			** PUBLIC DISCLOSURE COPY '		OMB No. 1545-0047	
Form 990		<u> </u>	Return of Organization Exempt From	Income Tax	0000	
		U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	except private foundat	ions) ZUZZ	
			Do not enter social security numbers on this form as it may	be made public.	Open to Public Inspection	
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
A Fo	or the 20	022 calenda	ar year, or tax year beginning JUL 1,2022 and ending	JUN 30, 202		
B Ch	eck if plicable:	C Name of	organization	D Employer ident	tification number	
	Address change	FELL	OWSHIP SQUARE FOUNDATION, INC	52-6067	7043	
2	Name change Initial		isiness as			
	return		and street (or P.O. box if mail is not delivered to street address) Room/s	703-860		
	Final return/ termin-		0 ROGER BACON DRIVE, STE. 20	G Gross receipts \$	3,572,015.	
_	ated Amended		own, state or province, country, and ZIP or foreign postal code	H(a) Is this a group	20 C C C C C C C C C C C C C C C C C C C	
	return Applica-	REST	ON, VA 20190	for subordina		
-	tion pending	FName a	nd address of principal officer: DANIEL FLAVIN AS C ABOVE	[1] Miller Gr. 199 (199 (199 (199 (199 (199 (199 (199	es included? Yes No	
<u>.</u>					h a list. See instructions	
-			X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or FELLOWSHIPSQUARE.ORG	H(c) Group exemp		
	ebsite:		X Corporation Trust Association Other L		M State of legal domicile; DC	
Pa		ganization: [rour of formation,		
- 4	4 04	iefly describ	e the organization's mission or most significant activities: AFFORDAR	BLE HOUSING F	OR THE	
8	1 Bri El	I.DERI.V	AND PHYSICALLY HANDICAPPED OR DISABL	ED PERSONS.		
Activities & Governance	1000	neck this bo		nore than 25% of its net	assets.	
jeri	1000 - 120 -	호텔 맛있는 영상, 소리는 영화가 관			3 12	
ĝ			lependent voting members of the governing body (Part VI, line 1b)		4 12	
م و			of individuals employed in calendar year 2022 (Part V, line 2a)		5 12	
itie			of volunteers (estimate if necessary)		6 230	
ctiv			d business revenue from Part VIII, column (C), line 12		7a 0.	
Ā			business taxable income from Form 990-T, Part I, line 11		7b 0.	
				Prior Year	Current Year	
	8 Co	ontributions	and grants (Part VIII, line 1h)	986,968		
Revenue	9 Pr	rogram serv	ice revenue (Part VIII, line 2g)	5,395,725		
eve	10 In	vestment in	come (Part VIII, column (A), lines 3, 4, and 7d)	375,280		
æ	11 01	ther revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	93,620		
-			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,851,60		
	13 G	rants and si	milar amounts paid (Part IX, column (A), lines 1-3)	371,71	0	
			to or for members (Part IX, column (A), line 4)	1 601 101	••	
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,621,48	$\frac{7.523,576.}{0.0.0}$	
use	16a Pr		fundraising fees (Part IX, column (A), line 11e)	percent of the second second	0. 0.	
Expens	b To		ing expenses (Part IX, column (D), line 25) 121,566.	2,939,45	0. 5,457,430.	
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1 000 00		
	 1.22.21 1.22.24 	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,918,95		
8 <u>-</u>	-	evenue less	expenses. Subtract line 18 from line 12	Beginning of Current Ye		
Net Assets or	ane na	10(<u>11)</u> - 10 - 2		21,996,75		
sset	20 To		Part X, line 16)	257,51		
et A	21 To	otal liabilitie	s (Part X, line 26)	21,739,24		
		et assets of Signatur	fund balances. Subtract line 21 from line 20	1 41,135,44		
1.65	a t 11	Signata			and the second se	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JOHN GRAY, TREASURER Poles Luising Type or print name and title	Date sklack
Paid	ABRATE AT BOODER, OTT	Check X PTIN if self-employed P00760402
Preparer Use Only	Firm's address 1570 FRUITVILLE PIKE, SUITE 400	Firm's EIN 39-0859910 Phone no.717.740.4863
May the I	LANCASTER, PA 17601 BS discuss this return with the preparer shown above? See instructions	X Yes No

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

	1 990 (2022) FELLOWSHIP SQUARE FOUNDATION, INC 52-6067043 Page 2 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: THE ORGANIZATION PROVIDES AFFORDABLE HOUSING AND SERVICES TO OLDER
	ADULTS.
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," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$6,136,337. including grants of \$170,515.) (Revenue \$2,680,147. FELLOWSHIP SQUARE (FS) PROVIDES AFFORDABLE HOUSING AND SERVICES TO SENIORS, 62 AND OLDER, WHO HAVE VERY LIMITED INCOME AND RESOURCES. FS OWNS FOUR APARTMENT BUILDINGS THROUGHOUT THE WASHINGTON, D.C. REGION
	CONSISTING OF 670 TOTAL RENTAL UNITS SERVING MORE THAN 800 OLDER ADULTS. THE REDEVELOPMENT OF FELLOWSHIP SQUARE'S LAKE ANNE PROPERTY WAS COMPLETED IN 2023 AND THE OLD STRUCTURE WAS DEMOLISHED.
	FS PROVIDES GOVERNANCE, LEGAL, FINANCIAL, FUNDRAISING, AND PUBLIC
	RELATIONS SERVICES TO EACH OF THE PROPERTIES, ALONG WITH A PARTNER AND VOLUNTEER BASE THAT IMPLEMENTS PROGRAMS AND SERVICES TO BENEFIT THE
	RESIDENTS. AT EACH FELLOWSHIP HOUSE, AN ONSITE SERVICE COORDINATOR WORKS WITH RESIDENTS TO NAVIGATE MEDICARE, MEDICAID, AND OTHER BENEFITS
4b	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
A :-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 6,136,337.
4e	Form 990 (2022
32002	2 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)
<u>^</u>	2 2022.05080 FELLOWSHIP SQUARE FOUNDAT 1017
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 Form 990 (2022)
 FELLOWSHIP SQUARE FOUNDATION, INC

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		x	
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
44	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10	<u>_</u>	
11				
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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 III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X
	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		Ţ	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		(0000)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No," go to line 25a	24a		X
	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		
	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	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	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,			
20	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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
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?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 16			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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Form 990			52
Part V	Statements Regarding Other IRS Filings and Tax Complian	ce (continued)	

				_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ſ			
	filed for the calendar year ending with or within the year covered by this return	2a		12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?			2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			[3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?		4a		<u>X</u>
b	If "Yes," enter the name of the foreign country			- 1			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	its (FBAR).				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			····· Γ	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter transaction tax shelter transaction tax shelter tax shel				5b		Х
	, 5				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				0		х
ь.	any contributions that were not tax deductible as charitable contributions?			····· -	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributi were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).			····	dð		
ʻ,	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices r	provided to the pa	avor?	7a		х
b				Γ Γ	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uired	·····			
č	to file Form 8282?				7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	····			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	-	•		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			·····	7f		Х
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?			-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?			L	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:	1	1				
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:	1	1				
	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446					
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	ן ז	_	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	10 41	: 	h	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		_			
	Is the organization licensed to issue qualified health plans in more than one state?			t t	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			·····			
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
с	Enter the amount of reserves on hand	13c					
			·		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu				14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune						
	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	t incor	me?		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 ac						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				17		
	If "Yes," complete Form 6069.				Form	990	(2022)
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Form	990	(2022)
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FELLOWSHIP SQUARE FOUNDATION, INC

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

Section A. Governing Body and Management

52-6067043 Page 6

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	2		
	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 1	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This decisin b requests information about policies not required by the internal never the obde.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
Ŭ	on Schedule O how this was done	12c	x	
13		13	X	
	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
~	The organization's CEO, Executive Director, or top management official	15a	x	
		15a		x
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	150		- 23
16-				
100	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	x	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b	x	
Sect	exempt status with respect to such arrangements?		21	
	List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3		ovoilo	bla
18		js orny)	avalla	Die
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)	d fire e -		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	iu finar	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SUHANI SANWAR, DIRECTOR OF FINANCE - 571-349-0056			
	11260 ROGER BACON DRIVE, STE. 20, RESTON, VA 20190			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.
List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

• List the organization's live current nighest 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	(do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both pr/trus	n an	compensation	compensation	amount of
	week			uau		1/		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Low compensated to the set of the		1099-NEC)	1000 (120)	and related			
	below	Individual trustee or director	ution;	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High	Former			
(1) CHRISTINA ZEITZ	37.50									
CEO	0.00			х				172,731.	Ο.	24,475.
(2) CARL ALAN JENKINS	0.75									
DIR., FSF, PRES, HUNTERS W	0.75	Х						0.	0.	0.
(3) DANIEL FLAVIN	0.75									
PRESIDENT, FSF	0.00	Х		Х				0.	0.	0.
(4) EDWARD S. BYRNE	0.75									
DIR., FSF, PRES, LAKE ANNE	0.00	Х		Х				0.	0.	0.
(5) JOHN GRAY	0.75									
TREASURER, FSF	0.75	Х		Х				0.	0.	0.
(6) LYNN THOMAS	0.75									
SEC'Y, FSF (TO 3/27/23)	0.75	Х		Х				0.	0.	0.
(7) BOB THOMPSON	0.38									
SEC'Y, LAKE ANNE (TO 10/18/23)	0.38	Х		Х				0.	0.	0.
(8) MICHAEL SCHEURER	0.50									
VICE PRESIDENT, FSF (TO 3/11/23)	0.00	Х		Х				0.	0.	0.
(9) ROBERT GREENWOOD	0.75									
DIRECTOR, FSF	0.00	Х						0.	0.	0.
(10) ROBERT SARGEANT	0.75									
DIRECTOR, FSF	0.00	Х						0.	0.	0.
(11) DR. SHONTAY KINCAID	0.75									
DIR, FSF, PRES. LARGO LANDING	0.75	Х						0.	0.	0.
(12) KATHLEEN HARDING	1.00									
DIR., FSF, PRES, LAKE RIDG	1.00	Х						0.	0.	0.
(13) MARK FLEMING	0.75									
VICE PRES., FSF (AS OF 3/27/23)	0.75	Х						0.	0.	0.
(14) JOHN KELLY	0.75									
DIRECTOR, FSF	0.00	Х						0.	0.	0.
(15) THOMAS J. VAN LIERDE	0.75									
DIRECTOR, FSF	0.00	Х						0.	0.	0.
(16) KRISTIN NORRIS	0.75									
SEC'Y, FSF (AS OF 3/27/23)	0.00	Х		х				0.	0.	0.

232007 12-13-22

Form 990 (2022)

14000418 144198 101727

2022.05080 FELLOWSHIP SQUARE FOUNDAT 101727_1

Form 990		IP SQUAR	Ε	FO	UN	DΑ	TI	ON	I, INC	52-60)67	043	P	age 8
Part VI	Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not ch , unles	ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n 1	am	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga and	pensa om th anizat d relat nizati	ie tion ted
									172,731.		0.	. 24,475.		
c Tot	vtotal al from continuation sheets to Part VI al (add lines 1b and 1c)	, Section A							172,731. 0. 172,731.		0.			<u>75.</u> 0. 75.
2 Tota	al number of individuals (including but n npensation from the organization								ceived more than \$100	000 of reportable	;		Yes	1 No
line	the organization list any former officer, 1a? If "Yes," complete Schedule J for so	uch individual										3	103	X
and	any individual listed on line 1a, is the su related organizations greater than \$150 any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	dule	J fo	or such individual			4	X	
reno	dered to the organization? If "Yes," com											5		Х
1 Cor	B. Independent Contractors										bensa	tion fro	m	
	organization. Report compensation for t (A) Name and business			ONE	0				(B) Description of s		С	(C comper		n
	al number of independent contractors (ir 0,000 of compensation from the organiz	•	ot lin	nited	l to t	thos C		ted	above) who received m	ore than				

Form **990** (2022)

232008 12-13-22

				SQI	UARE FOU	NDATION, I	NC	52-6067	043 Page 9
Pa	rt VI	I Statement of Rev	venue						
		Check if Schedule O c	contains a respo	onse o	or note to any lin		(B)	(C)	
						(A) Total revenue	Related or exempt	Unrelated	(D) Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns				-			
Gra	d				40,602.	-			
fts,	C	Fundraising events			40,002.	-			
ni Git	a					4			
Sir,	e f	 Government grants (contri All other contributions, gifts, 	· · · · · · · · · · · · · · · · · · ·			-			
utic		similar amounts not included			267 235.				
dt Ott		Noncash contributions included in I		¢	<u>267,235.</u> 170,515.	1			
no'	9 h	Total. Add lines 1a-1f		Ψ	1,0,0100	307,837.			
0 %					Business Code				
	2 a	MANAGEMENT FE	ES			1.709.677.	1,709,677.		
vice	b			:	541700	917,773.	917,773.		
Ser	~ C	TENANT RENTS			531110	52,697.			
n a	d								
Program Service Revenue	e								
Pro	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				2,680,147.			
	3	Investment income (includ	ling dividends, i	ntere					
			-			526,166.			526,166.
	4	Income from investment o	roceeds						
	5	Royalties							
			(i) Rea	.1	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b			-			
	С	Rental income or (loss)	6c						
		Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) Securit	ties	(ii) Other	-			
		assets other than inventory	7a			4			
	b	Less: cost or other basis							
evenue		and sales expenses	7b			-			
eve		Gain or (loss)	7c						
Ě		Net gain or (loss)							
Other	8 a	Gross income from fundraisin							
0		including \$ 40							
		contributions reported on	-		11,871.				
	h	Part IV, line 18		8a 8b	16,753.	4			
		 Less: direct expenses Net income or (loss) from the second s			10,755.	-4,882.			-4,882.
		Gross income from gamin				4,002.			4,0020
	5 a	Part IV, line 19		9a	525.				
	h	Less: direct expenses			0.	1			
		Net income or (loss) from				525.			525.
		Gross sales of inventory, l							
		and allowances		10a					
	b	Less: cost of goods sold		10b					
		Net income or (loss) from :							
		· · · · · · · · · · · · · · · · · · ·			Business Code				
sno	11 a	BAD DEBT RECO	VERY		900099	27,795.			27,795.
ane(CABLE INCOME		_	900099	7,210.			7,210.
scellaneo <u>Revenue</u>	с	INSURANCE REF	UND		900099	4,905.			4,905.
Miscellaneous Revenue	d	All other revenue			900099	5,559.			5,559.
≥		Total. Add lines 11a-11d				45,469.			
	12	Total revenue. See instructio				3,555,262.	2,680,147.	0.	567,278.
23200	9 12-13	3-22							Form 990 (2022)

232009 12-13-22

14000418 144198 101727

Part IX Statement of Functional Expenses

FELLOWSHIP SQUARE FOUNDATION, INC

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do not include amounts reported on lines 6b,	(A) Total expenses	his Part IX (B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	170,515.	170,515.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members				
4 Benefits paid to or for members 5 Compensation of current officers, directors,				
trustees, and key employees	195,436.	156,349.	29,315.	9,772
6 Compensation not included above to disqualified	19971900	100,0100		57172
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	567,900.	454,320.	85,185.	28,395
B Pension plan accruals and contributions (include			,	,
section 401(k) and 403(b) employer contributions)	28,914.	23,131.	4,337.	1,446
9 Other employee benefits	68,834.	55,066.	<u>4,337.</u> 10,325.	1,446 3,443 3,125
D Payroll taxes	62,494.	49,995.	9,374.	3,125
1 Fees for services (nonemployees):				
a Management				
b Legal	57,222.		57,222.	
c Accounting	17,115.		17,115.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	134,262.	134,262.		
2 Advertising and promotion	22,348.			22,348 53,037
3 Office expenses	180,015.	126,978.		53,037
4 Information technology	7,919.	3,630.	4,289.	
5 Royalties				
6 Occupancy	261,019.	195,059.	65,960.	
7 Travel	318.	318.		
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
0 Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization				
3 Insurance				
4 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.)	4,753,235.	4,753,235.		
	4,753,235.	4,753,235.		
c OTHER EMPLOYEE EXPENSES	10,599.	101.	10,498.	
	1,354.	1,354.	10,490.	
	348.	348.		
e All other expenses	6,551,523.	6,136,337.	293,620.	121,566
5 Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization	0,331,3430	0,10,00/0	433,040•	141,300
6 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)				
2010 12-13-22				Form 990 (202

10

14000418 144198 101727

386,283. 338,495. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 5,307,525. 5,467,907. Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 30,690. 39,599. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 0. basis. Complete Part VI of Schedule D _____ 10a 249,222. 10c b Less: accumulated depreciation 10b 9,705,303. 11,043,549. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 5,287,316. 5,264,910. Other assets. See Part IV, line 11 15 15 21,996,759. 22,701,355. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 114,179. 155,275. Accounts payable and accrued expenses 17 17 18 18 Grants payable 9,941. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 38,429. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 488,226. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 63,808. 3,673,896. 25 of Schedule D 257,512. 4,286,242. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 21,526,520. 18,290,113. 27 27 Net assets without donor restrictions 212,727. Net assets with donor restrictions 125,000. 28 28

FELLOWSHIP SQUARE FOUNDATION, INC

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

1

2

3

29

30

31

32

33

18,415,113.

22,701,355.

Form 990 (2022)

21,739,247.

21,996,759.

(A) Beginning of year

748,995.

272,516.

350,911.

204,893.

(B) End of year

1

2

3

Assets

Liabilities

Net Assets or Fund Balances

29

30

31

32

33

	1990 (2022) FELLOWSHIP SQUARE FOUNDATION, INC	52-6	067043	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				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,555		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,551	-	
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>-2,996</u>	,20	61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,739		
5	Net unrealized gains (losses) on investments	5	542	2 , 70	05.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			98.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-815	,08	80.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18,415	,1	13.
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	О.			
2a			2a		Х
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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?		<u>3a</u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			.	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
				/	$(\Omega \cap \Omega \cap \Omega)$

Form **990** (2022)

232012 12-13-22

SCH	EDU	LE	Α

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

Nar	ne of t	he organization				- ~			dentification number				
				ARE FOUNDATI					2-6067043				
Pa	art I	Reason for Public (Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only o	one box.)							
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).						
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a co	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).						
7		An organization that norma	-					e general i	oublic described in				
		section 170(b)(1)(A)(vi). (C			on a gore			ie general j					
8		A community trust describe		(1)(A)(vi) (Complete Par	ни)								
9		An agricultural research org				ad in coniu	inction with a	land-arant	college				
5		or university or a non-land-g	-			-		-	-				
		-	grant conege of agric			lame, ony	, and state of	the college					
40	X	university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
10	<u> </u>												
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment											
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
		See section 509(a)(2). (Con											
11		An organization organized a	-	•	•								
12		An organization organized a											
		more publicly supported or							Check the box on				
		lines 12a through 12d that											
a		Type I. A supporting orga	-	-	•	-							
		the supported organization			majority o	of the direc	tors or trustee	es of the su	upporting				
		organization. You must o											
b		Type II. A supporting org	anization supervised	l or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ving				
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
c	: [Type III functionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,				
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.						
c	I 🗌	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	/eness				
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .						
e	, 🗌	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III					
		functionally integrated, or											
f	Ente	er the number of supported o	organizations										
ç	Prov	vide the following informatior											
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
Tot	al												
Tot	и								1				

Schedule	A (Form 990) 2022
Part II	Suppo	rt Scl

FELLOWSHIP SQUARE FOUNDATION, INC

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.)

See	ction A. Public Support					<u>.</u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				-		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				-		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				-		
4	Total. Add lines 1 through 3						
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)						
1	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	1	1		1	1	1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I					14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or n	nore, check this bo	ix and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o				d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			•	•	: VI how the organi	zation
	meets the facts-and-circumstances te	0	•		•		
b	10% -facts-and-circumstances test	-	-				10% or
	more, and if the organization meets th						
40	organization meets the facts-and-circl		•				
18	Private foundation. If the organization	n ala not check a	box on line 13, 16	oa, 160, 17a, or 17	D, CHECK THIS DOX a		
						Schedule A	(Form 990) 2022

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FELLOWSHIP SQUARE FOUNDATION, INC 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.)

Section A. Public Support

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	198,669.	283,044.	354,823.	986,968.	309,237.	2132741.
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	3394211.	5602655.	5344930.	5395725.	2680147.	22417668.
2	Gross receipts from activities that						
3	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	2500000	5005600		6202602	2000204	04550400
	Total. Add lines 1 through 5	3592880.	5885699.	5699753.	6382693.	2989384.	24550409.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	15,580.	26,160.	28,186.	20,967.	24,754.	115,647.
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						0.
с	Add lines 7a and 7b	15,580.	26,160.	28,186.	20,967.	24,754.	115,647.
	Public support. (Subtract line 7c from line 6.)				,		24434762.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	3592880.	5885699.	5699753.	6382693.	2989384	24550409.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	48,625.	82,004.	17,327.	237,969.	526,074.	911,999.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	48,625.	82,004.	17,327.	237,969.	526,074.	911,999.
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.)	77,340.	75,242.	165,824.	98,146.	57,865.	474,417.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3718845.		5882904.	6718808.	3573323.	25936825.
	First 5 years. If the Form 990 is for th						
•••	check this box and stop here	0					
Sec	tion C. Computation of Publi						
	Public support percentage for 2022 (li			clump (f))		15	94.21 %
	Public support percentage from 2021		•			16	95.43 %
	tion D. Computation of Inves					10	JJ+1J %
	•			(f)		47	3.52 %
	Investment income percentage for 20	-	•			17	1 0 0
	Investment income percentage from 2					18	1.82 %
19a	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						X
b	33 1/3% support tests - 2021. If the						nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	
23202	3 12-09-22					Schedule A	(Form 990) 2022

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^{2022.05080} FELLOWSHIP SQUARE FOUNDAT 101727_1

Yes No

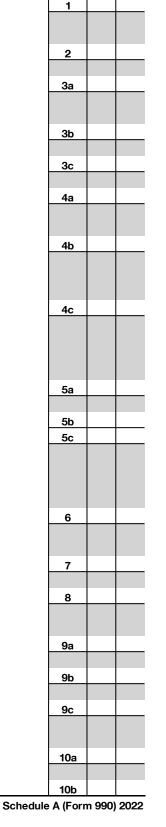
Part IV Supporting Organizations

(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.)

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Sche	dule A	(Form 990) 2022		SQUARE	FOUNDATION,	INC	52-606	5704	<u>3 Pa</u>	age 5
Pa	rt IV	Supporting Orgar	nizations (continued)							
							_		Yes	No
11	Has t	he organization accepted	d a gift or contribution from	n any of the fo	ollowing persons?					
а	a 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 fam	nily member of a person of	described on line 11a abov	/e?				11b		
с	A 359	% controlled entity of a p	erson described on line 11	a or 11b abov	ve? If "Yes" to line 11a,	11b, or 11c, provide				
	detail	in Part VI.						11c		
Sec	tion l	B. Type I Supportin	g Organizations							

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</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

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

Sec	Section D. All Type III Supporting Organizations					
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax					
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?					
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)					

By reason of the relationship described on line 2, above, did the organization's supported organizations have a 3 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. 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).
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 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 2a 2b 3a 3b

Schedule A (Form 990) 2022

Yes

Yes No

1

2

1

2

3

No

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Schedule A	(Form 990)	2022
Part V	Type III	Non-F

2022 FELLOWSHIP SQUARE FOUNDATION, INC Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
_				

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

Schedule A (Form 990) 2022

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e Excess from 2022

Schedule A (Form 990) 2022

FELLOWSHIP SQUARE FOUNDATION, INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	on D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish exer				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	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				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	d Excess from 2021				

Schedule A (Form 990) 2022

FELLOWSHIP SQUARE FOUNDATION, INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS		
2018 AMOUNT: \$	8,413.	
2019 AMOUNT: \$	757.	
2020 AMOUNT: \$	2,764.	
2021 AMOUNT: \$	13,447.	
2022 AMOUNT: \$	1,299.	
LAUNDRY AND VENI	DING	
2018 AMOUNT: \$	4,928.	
2019 AMOUNT: \$	4,375.	
2020 AMOUNT: \$	3,215.	
2021 AMOUNT: \$	2,876.	
BEAUTY SHOP		
2018 AMOUNT: \$	217.	
2019 AMOUNT: \$	166.	
CABLE INCOME		
2018 AMOUNT: \$	58,442.	
2019 AMOUNT: \$	65,086.	
2020 AMOUNT: \$	58,137.	
2021 AMOUNT: \$	73,511.	
2022 AMOUNT: \$	7,210.	
BAD DEBT RECOVER	RY	
2022 AMOUNT: \$	27,795.	
232028 12-09-22		20
1000/10 1//100 101	777	

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Schedule A (Form 990) 2022 Part VI Supplement Part IV, Section	al Information. Provide th	SQUARE FOUNDATION e explanations required by Part II, line , 6, 9a, 9b, 9c, 11a, 11b, and 11c; Pa	, INC 52-6067043 Page 8 e 10; Part II, line 17a or 17b; Part III, line 12; rt IV, Section B, lines 1 and 2; Part IV, Section C,
	5, 6, and 8; and Part V, Section		Bb; Part V, line 1; Part V, Section B, line 1e; Part V, his part for any additional information.
INSURANCE REFUN	ID		
2020 AMOUNT: \$	95,381.		
2022 AMOUNT: \$	4,905.		
NON-CHARITABLE	FUNDRAISING REC	EIPTS	
2019 AMOUNT: \$	810.		
2021 AMOUNT: \$	4,375.		
2022 AMOUNT: \$	11,871.		
TENANT CHARGES			
2018 AMOUNT: \$	3,152.		
2019 AMOUNT: \$	4,048.		
2020 AMOUNT: \$	6,327.		
2021 AMOUNT: \$	3,937.		
2022 AMOUNT: \$	759.		
REFUND FROM VEN	IDORS		
2018 AMOUNT: \$	2,188.		
2022 AMOUNT: \$	600.		
COVID CSP FUNDS	5		
2022 AMOUNT: \$	2,901.		
GAMING REVENUE			
2022 AMOUNT: \$	525.		
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

INC

OMB No. 1545-0047

2022

Employer identification number

52-6067043

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 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.

FELLOWSHIP SQUARE FOUNDATION

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) 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.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

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14000418 144198 101727

Part I

(a)

FELLOWSHIP SQUARE FOUNDATION, INC

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 Person Payroll 57,856. Noncash Х (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 Person Payroll 50,721. Noncash X (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 5,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

Employer identification number

(d)

52-6067043

(c)

Name of organization

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b)

FELLOWSHIP SQUARE FOUNDATION, INC

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$13,691.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15-22		\$	Person Payroll Occupient Payroll Complete Part II for noncash contributions.)

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Page 2

Employer identification number

(d)

52-6067043

(c)

FELLO	WSHIP SQUARE FOUNDATION, INC		52-6067043
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD ITEMS	\$57,85	606/30/23_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD ITEMS	\$50,72	103/01/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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2022.05080 FELLOWSHIP SQUARE FOUNDAT 101727_1

Schedule B (Form 990) (2022) Name of organization

Employer identification number

	B (Form 990) (2022)		Page 4
Name of o	rganization		Employer identification number
FELLO	WSHIP SQUARE FOUNDATION	, INC	52-6067043
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in se through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, a 	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gif	t
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
000454 44 55			
223454 11-15	J-22		Schedule B (Form 990) (2022)

14000418 144198 101727

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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Nam	e of the organization FELLOWSHIP SQUARE F	OUNDATION. INC	Employer identification number 52-6067043
Pa			
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor ad	dvised funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
		· · · · ·	
Pa		anization answered "Yes" on Form 99	00, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) 🛛 🗌 Preservatio	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the fo	rm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Ye
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	icture included in (a)	
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, rele	eased, extinguished, or terminated by	the organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing c	onservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conse	rvation easements during the year
•			
8	Does each conservation easement reported on line 2(d) above	, ,	
•	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 footne	ote to the organization's financial stat	ements that describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 958		at and balance sheet works
Ia	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan		
h	If the organization elected, as permitted under FASB ASC 958		
D	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	asures, or other similar assets for finar	
2	the following amounts required to be reported under FASB AS		iona gain, provido
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
u			Ψ

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Schedule D (Form 990) 2022

Sche		HIP SQUARE					2-60			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Otl	ner Sin	nilar <i>I</i>	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that mak	e signific	ant us	e of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						in Part 2	XIII.		
5	During the year, did the organization solicit o							-	_	_
	to be sold to raise funds rather than to be ma						L	Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes"	on Form	n 990, I	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1 a	Is the organization an agent, trustee, custodi							7		-
	on Form 990, Part X?						L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:		Г			•		
								Amoun	t	
	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year				·····	1e				
f	Ending balance					1f	v			
	Did the organization include an amount on Fo				•		🕰	Yes	X	_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								Δ	
1 41		(a) Current year	(b) Prior year	(c) Two years bac		hree vea	ars back	(e) Four	vears	hack
4.0	Designing of year belonce	212,727.	212,727.	288,22			8,227.			562.
1a 5	Beginning of year balance	212,727.	212,121.	200,22	, .	200	0,227.			334.
b	Contributions				-				<u> </u>	
с А	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities								5	171.
f	and programs Administrative expenses	87,727.		75,50	,					498.
		125,000.	212,727.	212,72		288	8,227.			227.
g 2	End of year balance Provide the estimated percentage of the curr	· 1			•		,			
-	Board designated or quasi-endowment	• 0000	%							
h	Permanent endowment 58.7600	%								
c	Term endowment 41.2400									
Ū	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses		tion that are held ar	nd administered fo	r the					
	organization by:	eeren er tre ergamza]	Yes	No
	(i) Unrelated organizations							3a(i)		x
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part	X, line 1	0.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) Accum	ulated		(d) Boo	k valu	e
		basis (investm	ient) basis	(other)	deprecia	ation				
1a	Land									
b	Buildings									
с	Leasehold improvements									
	Equipment									
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, column (B), line 1	0c.)						0.
						S	chedule	D (Forn	n 990)	2022

(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) Description		(b) Book value
(1) DUE FROM RELATED PARTY			4,314,008.
(2) MORTGAGE ESCROW DEPOSITS			950,902.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		5,264,910.
Part X Other Liabilities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO RELATED PARTIES			3,673,896.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir			3,673,896.
2. Liability for uncertain tax positions. In Part XIII, provid			
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022 FELLOWSHIP SQUARE FOUNDATION, INC Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(b) Book value

(c) Method of valuation: Cost or end-of-year market value

Sche	dule D (Form 990) 2022 FELLOWSHIP SQUARE FOUNDATI	ON, I	NC	52-	6067043 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,330,032.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	542,705.		
b	Donated services and use of facilities	2b	1,400.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		440,934.		
е	Add lines 2a through 2d			2e	985,039.
3	Subtract line 2e from line 1			3	3,344,993.
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	210,269.		
с	Add lines 4a and 4b			4c	210,269.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,555,262.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ients Wi	th Expenses per	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	7,654,166.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2 a	1,400.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2 d	1,328,265.		
е	Add lines 2a through 2d			2e	1,329,665.
3	Subtract line 2e from line 1			3	6,324,501.
4	Amounts included on Form 990, Part IX, line 25, 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	227,022.		
с	Add lines 4a and 4b			4c	227,022.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,551,523.
	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1	b and 2b; Part V, line	4; Part)	K, 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 IV, LINE 2B:

THE ESCROW ACCOUNT HOLDS TENANTS' SECURITY DEPOSITS.

PART XI, LINE 2D - OTHER ADJUSTMEN	TS:			
NET ASSET TRANSFER			221,5	49.
PRIOR PERIOD ADJUSTMENT			219,3	85.
TOTAL TO SCHEDULE D, PART XI, LINE	2D		440,9	34.
PART XI, LINE 4B - OTHER ADJUSTMEN	TS:			
FUNDRAISING EXPENSES			-16,7	53.
REVENUE NET WITH EXPENSES			227,0	22.
TOTAL TO SCHEDULE D, PART XI, LINE	4B		210,2	69.
232054 09-01-22	31		Schedule D (Form 99	90) 2022
4000418 144198 101727	-	FELLOWSHIP	SQUARE FOUNDAT 1	L01727_

Schedule D (Form 990) 2022 FELLOWSHIP SQUARE FOUNDATION INC Part XIII Supplemental Information (continued) Image: Continued (Continued) Image: Continge: Continge: Continued (Continued) Image: Con	52-6067043 Page 5
Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	16,753.
CASH SURPLUS CONTRIBUTION FROM LAKE ANNE II TO FELLOWSHIP	
SQUARE	531,646.
CAPITAL CONTRIBUTION TO NEW PARTNERSHIP	504,983.
CAPITAL CONTRIBUTION TO LAKE ANNE HOUSE DEVELOPMENT LLC	274,883.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,328,265.
	· · ·
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
	227,022.
REVENUE NET WITH EXPENSES	227,022•
	Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	С	MB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, or if the		2022
Department of the Treasury	C	Attach to Form 990 of						Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc	tions	and th	ne latest information	າ.		Inspection
Name of the organization								ntification number
Part I Fundrais		HIP SQUARE FOUNDAT				52-6		
	complete this part	Complete if the organization answe t.	red "Y	es" or	Form 990, Part IV, I	ine 17. Form 9	90-EZ	filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	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?] Yes	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ntrol of	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraise listed in col.	d by) r	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total			<u></u>	<u></u>				
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt fro	om reg	gistration

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

Schedule G (Form 990) 2022

232081 10-27-22

FELLOWSHIP SQUARE FOUNDATION, INC

52-6067043 Page 2

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-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

		(a) Event #1 WINTER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		WONDERLAND (event type)	(event type)	(total number)	col. (c))
1	Gross receipts	50,869.			50,869
	Less: Contributions	40,602.			40,602
3	Gross income (line 1 minus line 2)	10,267.			10,267
4	Cash prizes	0.			
5	Noncash prizes	0.			
6	Rent/facility costs	1,450.			1,450
6	Food and beverages	4,209.			4,209
8	Entertainment	300.			300
9	Other direct expenses				300 10,794
10					16,753
11	Net income summary. Subtract line 10 from I				-6,486
	\$15,000 on Form 990-EZ, line 6a.	Г			1
1	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
1	Gross revenue	(a) Bingo		(c) Other gaming	
1	Gross revenue	(a) Bingo		(c) Other gaming	
2	Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
2	Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
1 2 3 4	Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	bingo/progressive bingo	(c) Other gaming	
1 2 3 4	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses		bingo/progressive bingo		
1 2 3 4 5	Gross revenue	Yes%	bingo/progressive bingo	Yes %	
1 2 . 3 4 5 6	Gross revenue		bingo/progressive bingo	☐ Yes%	
1 2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No from line 1, column (d)	bingo/progressive bingo	☐ Yes%	
1 2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes%	col. (a) through col. (
1 2 3 4 5 6 7 8 Er	Gross revenue	Yes% No for 5 in column (d) from line 1, column (d) ucts gaming activities:ctivities in each of these	bingo/progressive bingo	Yes%	col. (a) through col. (
1 2 3 4 5 6 7 8 Er	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No for 5 in column (d) from line 1, column (d) ucts gaming activities:ctivities in each of these	bingo/progressive bingo	Yes%	col. (a) through col. (
1 2 3 4 5 6 7 8 Er 1s 5	Gross revenue	Yes% No for 5 in column (d) from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes%	Col. (a) through col. (

232082 10-27-22

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022	FELLOWSHIP	SQUARE	FOUNDATION	, INC	52-60	67043	Page 3
11 Does the organization conduct	gaming activities with nor	members?			[Yes	No
12 Is the organization a grantor, be					r		_
to administer charitable gaming					l	Yes	No
13 Indicate the percentage of gami					1		0/
a The organization's facility						13a 13b	<u>%</u>
b An outside facility14 Enter the name and address of							70
		the erganiza	alon o gannig, opoolar o				
Name							
Address							
15a Does the organization have a co	ontract with a third party f	rom whom th	ne organization receive	s gaming revenue?	[Yes	No No
b If "Yes," enter the amount of ga	mina revenue received by	the organiz	ation \$	and the a	mount		
of gaming revenue retained by t		0					
c If "Yes," enter name and addres	ss of the third party:						
Name							
Address							
Address							
16 Gaming manager information:							
Name							
Gaming manager compensatior	ר \$						
Description of services provided	ł						
	_						
Director/officer	Employee	Ir	ndependent contractor				
17 Mandatony distributions:							
17 Mandatory distributions:a Is the organization required und	ler state law to make char	itable distrib	utions from the gaming	proceeds to			
retain the state gaming license?					[Yes	No No
b Enter the amount of distribution							
organization's own exempt activ		\$					
	ormation. Provide the e				/); and Part I	II, lines 9, 9	9b, 10b,
15D, 15C, 16, and 17D,	as applicable. Also provid	e any additio	onal information. See in	istructions.			
232083 10-27-22					Schedule	G (Form	990) 2022
			35				

Schedule G	a (Form 990)	FELLOWSHIP	SQUARE	FOUNDATION,	INC	52-6067043 Pag	e 4
Part IV	i (Form 990) Supplemental Infor	mation (continued)					
						Schedule G (Form S) 90)
232084 04-01-	22						

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2022.05080 FELLOWSHIP SQUARE FOUNDAT 101727_1

14000418 144198 101727

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information. Employer							OMB No. 1545-0047 2022 Open to Public Inspection r identification number 52-6067043	
Part I General Information on Grants a		CONDATION,	INC				52 0007045	<u> </u>	
Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro Part II Grants and Other Assistance to I	tance?	pring the use of grant f	funds in the United	l States.		· · · · · · · · · · · · · · · · · · ·	X Yes 🔲 N	No	
recipient that received more than \$	•				anization answered	es off off 330,1 at			
1 (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		
LARGO LANDING ELEDERLY DEVELOPMENTS, INC 11260 ROGER BACON DRIVE, STE. 20 - RESTON, VA 20190	52-1264032		0.	6,045.	COST	FOOD ITEMS AND GENERAL SUPPLIES	GENERAL OPERATIONS AND ASSISTANCE TO RESIDENTS		
HUNTERS WOODS ELDERLY DEVELOPMENTS OF - 11260 ROGER BACON DRIVE, STE. 20 - RESTON, VA 20190	47-5323918		0.	127,832.	соят	FOOD ITEMS AND GENERAL SUPPLIES	GENERAL OPERATIONS AND ASSISTANCE TO RESIDENTS		
LAKE RIDGE ELDERLY DEVELOPMENT, INC 11260 ROGER BACON DRIVE, STE. 20 - RESTON, VA 20190	20-8705744		0.	28,700.	COST	FOOD ITEMS AND GENERAL SUPPLIES	GENERAL OPERATIONS AND ASSISTANCE TO RESIDENTS		
2 Enter total number of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table				3	3.	

3 Enter total number of other organizations listed in the line 1 table

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

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FELLOWSHIP SQUARE FOUNDATION, INC Schedule I (Form 990) 2022

(e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (d) Amount of non-(c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance

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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:

THE ORGANIZATION IS THE SOLE MEMBER OF ITS AFFILIATED ENTITIES AND KEEPS

INTERNAL RECORDS ON ALL ASSISTANCE PROVIDED TO ITS AFFILIATES.

Page 2

SC	HEDULE J	Compensation Information	I	OMB No. 1545-0047				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20)		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22			
Denar	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	e of the organization		Employer i			mber		
		FELLOWSHIP SQUARE FOUNDATION, INC	52-6	506704	3			
Ра	rt I Question	s Regarding Compensation						
	o				Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	Travel for com							
		ation and gross-up payments Health or social club dues or initiation fee						
		spending account Personal services (such as maid, chauffer	ir, chei)					
h	If any of the bayes	on line to are checked, did the graphization follow a written policy regarding powment or						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
2	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
	trustees, and onloc							
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's						
-		ector. Check all that apply. Do not check any boxes for methods used by a related organization						
		ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
	·	compensation consultant \overline{X} Compensation survey or study						
	·	ther organizations \overline{X} Approval by the board or compensation of	ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	lated organization:						
а	Receive a severance	e payment or change-of-control payment?		4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X		
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the r							
						X		
b		ation?		5 b		X		
		or 5b, describe in Part III.						
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n					
	contingent on the r	-				37		
						X		
b		ation?		6b		X		
-		or 6b, describe in Part III.						
'		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-	х			
0		nes 5 and 6? If "Yes," describe in Part III		7	Λ			
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				x		
0				8				
9		id the organization also follow the rebuttable presumption procedure described in		9				
		1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	000	0000		
гпА	I UI Faper WURK R		Sched	alle o (Forn	1 990	2022		

232111 10-18-22

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRISTINA ZEITZ	(i)	160,000.	12,731.	0.	11,200.	13,275.	197,206.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							

Part III Supplemental Information

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

PART I, LINE 7:

THE CEO WAS AWARDED A DISCRETIONARY BONUS BASED UPON A NUMBER OF CRITERIA

WHICH INCLUDED BOTH FINANCIAL AND NON-FINANCIAL GOALS. THE EXECUTIVE

COMMITTEE DECIDED ON AND APPROVED THE BONUS.

Schedule J (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

. Inspection

)22

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 3	0.
Attach to Form 990.	

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

Name of the organization

FELLOWSHIP SQUARE FOUNDATION,

Employer	identification number
5	2-6067043

ſ ΖU **Open to Public**

INC

Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	rted on		(d) d of determin ontribution ar	•	s
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	X	13	156	,160.	COST			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (GENERAL SUPPLIE)	Х	23	8	,118.	COST			
26	Other (AUCTION ITEMS)	Х	24	7	,637.	COST			
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement	29			0	
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, line	es 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to	o be used	for			
	exempt purposes for the entire holding period?	?					30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	quires the review of	of any nonstandar	d contribut	tions?	31	Х	ļ
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sel	l noncash				
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column	ı (a) is cheo	cked,			
	describe in Part II.								
I HA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).		Sche	dule M (Forn	n 990)	2022

232141 09-09-22

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 M, PART I, COLUMN (B):

THE NUMBERS IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

FORM 990, PART

III,

LINE 3,

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



FELLOWSHIP SQUARE FOUNDATION, INC

CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION ENTERED INTO A PARTNERSHIP WITH ANOTHER TAX-EXEMPT

ENTITY IN 2015. THE PARTNERSHIP SECURED SITE PLAN APPROVAL, HUD

APPROVAL AND PROJECT FINANCING TO BUILD A NEW, 240 UNIT APARTMENT

BUILDING ON THE EXISTING SITE ALONGSIDE THE EXISTING LAKE ANNE I AND II

BUILDINGS. THE NEW BUILDING HAS THE SAME NUMBER OF UNITS AS THE OLD

BUILDINGS (240 UNITS) AND MAINTAINS THE EXISTING AFFORDABILITY FOR

RESIDENTS THEY PAY NO MORE THAN 30% OF THEIR INCOME IN RENT. THE NEW

BUILDING OFFERS NUMEROUS AMENITIES AND SUPPORT SERVICES AT NO CHARGE TO THE RESIDENTS.

IN 2023, FELLOWSHIP SQUARE AND THE PARTNERSHIP COMPLETED THE DEMOLITION OF THE TWO OLDER BUILDINGS AND SOLD THE LAND. SOME ASSETS RELATED TO LAKE ANNE I AND II HAVE BEEN TRANSFERRED TO THE NEW PARTNERSHIP AND THE REMAINING ASSETS WILL BE TRANSFERRED TO FELLOWSHIP SQUARE.

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

TO WHICH THEY ARE ENTITLED, AND SERVES AS A LINCHPIN BETWEEN COMMUNITY

RESOURCES AND RESIDENTS. ALL THE PROPERTIES OPERATE UNDER SECTION 223

(F) OF THE NATIONAL HOUSING ACT AND PARTICIPATE IN THE SECTION 8

PROGRAM.

FORM 990, PART VI, SECTION A, LINE 3:

FELLOWSHIP SQUARE CONTRACTS WITH S.L. NUSBAUM TO PROVIDE PROPERTY

MANAGEMENT AND ACCOUNTING SERVICES TO LAKE ANNE FELLOWSHIP HOUSE WHICH IS

REPORTED ON THIS RETURN ALONG WITH THE FELLOWSHIP SQUARE FOUNDATION. L.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22

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Name of the organization FELLOWSHIP SQUARE FOUNDATION, INC								loyer identification $52 - 6067043$	number				
BECKLES	IS	AN	EMPLOYEE	OF	S.L.	NUSBAUM	AND	THE	MANAGER	OF	THE	PROPERTY.	HER
COMPENSA	ATIC	ON V	VAS \$118,	846	•								

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION'S MEMBERS ("MEMBERS") WILL CONSIST OF NO FEWER THAN THIRTY (30) AND NOT MORE THAN SEVENTY (70) PERSONS, WHO SHALL BE NOMINATED AND ELECTED BY THE THEN-EXISTING CORPORATE MEMBERSHIP. ALL THE FELLOWSHIP SQUARE FOUNDATION BOARD OF DIRECTORS' MEMBERS AND ALL FELLOWSHIP HOUSE BOARD OF TRUSTEES' MEMBERS, OF EACH FELLOWSHIP HOUSING UNIT, ARE AUTOMATICALLY CORPORATE MEMBERS.

ADDITIONAL PERSONS COMMITTED TO THE PURPOSE OF FSF MAY BE NOMINATED BY ANY CORPORATE MEMBER, AND ELECTED AT THE ANNUAL MEMBERS MEETING OR AT A SPECIAL MEMBERS MEETING CALLED FOR THE SPECIFIC PURPOSE. MEMBERS MAY BE ELECTED FOR RENEWABLE TERMS OF THREE (3) YEARS.

FORM 990, PART VI, SECTION A, LINE 7A:

NEW MEMBERS MAY BE ELECTED BY THE CURRENT CORPORATE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

FELLOWSHIP SQUARE EXECUTIVE STAFF PERFORM AN INITIAL REVIEW. ONCE APPROVED,

THE FINANCE COMMITTEE REVIEWS THE DRAFT AND SUBSEQUENTLY THE WHOLE BOARD

REVIEWS AND APPROVES THE 990 PRIOR TO THE RETURN BEING FILED.

FORM 990, PART V, LINE 2A:

FELLOWSHIP SQUARE FOUNDATION FILES PAYROLL INFORMATION FOR FELLOWSHIP

45

SQUARE FOUNDATION INC. SUCH AS W-2S, AND ALLOCATES SALARIES TO THE

Name of the organization	Employer identification number
FELLOWSHIP SQUARE FOUNDATION, INC	52-6067043
RESPECTIVE ORGANIZATIONS' OPERATIONS AS APPROPRIATE.	

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES EACH DIRECTOR AND/OR OFFICER TO ANNUALLY DISCLOSE HIS/HER KNOWLEDGE AND UNDERSTANDING OF THE POLICY WHICH INCLUDES THE DUTY OF THE DIRECTOR AND/OR OFFICER TO DISCLOSE TO THE BOARD OF DIRECTORS ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. FAMILY AND BUSINESS RELATIONSHIPS ARE EXPRESSLY MENTIONED IN THE POLICY. THE BOARD OF DIRECTORS (EXCLUDING ANY MEMBER WHO IS PARTY TO THE CONFLICT) IS RESPONSIBLE FOR REVIEWING THE POTENTIAL CONFLICT AND MAKING THE DETERMINATION IF AN ACTUAL CONFLICT OF INTEREST EXISTS. UPON KNOWLEDGE THAT A CONFLICT WAS NOT PROPERLY DISCLOSED TO THE BOARD OF DIRECTORS, APPROPRIATE CORRECTIVE AND DISCIPLINARY ACTIONS SHALL BE TAKEN. INDIVIDUALS PARTY TO ANY CONFLICTS OF INTEREST SHALL BE PRECLUDED FROM VOTING ON ANY MATTERES ASSOCIATED WITH THE ARRANGEMENT OR TRANSACTION INVOLVING SUCH CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:

WHEN EXAMINING COMPENSATION FOR A NEW CEO, THE BOARD REVIEWS COMPENSATION SURVEYS TO ENSURE OFFICER COMPENSATION IS WITHIN FAIR MARKET VALUE FOR THE INDUSTRY. THEREAFTER, THE BOARD REVIEWS THE CEO'S PERFORMANCE AND DETERMINES HIS OR HER COMPENSATION ON AN ANNUAL BASIS. THE BOARD ALSO PROVIDES GUIDELINES FOR COMPENSATION OF OTHER FOUNDATION EMPLOYEES. THESE DISCUSSIONS ARE DOCUMENTED IN BOARD MINUTES.

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FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, GOVERNING

DOCUMENTS, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

232212 10-28-22

2022.05080 FELLOWSHIP SQUARE FOUNDAT 101727_1

FELLOWSHIP SQUARE FOUNDATION, INC FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: NET ASSET TRANSFER CASH SURPLUS CONTRIBUTION FROM LAKE ANNE II TO FELLOWSHIP SQUARE	
NET ASSET TRANSFER	
CASH SURPLUS CONTRIBUTION FROM LAKE ANNE II TO FELLOWSHIP	
	-531,646.
QUARE	-531,646.
CAPITAL CONTRIBUTION TO LAKE ANNE HOUSE DEVELOPMENT LLC	-504,983.
TOTAL TO FORM 990, PART XI, LINE 9	-815,080.

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

52-6067043

Department of the Treasury Internal Revenue Service

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

Name of the organization

FELLOWSHIP SQUARE FOUNDATION, INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LAKE ANNE FELLOWSHIP HOUSE SECTION I					
11260 ROGER BACON DRIVE, STE. 20	RENTAL REAL ESTATE, LOW				FELLOWSHIP SQUARE
RESTON, VA 20190	INCOME HOUSING	VIRGINIA	40,449.	1,157,934.	FOUNDATION INC
LAKE ANNE FELLOWSHIP HOUSE SECTION II					
11260 ROGER BACON DRIVE, STE. 20	RENTAL REAL ESTATE, LOW				FELLOWSHIP SQUARE
RESTON, VA 20190	INCOME HOUSING	VIRGINIA	55,334.	2,635,750.	FOUNDATION INC
	-				
	_				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
HUNTERS WOODS ELDERLY DEVELOPMENTS OF							1
VIRGINIA INC - 47-5323918, 2231 COLTS NECK	RENTAL REAL ESTATE, LOW				FELLOWSHIP SQUARE		
ROAD, RESTON, VA 20190	INCOME HOUSING	VIRGINIA	501(C)(3)	LINE 10	FOUNDATION INC	Х	
LARGO LANDING ELDERLY DEVELOPMENTS INC -							
52-1264032, 1077 LARGO ROAD, UPPER MARLBORO,	RENTAL REAL ESTATE, LOW				FELLOWSHIP SQUARE		
MD 20774	INCOME HOUSING	MARYLAND	501(C)(3)	LINE 10	FOUNDATION INC	х	
LAKE RIDGE ELDERLY DEVELOPMENT, INC -							
20-8705744, 12800 HARBOR DRIVE, WOODBRIDGE,	RENTAL REAL ESTATE, LOW				FELLOWSHIP SQUARE		
VA 22192	INCOME HOUSING	VIRGINIA	501(C)(3)	LINE 10	FOUNDATION INC	Х	
							1
							Ì

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

Schedule R (Form 990) 2022

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	amount in box 20 of Schedule	manag partne	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
LAKE ANNE HOUSE DEVELOPMENT											
LLC - 81-3697926, 8403	RENTAL REAL										
COLESVILLE ROAD, #1150,	ESTATE, LOW										
SILVER SPRING, MD 20910	INCOME HOUSING	VA	N/A	RELATED	-1,031.	503,186.		x	N/A	X X	35.00%
	1										
	1										
		1	1	1		1					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No

Schedule R (Form 990) 2022 FELLOWSHIP SQUARE FOUNDATION, INC

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х		
	b Gift, grant, or capital contribution to related organization(s)					
	Gift, grant, or capital contribution from related organization(s)	1c		Х		
	Loans or loan guarantees to or for related organization(s)	1d	X			
	Loans or loan guarantees by related organization(s)	1e	X			
f	Dividends from related organization(s)	1f		Х		
g		1g		X		
h	Purchase of assets from related organization(s)	1h		X		
i	Exchange of assets with related organization(s)	1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X		
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X			
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х		
	Sharing of paid employees with related organization(s)	10	X			
р	Reimbursement paid to related organization(s) for expenses	1p		Х		
q	Reimbursement paid by related organization(s) for expenses	1q		Х		
r	Other transfer of cash or property to related organization(s)	1r	X			
S	Other transfer of cash or property from related organization(s)	1s	X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
HUNTERS WOODS ELDERLY DEVELOPMENTS OF			
(1) VIRGINIA, INC.	S	221,549.	COST
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	e all rs sec. c)(3) s.?	(f) Share of total	(g) Share of end-of-year	(† Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	(k) ^{Il or} Percentage ^{ing} ownership
		country)	sections 512-514)	Yes			assets	Yes	No	(Form 1065)	Yes	10

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Provide additional information for responses to questions on Schedule R. See instructions.

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