Return of Organization Exempt From Income Tax

OMB No. 1545-0047

20

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

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Α	For the	e 2023 calend	lar year, or tax year beginning 01/01/2023 and ending	12/31/2	023	
в	Check if	f applicable:	C Name of organization TEENSMART INTERNATIONAL		D Emplo	oyer identification number
	Address	s change	Doing business as			20-0311647
	Name cl	hange	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Teleph	none number
	Initial ret	turn	107 APPLE CART WAY			919-641-4131
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return	MORRISVILLE, NC 27560-7489		G Gross	receipts \$ 582,270
	Applicat	tion pending	F Name and address of principal officer: ROSA SOLORZANO	H(a) Is this a group	•	
			107 APPLE CART WAY, MORRISVILLE, NC 27560-7489	H(b) Are all su	bordinat	es included? Yes No
I		empt status:	✓ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			ee instructions.
<u> </u>	Website		ENSMART.ORG	H(c) Group ex		
-		organization: 🖌		tion: 2002	M State	of legal domicile: WA
P	art I	Summa	-			
_	1		cribe the organization's mission or most significant activities: TeenSr		al uses	online technologies
Governance		to empowe	r youth to make smart decisions, live healthy lives and contribute to thei	r communities.		
mai						
Nel	2		box if the organization discontinued its operations or disposed o		1 1	
ğ	3		voting members of the governing body (Part VI, line 1a)		3	13
s S	4		independent voting members of the governing body (Part VI, line 1b)		4	13
/itie	5				5	0
Activities &	6		ber of volunteers (estimate if necessary)		6	0
◄	7a		ated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11		7b	0
	0	Contributio	no and granta (Bart)/III line 1h)	Prior Year		Current Year
Iue	8		ns and grants (Part VIII, line 1h)		10,923	576,315
Revenue	10	-	ervice revenue (Part VIII, line 2g)		65,354 872	<u> </u>
В	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0/2	0
	12		ue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5.	0 77,149	582,270
	13		similar amounts paid (Part IX, column (A), lines 1–3)	J.	0	0
	14		aid to or for members (Part IX, column (A), line 4)		0	0
6	15	-	her compensation, employee benefits (Part IX, column (A), lines 5–10)	20	91,092	297,130
ISe	16a		al fundraising fees (Part IX, column (A), line 11e)	_	0	0
Expenses	b		aising expenses (Part IX, column (D), line 25) 90,382		-	
Щ	17		nses (Part IX, column (A), lines 11a–11d, 11f–24e)	29	99,287	302,475
	18	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		90,379	599,605
	19		ss expenses. Subtract line 18 from line 12		13,230	-17,335
es Ses				Beginning of Curre		End of Year
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)	33	38,379	216,765
t As: d Ba	21		ties (Part X, line 26)		59,966	65,687
E R	22	Net assets	or fund balances. Subtract line 21 from line 20		58,413	151,078
Pa	art II	Signatu	re Block			
			I declare that I have examined this return, including accompanying schedules and state			my knowledge and belief, it is
tru	e, correc	t, and complete	e. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowlede	ge.	

Sign Here	Signature of officer Rosa Solorzano, Secretary Type or print name and title			Dat	ie				
Paid Preparer	Print/Type preparer's name	Date	Check if self-employed						
Use Only	Firm's name			Firm's	s EIN				
	Firm's address	Phone no.							
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions								

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2023) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TeenSmart International uses online technologies to empower youth to make smart decisions, live healthy lives and contribute to
	their communities.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. 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 \$ 438,882 including grants of \$ 0) (Revenue \$ 582,270)
	Since 2004, TeenSmart International has provided JovenSalud.net and, recently JovenSalud mobile App, for vulnerable, Spanish-speaking youth - an interactive, online platform where youth have 24/7 access to online essential health information,
	health courses, and personalized counseling. TeenSmart's uses online technologies to empower youth to make smart decisions,
	live healthy lives and contribute to their communities. At TeenSmart we engage teens to prevent or reduce the six risky behaviors
	(violence, tobacco, alcohol/drugs, risky sexual behaviors, sedentarianism and poor nutrition) that are established in adolescence
	and that contribute to 75% of health care costs of illness and death in Latin America and the United States (CDC, UNICEF, WHO).
	We recognize that adolescents need knowledge, skills, and motivation (health belief model theory of change) in order to avoid
	these risky behaviors and do the real work of adolescence: advance through key developmental experiences and complex
	emotional and moral questioning on their path to adulthood. We believe that for teenagers as individuals and for the society that
	surrounds them, adolescence is an opportunity for skill-building, introspection, building community, questioning status quo,
	exploring, and learning. By leveraging the flexibility of a virtual platform, we have helped over 147,000 teens from 20+ countries
46	(Continued on Schedule O, Statement 1)
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses 438,882

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Part	V 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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4		~
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? <i>If "Yes," complete Schedule C, Part III</i> .	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	~	
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		•
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		~
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		~
	If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

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Part	V Checklist of Required Schedules (continued)			
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	Yes	No V
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		~
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		-
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		~ ~
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 32		v v
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? <i>If "Yes," complete Schedule R, Part I</i> .	33		~
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1 1 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1 1 Did the organization comply with backup withholding rules for reportable payments to vendors and	-	Yes	No
	reportable gaming (gambling) winnings to prize winners?	1c	V	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
h		4a	~	
b	If "Yes," enter the name of the foreign country Costa Rica, Nicaragua			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		~
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		•
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
ام	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
•				
с 14а	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	nstruc	tions.
Secti	on A. Governing Body and Management		<u> </u>	• <u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	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.			
h				
b 2	Enter the number of voting members included on line 1a, above, who are independent . 1b 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
2	any other officer, director, trustee, or key employee?	2		V
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		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
0		7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		-	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
44-		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a		~
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	~	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		-	
	describe on Schedule O how this was done	12c		~
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a h	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		~
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
100	with a taxable entity during the year?	16a		V
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	·		·
17	List the states with which a copy of this Form 990 is required to be filed <u>None</u>			
10	Caption C104 year increasing the make its Former 1000 (1004 or 1004 A if applicable) 000 and 000	T /	tion 6	

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain on Schedule O)

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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. ROSA SOLORZANO, (919)641-4131

Form 990 (2023)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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.

				((C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average			check more than one ess person is both an				Reportable	Reportable	Estimated amount
	hours	s officer and a director/trustee) cc						compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
ADRIANA GOMEZ	48.00									
Executive Director	0.00	1		~				48,098	0	0
ERIC LILJENSTOLPE	10.00									
President	0.00	~		~				0	0	0
CHRISTIAN THWAITES	4.00									
Vice President	0.00	~		~				0	0	0
KENNETH L HOADLEY	4.00									
Treasurer	0.00	~		~				0	0	0
ROSEMARY BOEHMER DE SELVA	4.00									
Fiscal Director	0.00	~						0	0	0
ROSA SOLORZANO	8.00									
Secretary - USA	0.00	~		~				0	0	0
CATHY STRACHAN LINDENBERG	2.00									
Director	0.00	~						0	0	0
LEONOR GUITERREZ	2.00									
Director	0.00	~						0	0	0
RANDOLF KISSLING	2.00									
Director	0.00	~						0	0	0
JOHN HASTINGS	2.00]								
Director	0.00	~						0	0	0
FERNAN GALLEGOS	2.00]								
Director	0.00	~						0	0	0
MARIANGELES MORALES	2.00]								
Director	0.00	~						0	0	0
ALEJANDRO SILVA	2.00									
Director	0.00	~						0	0	0
GABRIEL BALZARETTI	2.00	1								
Director	0.00	~						0	0	

Form **990** (2023)

Part	VI Section A. Officers, Directors, 1	rustees,	Key I	Em		-	s, an	d F	lighest Compe	nsated	Emplo	yees (continue	∋d)
					•	C)							
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E))	(F)	
	Name and title	Average hours	box,	unles	ss pe	erson	is both	n an	Reportable compensation	Report compen		Estimated amoun of other	٦t
	per week					1	or/trust	- ´	from the	from re		compensation	
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ligh	Former	organization (W-2/ 1099-MISC/	organizatio 1099-N		from the organization and	4
		related	rect	utio	e,	emp	est c	er	1099-NEC)	1099-1		related organization	
		organizations		nalt		loye	° m						
		below dotted line)	Istee	trust		ď	pens						
		,	Ű	lee			Highest compensated employee						
			-										
			-										
			_										
			-										
			-										
			-										
			-										
			-										
			1										
1b	Subtotal								48,098		0		0
с	Total from continuation sheets to Part	VII, Sectio	n A										
d	Total (add lines 1b and 1c)								48,098		0		0
2	Total number of individuals (including		limite	ed t	to 1	thos	se list	ted	above) who re	eceived	more t	han \$100,000	of
	reportable compensation from the organi	zation							0				
_								_					lo
3	Did the organization list any former of							mpl	loyee, or highes	st compe	ensated		
	employee on line 1a? If "Yes," complete s							•				-	
4	For any individual listed on line 1a, is the organization and related organizations												
	individual	greater th	απ φ	100,	000		1 10.	з,	complete Sched		n such		
5	Did any person listed on line 1a receive o	· · · · ·	 omne	neai	tion	fro	 m.anv		· · · · · · · ·	tion or ind	 dividual		<u>/</u>
Ū	for services rendered to the organization								0				/
Secti	on B. Independent Contractors		- 1-						1				
1	Complete this table for your five high	nest comp	ensat	ed	inde	epei	ndent	СС	ontractors that r	eceived	more	than \$100,000	of
	compensation from the organization. Repo												
	(A)								(B)		_	(C)	
	کی Name and business add	ress							Description of serv	/ices		Compensation	
None													
			_	_	_								

2	Total number of independent contractors (including but not limited to those listed above) who
	received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to an	ny line in this Pa	rt VIII					

				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					function revenue	business revenue	from tax under sections 512–514
ts,	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b	0				
ŪĔ	С	Fundraising events 1c	0				
ifts ar ∕	d	Related organizations 1d	0				
лі; G	e	Government grants (contributions) 1e	92,971				
Si	f	All other contributions, gifts, grants, and similar amounts not included above					
the	~	and similar amounts not included above <u>If</u> Noncash contributions included in	483,344				
ă ți	g	lines 1a–1f	\$ 0				
and	h	Total. Add lines 1a–1f		576,315			
-			Business Code	570,515			
e	2a	Program activities	624110	5,637	5,637	0	0
Ξ e	b						
jram Ser Revenue	С						
am ev€	d						
Program Service Revenue	е						
д	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a–2f		5,637			
	3	Investment income (including dividender other similar amounts)		010			
	4	-		318	0	0	
	4 5	Income from investment of tax-exempt be Royalties		0	0	0	318 0 0
	5	Royalties .	(ii) Personal	0	0	0	0
	6a	Gross rents 6a	()				
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
	_	other than inventory 7a					
an	b	Less: cost or other basis and sales expenses . 7b					
Revenue	-						
	d						
her	8a	Gross income from fundraising					
Othe	ou	events (not including \$ 0					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising eve	ents				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
		Less: direct expenses 9b Net income or (loss) from gaming activitie					
	с 10а						
	Iu	returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of invento					
s			Business Code				
Miscellaneous Revenue	11a						
scellaneo Revenue	b						
le v	c						
Alis F	d	All other revenue					
-	е 12	Total. Add lines 11a–11d . . Total revenue. See instructions . .		0	E (07		040
	14			582,270	5,637	0	Eorm 990 (2023)

Part IX Statement of Functional Expenses

following ŠOP 98-2 (ASC 958-720)

Check if Schedule O contains a response or note to any line in this Part IX . **(D)** Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) (C) Program service expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 24,049 48.098 9,620 14,429 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 172,910 136,984 6,379 29,547 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 3,217 2,441 155 621 10 Payroll taxes 72,905 4,742 56,245 11,918 11 Fees for services (nonemployees): Management а . . Legal b 1,673 20 1,653 0 С Accounting 22,405 356 22,049 0 d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column a (A), amount, list line 11g expenses on Schedule O.) 57,853 27,402 10,187 20,264 12 Advertising and promotion 13 Office expenses 3,840 798 2,689 353 14 Information technology 144,281 139,857 0 4,424 15 Royalties Occupancy 16 16,113 8,545 5,450 2,118 17 Travel 25,140 21,237 1,821 2,082 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 679 19,631 14,326 4,626 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 1.790 0 1,790 0 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) Maintenance of equipment 171 132 39 а 0 b Other Expenses 9,578 6,490 3,088 0 С _____ d All other expenses е 25 **Total functional expenses.** Add lines 1 through 24e 599,605 438,882 70,341 90,382 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [] if

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

Form 990 (2023)

	n 990 (20 ort V	,			Page 11
Ρ	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	+ X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	318,507	1	174,743
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,838	4	29,607
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	7,974	9	5,168
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 9,037			0,100
	b	Less: accumulated depreciation 10b 1,790	7,060	10c	7,247
	11	Investments—publicly traded securities	7,000	11	1,247
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	338,379	-	216,765
	17	Accounts payable and accrued expenses	16,534	17	65,056
	18	Grants payable	3,432	18	631
	19		0,402	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
lide		controlled entity or family member of any of these persons		22	
Ĕ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	150,000		
	26	Total liabilities. Add lines 17 through 25	169,966	26	65,687
Fund Balances		Organizations that follow FASB ASC 958, check here v and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	168,413	27	151,078
ä	28	Net assets with donor restrictions	0	28	0
		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
٥r	29	Capital stock or trust principal, or current funds		29	
ēts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	168,413	32	151,078
ž	33	Total liabilities and net assets/fund balances	338,379	33	216,765

Form **990** (2023)

Form 99	00 (2023)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			58	2,270
2	Total expenses (must equal Part IX, column (A), line 25) 2					9,605 7,335
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			16	8,413
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7		7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
Davi	32, column (B))	10			15	1,078
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	• •				
				_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e	volain				
	Schedule O.	~piairi				
0-				2a		~
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were con			za		~
	reviewed on a separate basis, consolidated basis, or both.	npileo				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	~	
b	If "Yes," check a box below to indicate whether the financial statements for the year were aud	· ·	-	20	•	
	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 ov	ersiah	tof			
•	the audit, review, or compilation of its financial statements and selection of an independent account			2c	~	
	If the organization changed either its oversight process or selection process during the tax year, e				•	
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		V
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo		-		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2023
Open to Public
Inspection

Name of the organization

Employer identification number

20-02116/7

		20 0011047
Pa	t I Reason for Public Charity Status. (All organizations must complete this p	oart.) See instructions.
he o	organization is not a private foundation because it is: (For lines 1 through 12, check only or	ne box.)
1	A church, convention of churches, or association of churches described in section 17	0(b)(1)(A)(i).
2	A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E (Form 990).)	
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ✓ An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s)

g i tovido dio tono wing internado										
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
			Yes	No						
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 (e) 2023 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 6 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (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 Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 14 15 15 % 331/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 331/3% support test-2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check h 17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported \square b 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 instructions

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

Page 3

(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.)

Secti	on A. Public Support			, preces se			
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees				. ,		
	received. (Do not include any "unusual grants.")	230,255	268,453	423,927	510,923	632,164	2,065,722
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	230,255	268,453	423,927	510,923	632,164	2,065,722
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						2,065,722
	on B. Total Support	() 00 (0	(1) 0000	() 222 ((1) 0000	() 2222	
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 10a	Amounts from line 6	230,255	268,453	423,927	510,923	632,164	2,065,722
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources	267	316	867	872	318	2,640
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
-	Add lines 10a and 10b	267	316	867	872	318	2,640
11	Net income from unrelated business activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	230,522	268,769	424,794	511,795	632,482	2,068,362
14	First 5 years. If the Form 990 is for the organization, check this box and stop here	•			•		
Sacti	on C. Computation of Public Suppor			· · · · ·			•••
<u>3ecu</u> 15	Public support percentage for 2023 (line 8			3 column (f))		15	99.87 %
16	Public support percentage from 2023 (intel Public support percentage from 2022 Sch					16	<u>99.87</u> 70 99.85 %
	on D. Computation of Investment In						//.00 //0
17	Investment income percentage for 2023 (I		-	y line 13, colur	mn (f))	17	0.13 %
18	Investment income percentage from 2022	Schedule A, F	Part III, line 17			18	0.15 %
19a	33 ¹ / ₃ % support tests-2023. If the organi						
-	17 is not more than $33^{1}/_{3}$ %, check this box	-	-	-		-	
b	33 ¹ / ₃ % support tests — 2022. If the organiz line 18 is not more than 33 ¹ / ₃ %, check this b						
20	Private foundation. If the organization di	-	-	-			
20	rivate roundation. In the organization di	u HOL CHECK a I		190, 01 190, C	HEUR LINS DUX 8		
						Schedule A	(Form 990) 2023

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

Section B. Type I Supporting 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what 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

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

Section D. All Type III Supporting Organizations

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

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- 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.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	allv i	ntegrated Type III suppo	rting organization

Schedule A (Form 990) 2023

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) 2023

Schedu	le A (Form 990) 2023			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	•	<i>VI</i>) 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 whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10)
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

Part VISupplemental 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.)

SCHE	DULE	D
(Form	990)	

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 20**23** Open to Public

OMB No. 1545-0047

Inspection

lame o	f the organization		Employer identification number
TEEN	SMART INTERNATIONAL		20-0311647
Par			Is or Accounts
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(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 a		
-	funds are the organization's property, subject to the	•	
6	Did the organization inform all grantees, donors, an		
	only for charitable purposes and not for the benefit conferring impermissible private benefit?		
			· · · · · · L Yes L No
Par			
-	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o	S	
	Preservation of land for public use (for example, recrea	·	
	Protection of natural habitat		f a certified historic structure
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
-	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified hi		
d	Number of conservation easements included on line		
	on a historic structure listed in the National Register		· 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	
	tax year	· · · · · ·	
4	Number of states where property subject to conserv		
5	Does the organization have a written policy rega		
	violations, and enforcement of the conservation eas	ements it holds?	· · · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
•			
8	Does each conservation easement reported on line : and particip $170(h)(4)(P)(ii)$?	2d above satisfy the requirements of s	
9	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · ·	\cdot \cdot \cdot \cdot \cdot \cdot \Box Yes \Box No
9	sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easemer		
Part	<u> </u>		Other Similar Assets
i ui i	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS		e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue s	tatement and balance sheet works o
	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item	IS.	
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		\$
	(ii) Assets included in Form 990, Part X		\$ <u></u>
2	If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 .		\$
b	Assets included in Form 990, Part X		\$

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

Schedu	le D (Form 990) 2023									Page 2
Par	III Organizations Maintaining	Coll	ections of	Art, His	torical 1	Freasures	, or Ot	her Similar A	Assets (co	ntinued)
3	Using the organization's acquisition, collection items (check all that apply).		ssion, and of	ther reco	rds, chec	k any of th	e follov	ving that make	significant	use of its
а	Public exhibition			d	🗌 Loan	or exchang	e progi	ram		
b	Scholarly research			е						
с	Preservation for future generations	3								
4	Provide a description of the organiza XIII.	tion's	collections	and expl	ain how t	hey further	the org	ganization's exe	empt purpo	ose in Part
5	During the year, did the organization assets to be sold to raise funds rathe									s 🗌 No
Part	IV Escrow and Custodial Arra	ange	ments							
	Complete if the organizatior 990, Part X, line 21.	n ansv	wered "Yes	" on For	m 990, I	Part IV, line	e 9, or	reported an a	amount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?				-				not ·	s 🗌 No
b	If "Yes," explain the arrangement in P	art XI	II and compl	ete the fo	llowing t	able.				
									Amount	
С	Beginning balance						10	;		
d	Additions during the year						10	i		
е	Distributions during the year						16			
f	Ending balance						11			
2a	Did the organization include an amou	nt on	Form 990, P	art X, line	e 21, for e	escrow or c	ustodia	l account liabili	ty? 🗌 Ye	s 🗌 No
	If "Yes," explain the arrangement in P	art XI	II. Check her	re if the e	xplanatio	n has been	provid	ed in Part XIII		
Par	t V Endowment Funds									
	Complete if the organizatior	n ans	wered "Yes	<u>" on For</u>	m 990, l	Part IV, line	e 10.			
		(a)	Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four	years back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	the cu	irrent year er	nd baland	e (line 1g	, column (a	a)) held	as:		
а	Board designated or quasi-endowme	nt		%						
b	Permanent endowment	%								
С	Term endowment %									
	The percentages on lines 2a, 2b, and	2c sh	ould equal 1	00%.						
3a	Are there endowment funds not in th	e pos	session of th	ne organi	zation the	at are held	and ad	ministered for	the	
	organization by:									Yes No
	(i) Unrelated organizations?								. 3a(i)	
	(ii) Related organizations?								. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	rgani	zations listed	as requi	red on So	chedule R?			. 3b	
4	Describe in Part XIII the intended use	s of th	ne organizatio	on's ende	owment f	unds.				
Part	VI Land, Buildings, and Equip									
	Complete if the organizatior	n ansv	wered "Yes	" on For	m 990, l	Part IV, line	e 11a.	See Form 99), Part X, I	ine 10.
	Description of property		(a) Cost or o (investm		1	or other basis other)		Accumulated epreciation	(d) Bool	< value
1 a	Land			0		0				0
b	Buildings			0		0		0		0
с	Leasehold improvements			0		0		0		0
d	Equipment			9,037		0		1,790		7,247
е	Other			0		0		0		0
Total.	Add lines 1a through 1e. (Column (d) r		equal Form 9	90, Part .	X, line 10	c, column (l	B)) .			7,247

Schedule D (Form 990) 2023

Part VII	Investments-Other Securities			. ugo c
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11b. See F	orm 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		lethod of valuation: nd-of-year market value
(1) Financial				
• •	eld equity interests			
(A)		-		
(B)				
(C)		-		
(D)		-		
(E)		-		
(F)		-		
(G)		-		
(H)				
Total. (Colui	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments-Program Related			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11c. See F	orm 990	, Part X, line 13.
	(a) Description of investment	(b) Book value		lethod of valuation: nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			Dout V line 15
	Complete if the organization answered "Yes" on Form 990, Part (a) Description	iv, line i iu. See r	-0111 990	
(1)	(a) Description			(b) Book value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			
	Complete if the organization answered "Yes" on Form 990, Part line 25.	IV, line 11e or 11f	. See For	m 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, line 25, col. (B))			1

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedu	e D (Form 990) 2023				Page 4
Part			-	Return	·
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	638,119
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	0	-	
b	Donated services and use of facilities	2b	0	-	
с С	Recoveries of prior year grants .	2c 2d	0	-	
d e	Add lines 2a through 2d		55,849	2e	EE 940
3	Subtract line 2e from line 1			3	55,849 582,270
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · ·			502,270
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0	-	
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.) .		5	582,270
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents \	With Expenses pe	r Return	
	Complete if the organization answered "Yes" on Form 990,	Part IV	, line 12a.		
1	Total expenses and losses per audited financial statements			1	655,454
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
С	Other losses	2c	0	-	
d	Other (Describe in Part XIII.)	2d	55,849		
е	Add lines 2a through 2d			2e	55,849
3	Subtract line 2e from line 1	· · ·		3	599,605
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	0	-	
b c			0	4c	0
5	Add lines 4a and 4b			5	<u> </u>
Part		0 10.9 1		U	377,003
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				e 4; Part X, line
		-	-		noroting fund to
	ule D, Part XI, Line 2d - The following interfund expenses transactions were ac				
resuric	ted funds: a) Salary substitution \$47,752, b) Cost substitution \$8,097.				
Sched	ule D, Part XII, Line 2d - The following interfund expenses transactions were a	diustad	corresponding to ch	arges from (perating fund
	ricted funds: a) Salary substitution \$47,752, b) Cost substitution \$8,097.	ujusicu	corresponding to end	inges nom	
10 103					

SCHEDULE F (Form 990)	Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 1		OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.		Open to Public Inspection		
Name of the organization	er identification number				
TEENSMART INTERN	20-0311647				
	I Information on Activities Outside the United States. Complete if the orga D, Part IV, line 14b.	anizatior	n answered "Yes" or		
other assistan	ters. Does the organization maintain records to substantiate the amount of its grace, the grantees' eligibility for the grants or assistance, and the selection criteriants or assistance?	used t	to		

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

				· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	1
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Central America and the Caribb	2	13	Program Services	Life skills training.	599,605
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b	Total from continuation					
	sheets to Part I					
С	Totals (add lines 3a and 3b)	2	13			599,605

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 3	exempt 501(c)(3) organization	h by the IRS, or for	sted above that are which the grantee or ities .	counsel has provid	ed a section 501(c)(3	B) equivalency letter		

Schedule F (Form 990) 2023

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(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash	(f) Amount of noncash	(g) Description of noncash assistance	(h) Method of
		recipients	cash grant	cash disbursement	noncash assistance	of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2023

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hedı	ıle F (Form 990) 2023		Page 4
art	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	☐ Yes	🖌 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	🗌 Yes	🗹 No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	☐ Yes	₽ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	☐ Yes	✓ No

Did the organization have any operations in or related to any boycotting countries during the tax year? If 6 "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990) Yes 🖌 No

Schedule F (Form 990) 2023

Part V Supplemental Information

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

Schedule F, Part I, Line 2 - TeenSmart International is a U.S. non-profit organization that has its principal operation in Costa Rica, Central
America.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service Name of the organization

TEENSMART INTERNATIONAL

Employer identification number

Form 990, Part I, Line 15 - All salaries, other compensation, employee benefits and payroll taxes (administrative and trainers) are paid in
Costa Rica and Nicaragua. There are no United States sales or payroll taxes.

Form 990, Part V, Line 1c - The backup withholding rules did not apply to the organization because it did not make a reportable payment to a vendor or provide reportable gaming (gambling) winnings to a prize winner.

a vendor or provide reportable gamming (gambing) winnings to a prize winner.
Form 990, Part V, Line 2a - TeenSmart International is a U.S. non-profit organization that has its principal operations in Costa Rica, Central
America. The composition of payroll is as follows: Costa Rica office (8) and Nicaragua office (5) for a total of 13 permanent employees. All
employees are subject to file tax reports in their respective countries. There is no U.S. employee subject to file Form W-2 or other tax
reports.
Form 990, Part VI, Section B, Line 11b - Return is prepared with support a CPA, then reviewed and signed by at least one officer and the
organization's administrator. Copies are distributed to various officers, and to anyone else upon request.
Form 990, Part VI, Section C, Line 19 - All documents are available upon request.
Porm 990, Part VI, Section C, Line 19 - All documents are available upon request.
Form 000 Dest VII Line 2. The finance committee of the Desert of Directory participated in the calculation of the systematic without a well as
Form 990, Part XII, Line 2c - The finance committee of the Board of Directors participated in the selection of the external auditor, as well as
in the review and approval of the audit report.

Form: Form 990 (2023)

Page: 2

First Program Service Accomplishments Description

Description

prevent or reduce the risky behaviors that result in illness and disease, thereby benefiting families, societies, and overwhelmed health care services. Teens who otherwise would not have access to a trained mental-health coach or a quality sex-education course, now have 24/7 access. Over 10,000 youth have graduated from TeenSmart's virtual life-skills courses and each week 300-500 youth access online coaching. As a result, TeenSmart youth report statistically significant health improvements such as: greater family communication, less depression and suicidal ideation, less weapon carrying and fighting, healthier dietary habits, postponement of alcohol consumption, and greater contraceptive use. In addition to reducing the burden of illness and disease on overwhelmed health systems through preventative health, TeenSmart is able to identify cases of abuse or suicidal ideation in teens (abuse, suicidal ideation) and coordinate a rapid health response with local officials to save lives.

EIN: 20-0311647

Part III, Line 4a