its suppor				oublic
		•	section 170(b)(1)(A)(vi). (		,	,	3	
8		A community	y trust described in <b>section</b>	170(b)(1)(A)(vi). (Complete F	Part II.)			
9	П	An agricultur	ral research organization de	escribed in section 170(b)(1)(	<b>A)(ix)</b> op	erated in	conjunction with a land-grant	college
				e of agriculture (see instruction				
10		An organizat	tion that normally receives	(1) more than 33 1/3% of its su	upport fro	m contril	outions, membership fees, an	d gross
				empt functions, subject to certa				
				and unrelated business taxable				S
			-	30, 1975. See section 509(a)		•	•	
11	Ц	•	•	d exclusively to test for public	-			
12				d exclusively for the benefit of,				
				ations described in <b>section 50</b> escribes the type of supporting				
	_				-			=
	а			perated, supervised, or contro ower to regularly appoint or ele				y giving
				complete Part IV, Sections A		only of the	le directors or trustees or the	
	b			supervised or controlled in con		vith its su	ipported organization(s) by h	aving
	~			orting organization vested in th				_
				te Part IV, Sections A and C.				
	С	Type III	functionally integrated. A	supporting organization opera	ated in co	nnection	with, and functionally integra	ted with,
	d		= : : :	ed. A supporting organization				uization(s)
	ŭ	that is no	ot functionally integrated. T	ne organization generally must	t satisfy a	distribut	ion requirement and an atten	
	_			must complete Part IV, Sect eceived a written determination				П
	е	functiona	ally integrated, or Type III n	on-functionally integrated supp	ortina or	ganizatio	in.	II
	f		mber of supported organiza		3	J		
	g			the supported organization(s).				
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
		ganization		(described on lines 1–10	listed in you	ır governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
_								
Tota	1							

Coafrica 84-3824286

Schedule A (Form 990) 2022 Page 2 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>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			46,485	120,012	154,8	02 321,299
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			46,485	120,012	154,80	02 321,299
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						321,299
	etion B. Total Support						321/233
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	(0,) = 0.10	(3) = 3 : 3	46,485	120,012	154,80	· · · · ·
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			8	5,303	3,08	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						329,692
12	Gross receipts from related activities, etc	c. (see instruction	s)			1:	2
13	First 5 years. If the Form 990 is for the	organization's firs	t, second, third, f	ourth, or fifth tax ye	ear as a section 5	01(c)(3)	
	organization, check this box and stop he						<b>X</b>
Sec	tion C. Computation of Public S	Support Perce	entage				
14	Public support percentage for 2022 (line	6, column (f) divi	ded by line 11, co	olumn (f))		1	4 %
15	Public support percentage from 2021 Sc	hedule A, Part II,	line 14			1	5 %
16a	33 1/3% support test—2022. If the orga	anization did not c	check the box on	line 13, and line 14	is 33 1/3% or mo	ore, check this	
	box and stop here. The organization qu	alifies as a public	ly supported orga	nization			
b	33 1/3% support test—2021. If the orga	anization did not c	check a box on lin				
	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test—2	022. If the organize	zation did not che	eck a box on line 13	3, 16a, or 16b, an	d line 14 is	
	10% or more, and if the organization me	ets the facts-and-	-circumstances te	est, check this box a	and <b>stop here.</b> E	xplain in	
	Part VI how the organization meets the forganization			_			
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization	on meets the facts	s-and-circumstan	ces test, check this	box and stop he	<b>re.</b> Explain	
	in Part VI how the organization meets th	e facts-and-circur	nstances test. Th	ie organization qua	lifies as a publicly	/ supported	
	organization						
18	Private foundation. If the organization	did not check a bo	ox on line 13, 16a	a, 16b, 17a, or 17b,	check this box a	nd see	
	instructions						

Schedule A (Form 990) 2022

Coafrica 84-3824286

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	tion A. Public Support			•		•	
Caler	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						_
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(a) 2010	(6) 2010	(6) 2020	(u) 2021	(6) 2022	(i) rotai
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the o	-	t, second, third, fo	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
_	organization, check this box and stop he						
	tion C. Computation of Public S						
15	Public support percentage for 2022 (line	8, column (f), div	vided by line 13, co	olumn (f))		15	%
16 Soc	Public support percentage from 2021 Sction D. Computation of Investm					16	%
<u> 3ec</u> 17	Investment income percentage for 2022			a 13 column (f\)		17	%
	investment income percentage from 2021 Sixestment income		III line 17			40	%
	33 1/3% support tests—2022. If the org			line 14 and line			70
	17 is not more than 33 1/3%, check this						
b	33 1/3% support tests—2021. If the org	-	_			-	
	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization of	-	_	· · · · · · · · · · · · · · · · · · ·		_	

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84-3824286 Schedule A (Form 990) 2022 Coafrica

### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 on 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.

- 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.
- 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
9b		
9c		
10a		
10b hedule A	(Form 9	90) 2022

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI</b> .	11c		
Sect	on B. Type I Supporting Organizations	<u> </u>		
	, , , , , , , , , , , , , , , , , , ,		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,		l	
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	4		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
-	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	on C. Type II Supporting Organizations			
OCCL	on o. Type if oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	on D. All Type III Supporting Organizations			
0000	on B. All Type in 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		163	NO
•	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? <i>If "No," explain in <b>Part VI</b> how</i>			
	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	_		
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	on 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 instruct	ions)		
· a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instruc	ctions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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 <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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? <i>If</i>			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	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 <b>Part VI.</b>	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Coafrica

84-3824286

Sched	ule A (Form 990) 2022 <b>Coafrica</b>		84-3824	1286 Page 6			
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). <b>See</b>						
	instructions. All other Type III non-functionally integrated supporting organizations in	nust c	complete Sections A thro	ugh E.			
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of						
	property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
	I Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other factors						
	(explain in detail in <b>Part VI</b> ):						
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					
Sec	tion C – Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
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-functionally integrat	ed Typ	oe III supporting organiza	ation			

Schedule A (Form 990) 2022

(see instructions).

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Schedule A (Form 990) 2022

Total annual distributions. Add lines 1 through 6.

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 5 6 Other distributions (describe in Part VI). See instructions. 6

ŏ	Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required–explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> 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:			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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Schedule A (For	rm 990) 2022	Coafrica			84-382428	36 F	Page 8
Part VI	Supplemental In III, line 12; Part I	<b>nformation.</b> Provid V, Section A, lines	1, 2, 3b, 3c, 4b	, 4c, 5a, 6, 9a, 9b,	rt II, line 10; Part II, lir 9c, 11a, 11b, and 11d	ie 17a or 17b ; Part IV, Se	; Part ction
	3a, and 3b; Part	V, line 1; Part V, S	Section B, line 1	e; Part V, Section D	and 3; Part IV, Section ), lines 5, 6, and 8; are (Section 2)	n E, lines 1c, ld Part V, Se	2a, 2b, ction E,
-	lines 2, 5, and 6.	Also complete this	s part for any ac	<u>ıdılıonal informatior</u>	n. (See instructions.)		
• • • • • • • • • • • • • • • • • • • •							
•							
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •							

DAA Schedule A (Form 990) 2022