Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

nterna	Reven	service Gotto WWW. 1111. 1 2022 and ending	JUN 30, 2023	
A Fo	or the	Zozz Calendar year, or tax year beginning	D Employer identific	ation number
3 Ch ap	eck if plicable	C Name of organization		
			1	
	Addres change Name		23-741769	96
	change Initial	Doing business as Now have a street (or P.O. box if mail is not delivered to street address) Room/su		
	return	Number and street (or 1.0. box it mains not delivered to street delivered	608.356.4	1407
	Final return/ termin-	1006 CONNIE ROAD	G Gross receipts \$	107,195.
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code	H(a) Is this a group ref	
느	return Applica		for subordinates?	
_	tion pendin	I F Name and address of principal officer.	H(b) Are all subordinates ind	24 1997
		1000 COMMIT MODEL / COLOR		ist. See instructions
		empt status: (A) 50 f(c)(3)	H(c) Group exemption	
J W	ebsit	e: N/A organization: X Corporation Trust Association Other L Yo	ear of formation: 1976 M	State of legal domicile: WI
		organization. A corporation	di oi ioimanone == + + in	
Pa	rt I	Summary Briefly describe the organization's mission or most significant activities: OUR MISS: AND FACILITY	ON IS TO PROV	/IDE
<u>8</u>	1	Briefly describe the organization's mission or most significant activities. SCHOLARSHIPS AND GRANTS TO STUDENTS AND FACU	TY AT THE UN	IVERSITY OF
Activities & Governance			ore than 25% of its net as	sets.
=	2			9
8	3	Number of voting members of the governing body (Part VI, line 1a)		9
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		0
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		0
<u> </u>	6	Total number of volunteers (estimate if necessary)		0.
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
_	ь	Net unrelated business taxable income from Form 990-1, Farth, line 11	Prior Year	Current Year
ne	_		14,251.	20,519.
		Contributions and grants (Part VIII, line 1h)	0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)	29,934.	35,975.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,642.	30,050.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84,827.	86,544.
_	12	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,117.	86,716.
	13	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	14	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,265.	387.
ses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses				
Ä	b	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,506.	17,580.
	17	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	94,888.	104,683.
	18	Revenue less expenses. Subtract line 18 from line 12	-10,061.	-18,139.
_ w		Revenue less expenses, Subtract line 16 non line 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances		Tital accepts (Doct Villing 16)	1,612,955.	1,594,626.
Sse	20	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)	17,637.	17,447.
Vet /	21	Net assets or fund balances. Subtract line 21 from line 20	1,595,318.	1,577,179.
I De	ort II	Signature Block		
Und	or nen	alties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	y knowledge and belief, it is
true	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	arer has any knowledge.	
-	, 00110	Lugicea W Outeran		
Sig		Signature of officer	Date	
Her		REBECCA OETTINGER, PRESIDENT	11/1/2/2	2025
1 101	-	Type or print name and title		II DTIN
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	d	TIMOTHY MOY, CPA TIMOTHY MOY, CPA	09/19/23 self-emplo	P00198435
	- parer	Firm's name MBE CPAS, LLP	Firm's EIN 2	0-0794302
	Only	Firm's address E10890 PENNY LN/PO BOX 163		0 256 5522
	•	BARABOO, WI 53913	Phone no. 6 C	8-356-7733
N.4-		PS discuss this return with the preparer shown above? See instructions		X Yes No

Other program services (Describe on Schedule O.)

including grants of \$

86,716.

23-7417696 Page 3

1 Is the organization described in acction 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Par	t IV Checklist of Required Schedules			
If "Yes," complete Schedule A go and the complete Schedule B, Schedule of Contributors' See instructions It is the organization required to complete Schedule B, Schedule of Contributors' See instructions If the organization regime of index of oridinect political campaign activities on behalf of or in opposition to candidates for public effects ("Yes," complete Schedule C, Part II Section 501(c)(3) organization. Did the organization engage in lobbying activities, or have a section 501(d) election in effect during the tax year? If "Yes," complete Schedule C, Part II I was complete Schedule C, Part II Did the organization assection 501(c)(4), 501(c)(5) or 501(c)(6) organization that neceives membership dues, assessments, or similar amounts as defined in Rev. Proc. 84:1911" "Yes," complete Schedule C, Part II Did the organization receive or hold a conservation asserted, including assements to revisite donors have the right to provide activise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation esserted, including assements to preserve open space, the environment, historic land areas, or historic advantages asserted in the part of the schedule D, Part II Did the organization manual in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for land, buildings, and equipment in Part X, line 107 II "Yes," complete Schedule D, Part VIII Did the organization report an amount for land, buildings, and equipment in Part X, line 107 II "Yes," complete Schedule D, Part VIII Did the organization report an amount for land, buildings, and equipment in Part X, line 107 II "Yes," complete Schedule D, Part VIII Did the organization report an amount for land, buildings, and equipment i				Yes	No
Is the organization required to complete Schedule P, Schadule of Contributors' See instructions Is the the organization regimed to complete Schedule P, Schadule of Contributors' See instructions Is the organization regimed to complete Schedule P, Part V Section 901(c)(3) organizations, Did the organization range in lobbying activities, or have a section 501(h) election in effect during the tax year If Yes, Complete Schedule P, Part II Is the organization as certain 501(c)(h), 501(c)(h), or 501(c)(h) organization that receives membership dues, assessments, or similar amounts as defined in Per Proc. Sen 291 of "Yes," complete Schedule P, Part II If the organization marksh any donor advised funds or any similar funds or accounts I'res, including sessments to preserve appears passes, the contribution or investment of amounts in such funds or accounts I'res, including sessments to preserve appears passes, the environment, historic lund areas, or historic structures II Yes, complete Schedule D, Part II If the organization marksh and collections of works of art, historical treasures, or other similar assets? If Yes, complete Schedule D, Part II If the organization report an amount in Part X, line 21, for escores or custodial account liability, serve as a custodian for amounts in certain the part X, or provide credit counseling, dobt management, receive the registration services? If Yes, complete Schedule D, Part V If the organization report an amount for investments - chief securities in Part X, line 107 If Yes, complete Schedule D, Part V If the organization report an amount for investments - chief securities in Part X, line 12 If Yes, complete Schedule D, Part V II If the organization report an amount for investments - chief securities in Part X, line 12 If Yes, complete Schedule D, Part V II If the organization report an amount for investments - chief securities in Part X, line 12 If Yes, complete Schedule D, Part V II If the organization report an amount for investments - program related in Part X, lin	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Ţ.	
2 is the organization regulared to complete a children's children's children's public office? If 'Yes,' complete Schedule C, Part I' 3		If "Yes," complete Schedule A	_	Δ.	77
Section 501(%) capratizations. Did the organization engage in lobbying activities, or have a section 501(%) election in effect during the tax year? If "Yes," complete Schedule C, Part II	2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions	2	_	
Section 501(c)(S) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? "1" "8" "complete Schedule C, Part II". 5	3				v
during the tax year? If 'Yes,' complete Schedule C, Part II is the organization a section broi(e)4, 501 (c)6, or 501(c)6, or		public office? If "Yes," complete Schedule C, Part I	3	_	
suring the fax year? ** Test, Complete Schedule O, Part III** Is the organization a section Soft(e)(s), or 501(e)(s), or 501(e)	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
amillar amounts as defined in Rev. Proc. 98-19? If 'Yes,' complete Schedule C, Part III or provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II or the organization maintain collections of works of lart, historical treasures, or other smillar assets? If 'Yes,' complete Schedule D, Part III or 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 conselling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part III or organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V ii II the organization answer to any of the following questions is 'Yes,' then complete Schedule D, Part V, ii, viii, vi		during the tax year? If "Yes," complete Schedule C, Part II	4	-	
Similar amounts as defined in New Tree. Series if New Completes Schedule D, Part I provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts 10" Yes, "complete Schedule D, Part II Did the organization reserve or hold a conservation easement, including easements to preserve peep repace, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Schedule D, Part II N Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit connealing, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization and the following questions is "Yes," then complete Schedule D, Part S II I	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ا ۔ ا		v
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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Id the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		toreign organization? If "Yes," complete screedule P, Paris II and IV			
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	16	Did the organization report on Part IX, column (A), line 5, more than \$5,000 or aggregate grants or other accounts to	16		X
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		or for foreign individuals? If Yes, complete Scheduler, rans in and re-			
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1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	40	Did the experience report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines			
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complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20c 20c 20c 20c 20c 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes,"			
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20c 20a X 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19		19		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	∠Ud h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X		Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		000	

-			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		Х
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a 24b		
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	24c		
	any tax-exempt bonds?	24d		
25.0	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	1		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	-		
28	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
	"Yes," complete Schedule L, Part IV	28b		X
Ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	100		
С	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
0.4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	╀	+-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	┼	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	1
	Note: All Form 990 filers are required to complete Schedule 0	38	1 12	1.
Pa	rt 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		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0	1	
1a		o		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
	to the second se	Forr	n 99 ((2022

Form 990 (2022) FRIENDS OF THE CAMPUS, INC.

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 return	ns?	2b		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	A CO. L. C.	3a		
h	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 a	uthority over, a	١ . ا		x
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	-	
b	If "Ves " enter the name of the foreign COUNTY				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		- 22
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	organisation article economic	5c	-	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit	6a		x
	any contributions that were not tax deductible as charitable contributions?	alifto	0a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or gins	6b		
	were not tax deductible?		00		_
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the navor?	7a		x
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor.	7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ne required			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	7c		X
	to file Form 8282?	7d			
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control.	act?	7f		
f	Did the organization, during the year, pay premiums, directly of indirectly, on a personal boronic contribution of the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
g	and the organization of our phosts airplanes or other vehicles did the organization	ation file a Form 1098-C?	7h		
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
8	sponsoring organizations maintaining donor advises tames and time during the year?		8		
0	Sponsoring organizations maintaining donor advised funds.				
9	- 1	**************	9a		_
a b			9b	_	—
10	Section 501(c)(7) organizations. Enter:	E 4			
a	the state of the second property buttons included on Part VIII line 12	10a	-	1	
b	2 to the dead are form 000. Boot VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	0 9			
а	a di ana firana mambara ar abarabaldara	11a	-		
b	to the standard of the part and amounts due or paid to other sources against				
	amounts due or received from them.)	11b	-		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
t	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		
ā	Is the organization licensed to issue qualified health plans in more than one state?		100	1	1
	Note: See the instructions for additional information the organization must report on Schedule O.				
t	Enter the amount of reserves the organization is required to maintain by the states in which the	13b			
	organization is licensed to issue qualified health plans				
•	Enter the amount of reserves on hand		14a		X
14	Did the organization receive any payments for indoor tanning services during the tax year?	ule O	14b	_	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun	eration or			
15	ls the organization subject to the section 4960 tax on payment(s) of more than \$47,000,000 in terms. excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt income?	16		X
16					
47	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any a	ctivities			
17	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	v	17		
	If "Yes," complete Form 6069.				
_	II Tody Complete Commercial		For	m 99	0 (2022

FRIENDS OF THE CAMPUS, INC. Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

Sect	tion A. Governing Body and Management			
			Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year			
10	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.			
L	Enter the number of voting members included on line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee?	2		X
•	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization make any significant changes to its governing documents the pro-	5		X
5		6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			_
7a	Did the organization have members, stockholders, or other persons who had the power to clear or appoint one or	7a		X
	more members of the governing body?			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		X
	persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	х	
а	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	00		_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	Na
		40-	Yes	No_X
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?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Δ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			77
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		77
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	tayable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
ь	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		
500	exempt status with respect to such an angentation			
_	List the states with which a copy of this Form 990 is required to be filed WI			
17	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	/) avai	able
18	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
4-	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd fina	ncial	
19	Describe on Schedule U whether (and it so, now) the organization made its governing documents, sommer or interest policy) and			
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 608-356-4407			
	1006 CONNIE ROAD, BARABOO, WI 53913			
_	TOUC COMMIT NOWN PREMIDOUS HT 20212	Eor	, 000	(2022)

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.

(A)	(B)			(0	;)			ted any current officer, (D)	(E)	(F)
Name and title	Average hours per week	box	not c	Posi heck i	tion more rson i	than of is both or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual truslee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) REBECCA OETTINGER	3.00	x		x				0.	0.	0.
PRESIDENT (2) MEGHAN MACKEY	2.00	П							0.	0
SECRETARY		X		X		_	_	0.	0.	0.5
(3) JENNIFER STEWART TREASURER	1.00	X		х				0.	0.	0
(4) LAURA STACK	1.00	x		х				0.	0.	0
VICE PRESIDENT (5) MELANIE PLATT-GIBSON	0.00	X						0.	0.	0
DIRECTOR (6) STEPHEN SWALLEN	0.00	X						0.	0.	0
DIRECTOR (7) PAMELA SORCI	0.00	X				T		0.	. 0.	0
DIRECTOR (8) BRYANT HAZARD	0.00	T			Г		T	0	. 0.	0
DIRECTOR (9) AURAL UMHOEFER	0.00	X			H	1	r			0
DIRECTOR		X						0	. 0.	
		1	_	-	-	-	-			
		-	-			-	-			
			1		\vdash		-			
		1	-	-	-	-	+			
			L							

232007 12-13-22

Form 990 (2022)

(A) Name and title	(B) Average hours per week	verage (do not check more than one box, unless person is both a officer and a director/trustee		h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		f			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fro orga and	pensati om the inizatio I relate nizatio	on d
												_
		_										
		H										
					F	-	-					
*			-		H	-	-					
		-	-		H	\vdash	-					
			-		L	-						
		1_			L							_
								0.	. 0			0.
1b Subtotal c Total from continuation sheets to Part V	/II, Section A							0.	. 0			0.
d Total (add lines 1b and 1c) Total number of individuals (including but	not limited to t	hose	e list	ed a	abov	ve) w	vho r			<u> </u>		0
compensation from the organization			-								Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for	r, director, trus	tee,	key	emp	oloy	ee, o	or hi	ghest compensated em	ployee on	3		X
 For any individual listed on line 1a, is the s and related organizations greater than \$15 	sum of reportal	ble c	om	oens	satio	on ar	nd of	ther compensation fron	n the organization			Х
5 Did any person listed on line 1a receive or	accrue compe	ensa	tion	fror	n ar	ıy ur	rela	ited organization or indi	vidual for services			Х
rendered to the organization? If "Yes," con Section B. Independent Contractors											£	
Complete this table for your five highest of the organization. Report compensation for	ompensated in the calendar	ndep year	enc r enc	lent ling	con with	itrac h or	tors with	that received more that in the organization's tax	n \$100,000 of compet cyear.			
(A) Name and busines			ION					(B) Description of		Comp	C) ensatio	n
,——————————————————————————————————————												
				-								
					_							
		_	-	_	_							
Total number of independent contractors	(includina but	not	limi	ted t	to th	nose	liste	d above) who received	more than			
2 Total number of independent contractors \$100,000 of compensation from the orga	nization					0					990	

			Check if Schedule O contains a response of	note to any line	in this Part VIII			
			Check if Schedule O contains a response or	and to many mile	(A) Total revenue	(B) Related or exempt function revenue		Revenue excluded
Grants		1 c	Federated campaigns Membership dues Fundraising events 1a 1b 1c					
Contributions, Gifts, Grants and Other Similar Amounts	•	d F	Fundraising events 1c 1d 1d 1d 1e 1c 1d 1d 1e 1c 1c 1d 1d 1e 1c					
and Other		g i	similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	20,519.	20,519.			
7 (0)		<u> </u>		Business Code				
ا ه	2 :	а						
ا جَ								
Program Service Revenue		c .						
۾ <u>۾</u>		d d						
<u>p</u> c		− ∍ e						
품		f .	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, interes		25 075	35,975		
- 1			other similar amounts)		35,975.	33,313	-	
	4		Income from investment of tax-exempt bond pr					
	5		Royalties	/"\ D				
- 1			(i) Real	(ii) Personal				
			Gross rents 6a					
- 1			Less: rental expenses 6b					
- 1			Rental income or (loss) 6c					
- 1			Net rental income or (loss)	(ii) Other				
	7		Gross amount from sales of (i) Securities	(ii) Other				
- 1			assets other than inventory 7a					
.		b	Less: cost or other basis					
Ž			and sales expenses 7b Gain or (loss)					
§			Clair or (1999)					
<u>بر</u>	_		Net gain or (loss) Gross income from fundraising events (not					
Other Revenue	8	а	including \$ of contributions reported on line 1c). See	FO 701				
			Part IV, line 188a	50,701.				
		b	Less: direct expenses		30,050			30,050
			Net income or (loss) from fundraising events		307030			6 - 1 - 1
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		Ь	Less: direct expenses Net income or (loss) from gaming activities					
	l			***************************************				
	10	а	Gross sales of inventory, less returns and allowances 10a					
		<u>.</u>	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
=	-	C	Net Income of (loss) from sales of invalidery	Business Code				
Snc		а						
nec	[''	b						
ella ver		C						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d			A. A. E.	_	. 30,050
-	12		Total revenue. See instructions		86,544	. 35,975	<u> </u>	. 30,050 Form 990 (202

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must comp	se or note to any line in t	his Part IX		
D:	Check if Schedule O contains a respons of include amounts reported on lines 6b,			(C)	(D)
<i>D</i> 0 π	ot include amounts reported on lines ob, lb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	86,716.	86,716.		
	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
Ø	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
9	Payroll taxes	387.		387.	
10 11	Fees for services (nonemployees):				
_	ManagementLegal				
b	Accounting	13,268.		13,268.	
C					
d	Lobbying Professional fundraising services. See Part IV, line 17				
e	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)				
10	Advertising and promotion	1,324.		1,324.	
12	Office expenses	1,520.		1,520.	
13 14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,400.		1,400.	
24	Other expenses. Itemize expenses not covered				
27	above // ict miccellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
2	PROPERTY TAXES	68.		68.	
b					
C					
d					
e	All other expenses				^
25	Total functional expenses. Add lines 1 through 24e	104,683.	86,716.	17,967.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 44,667. 42,904. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 0. 350. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 900. 10a basis. Complete Part VI of Schedule D 900. 900. b Less: accumulated depreciation 10b 1,549,059. 1,568,801. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets _____ 14 15 Other assets. See Part IV, line 11 15 1,594,626. 1,612,955. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17,447. 17,447. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue _____ 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 190. of Schedule D 17,637. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 1,595,318. 1,564,033. 29 Capital stock or trust principal, or current funds 29 0. 0. 30 Paid-in or capital surplus, or land, building, or equipment fund -18,139.31,285. 31 Retained earnings, endowment, accumulated income, or other funds 31 1,577,179. 1,595,318. 32 Total net assets or fund balances 32 1,594,626. 1,612,955. Total liabilities and net assets/fund balances

Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part VI, column (A), line 12) 2 Total expenses (must equal Part VI, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Conated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in ret assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII 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," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis. c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. c If "Yes," check a box below to indicate on the properties of the year were audited on a separate basis. c If "Yes," check a box below to indicate on the properties of the year were audited on a		990 (2022) FRIENDS OF THE CAMP OF THE				_
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9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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," explain on Schedule O. 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 compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why on Schedule O and describe any steps taken to undergo such audits 3b	8	Prior period adjustments				<u>n</u>
Column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why on Schedule O and describe any steps taken to undergo such audits 3b	9	Other changes in net assets or fund balances (explain on Schedule O)	9			٠.
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Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:		column (B))	10	1,57	/ <u> </u>	<u></u>
1 Accounting method used to prepare the Form 990:	Par	t XIII Financial Statements and Reporting			1	\neg
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII			Voe I	=
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Separate basis			d on a			
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why on Schedule O and describe any steps taken to undergo such audits 3b		separate basis, consolidated basis, or both:				
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why on Schedule O and describe any steps taken to undergo such audits 3b				01.		Y
consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why on Schedule O and describe any steps taken to undergo such audits 3b	ь	Were the organization's financial statements audited by an independent accountant?	100000000000000000000000000000000000000	20		
Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why on Schedule O and describe any steps taken to undergo such audits 3b		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why on Schedule O and describe any steps taken to undergo such audits 3b						
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b			10			
review, or compilation of its financial statements and selection of all independent accountants. If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		review, or compilation of its financial statements and selection of an independent accountant?	a-aca-a-a-a-a	2c	-	_
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why on Schedule O and describe any steps taken to undergo such audits 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.			
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				Y
or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	-	
or guidite, explain why on Schedule U and describe any steps taken to undergo such doubte.	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits	***************************************		990 /	000

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

23-7417696 FRIENDS OF THE CAMPUS, INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 L activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (vi) Amount of other (v) Amount of monetary (iii) Type of organization (i) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990) 2022

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 qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Gifts, grants, contributions, and	157								
	membership fees received. (Do not						400 000			
	include any "unusual grants.")	74,072.	54,172.	27,925.	14,251.	20,519.	190,939.			
	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge					00 510	100 030			
	Total. Add lines 1 through 3	74,072.	54,172.	27,925.	14,251.	20,519.	190,939.			
	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				1					
	amount shown on line 11,									
	column (f)						100 020			
6	Public support. Subtract line 5 from line 4.						190,939.			
	ction B. Total Support						10 T L L			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022 20,519.	(f) Total 190,939.			
7	Amounts from line 4	74,072.	54,172.	27,925.	14,251.	20,519.	190,939.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,					35,975.	35,975.			
	and income from similar sources					35,375.	33,373.			
9	Net income from unrelated business									
	activities, whether or not the						7,370.			
	business is regularly carried on	7,370.					7,370.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						234,284.			
11						40	23272021			
12	Gross receipts from related activities	, etc. (see instruct	ions)			[12 F01 (a)(2)				
13	First 5 years. If the Form 990 is for the		irst, second, third,	fourth, or fifth tax	year as a section	501(0)(3)				
_	organization, check this box and sto									
Se	ction C. Computation of Pub	lic Support Pe	ercentage	- alumon (f)		14	81.50 %			
14	Public support percentage for 2022	(line 6, column (f),	divided by line 11,	COIUMII (I))		15	86.98 %			
15	Public support percentage from 202	1 Schedule A, Pan	III, line 14	n line 12 and line	14 is 33 1/3% or I					
16	a 33 1/3% support test - 2022. If the	organization did n	ot check the box o	on line 13, and line	1413 33 17070 31	111010, 0110011 1	X			
	stop here. The organization qualifies	as a publicly sup	onted organization	line 12 or 16a and	H line 15 is 33 1/39	% or more, check	this box			
-	33 1/3% support test - 2021. If the	organization did n	ot check a box on	ration	Time to lo do 1707	0				
	and stop here. The organization qua	liftes as a publicly	supported organiz	check a box on lin	e 13 16a or 16b.	and line 14 is 10%	6 or more,			
17	a 10% -facts-and-circumstances tes and if the organization meets the fac	st - 2022. If the or	gariization did not	ie hov and eton he	ere. Explain in Parl	VI how the organ	ization			
	and if the organization meets the fac	ts-and-circumstan	ies custifies as a r	sublicty supported	organization					
	meets the facts-and-circumstances to 10% -facts-and-circumstances test	est. The organizat	non quannes as a p capization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 i	s 10% or			
	b 10% -facts-and-circumstances test more, and if the organization meets t	st - zuz I. II the or	garrization did not imetancee teet ich	eck this box and s	top here. Explain	in Part VI how the				
	more, and if the organization meets t	umetances test	The organization d	ualifies as a public	ly supported orga	nization				
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.									
18	Private foundation. If the organization	on dia not oncon e	and the second			Schedule /	A (Form 990) 2022			

Schedule A (Form 990) 2022 FRIENDS OF THE CAMPUS, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						W120 200			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
	Gross receipts from admissions,									
	merchandise sold or services per-	,								
	formed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
	Gross receipts from activities that									
_	are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
•	ization's benefit and either paid to				1					
	or expended on its behalf									
5	The value of services or facilities									
3	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
	Amounts included on lines 1, 2, and						//			
/a	3 received from disqualified persons									
h	Amounts included on lines 2 and 3 received									
	from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the									
	amount on line 13 for the year									
	Add lines 7a and 7b									
	Public support. (Subtract line 7c from line 6.)		L				-			
		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	ndar year (or fiscal year beginning in)	(a) 2010	(B) 2010	(5)	, ,					
	Amounts from line 6									
102	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources			-						
t	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975			+						
	Add lines 10a and 10b									
11	Net income from unrelated business activities not included on line 10b,									
	whether or not the business is	1								
	regularly carried on						 			
12	Other income. Do not include gain or loss from the sale of capital	1	1				1			
	assets (Explain in Part VI.)			.						
13	Total support, (Add lines 9, 10c, 11, and 12.)				1	F04(-)(0) avenue	tion			
14	First 5 years. If the Form 990 is for the	ne organization's	first, second, third	, fourth, or fifth ta	x year as a section	1501(c)(3) organiza	tion,			
_	check this box and stop here									
Se	ction C. Computation of Pub	lic Support Pe	ercentage			145	%			
15	Public support percentage for 2022	(line 8, column (f),	divided by line 13	, column (t))		15	%			
16	Public support percentage from 202	1 Schedule A, Par	t III, line 15			16	70			
Se	ction D. Computation of Inve	stment Incon	ne Percentage	9		17	%			
17	7 Investment income percentage for 2022 (line 10c, column (i), divided by line 10, column (i)									
18	Investment income percentage from	2021 Schedule A	, Part III, line 17			18	17 is not			
19	a 33 1/3% support tests - 2022. If the	e organization did	not check the box	k on line 14, and li	ne 15 is more thar	133 1/3%, and line	I / IS NOT			
	more than 33 1/3% check this box a	and stop here. The	e organization qua	difies as a publicly	supported organi	zation				
	h 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
	line 18 is not more than 33 1/3%, ch	eck this box ands	stop here. The org	janization qualifies	as a publicly sup	ported organization				
20	Private foundation. If the organization	on did not check	a box on line 14, 1	9a, or 19b, check	this box and see i	nstructions				

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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	Organ	izatio	ons
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- 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?
- 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		
Eo		
5a		
5b 5c		
6		
8		
8		
9a	-	
9b	-	-
9с		
10a		
10b		

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Par	t IV Supporting Organizations (continued)		L. I	33.
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		-
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		4
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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).	1		
Sec	tion 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		
_	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
500	supported organizations played in this regard. ction 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 yea(see instructions	3).		
1	The state of the Authorities Test Complete line 2 helow	•		
а	- Complete line 3 below			
b	- Line with the second and the Describe in Part VI how you supported a governmental entity (see	instructi	ons).	
С			Yes	No
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	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	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,			
	those supported organizations and explain how these activities directly furthered their extensive perpendicular them.			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
	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	2b		
	these activities but for the organization's involvement.	20	1	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	34		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	T (D) 0
Secti	on 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		
	on 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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		<u> </u>
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			
9	emergency temporary reduction (see instructions).	6		<u> </u>
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting or	ganization (see
	instructions).			

Schedule A (Form 990) 2022

	t V Type III Non-Functionally Integrated 509	(a)(o) capporanig	Continu	-	Current Year
	ion D - Distributions	mot nurnoses		1	
1	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
2		or bailedges of each arres		2	
_	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose	es of supported organization	3	3	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	*	4	
4	Amounts paid to acquire exempt-use assets	ovide details in Part VI)		5	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide detaile in 1 dit 11		6	
6	Other distributions (describe in Part VI). See instructions.			7	
7	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which t	he organization is responsive			
8		ne organization to responsive		8	
	(provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6			9	
9	Line 8 amount divided by line 9 amount			10	
ect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			-	
_	Underdistributions, if any, for years prior to 2022 (reason-				
4	Officerdistributions, if any, for years prior to zozz (rocos).				
2	able cause required - explain in Part VI). See instructions.			-	
3					
3	able cause required - explain in Part VI). See instructions.				
3 a	able cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022				
3 a b	able cause required - explain in Part VI), See instructions. Excess distributions carryover, if any, to 2022 From 2017				
3 a b	able cause required - explain in Part VI), See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018				
3 b c	able cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021				
3 a b c d	able cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e				
3 a b c d e	able cause required - explain in Part VI), See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years				
a b c d e f	able cause required - explain in Part VI), See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount				
a b c d e f	able cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions)				
a b c d e f	able cause required - explain in Part VI), See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount				

Schedule A (Form 990) 2022

Distributions for 2022 from Section D,

a Applied to underdistributions of prior yearsb Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.

than zero, explain in Part VI. See instructions.

Part VI. See instructions.

B Breakdown of line 7:

a Excess from 2018

b Excess from 2019

c Excess from 2020

d Excess from 2021

e Excess from 2022

and 4c.

Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater

Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

Excess distributions carryover to 2023. Add lines 3j

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS OF THE CAMPUS, INC.

Employer identification number 23-7417696

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other S	imilar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	fundo	(b) Funds and other accounts
		(a) Donor advised	turius	(b) I dilus and other deceante
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			a do
5	Did the organization inform all donors and donor advisors in	writing that the assets he	d in donor advised idi	Yes No
	are the organization's property, subject to the organization's	exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor	advisors in writing that gra	nt tunds can be used	orny
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for an	y other purpose conte	Yes No
	impermissible private benefit?		an Form 000 Part \	111111111111111111111111111111111111111
Par	rt II Conservation Easements. Complete if the or	ganization answered Yes	on Form 990, Fart N	r, mie r.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	Dunantian of a hist	orically important land area
	Preservation of land for public use (for example, recre	ation or education)		tified historic structure
	Protection of natural habitat		Preservation of a cer	tilled Historic Structure
	Preservation of open space		the standard of our	enconvition excement on the last
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribi	Ition in the form of a c	Held at the End of the Tax Year
	day of the tax year.			
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic st	tructure included in (a)	ot on 0	20
d	Number of conservation easements included in (c) acquired	after July 25,2006, and n	OL OIT A	2d
	historic structure listed in the National Register		orminated by the orga	
3	Number of conservation easements modified, transferred, n	eleased, extilliguished, or t	errilinated by the orga	anzanon danng are
	year	mont in located		
4	Number of states where property subject to conservation e	asement is located	ion handling of	
5	Does the organization have a written policy regarding the po	eriodic monitoring, inspec	ion, nanding of	Yes No
	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting	handling of violations, at	nd enforcing conserva	tion easements during the year
6	Staff and volunteer hours devoted to monitoring, inspecting	g, manding or violations, at	12 011101 01110	
_	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and er	forcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, har	iding of violations, and	3	
	Does each conservation easement reported on line 2(d) about	ove satisfy the requiremen	ts of section 170(h)(4)	(B)(i)
8	and section 170(h)(4)(B)(ii)?		orang sanggan nga ata-	Yes No
_	In Part XIII, describe how the organization reports conserva	ation easements in its reve	nue and expense stat	ement and
9	balance sheet, and include, if applicable, the text of the foo	tnote to the organization's	financial statements	that describes the
Pa	organization's accounting for conservation easements. organizations Maintaining Collections	of Art, Historical Tre	easures, or Othe	r Similar Assets.
-	Complete if the organization answered "Yes" on For	m 990, Part IV, line 8.		
12	If the organization elected, as permitted under FASB ASC 9	958, not to report in its rev	enue statement and b	palance sheet works
10	of art, historical treasures, or other similar assets held for p	ublic exhibition, educatior	i, or research in furthe	rance of public
	popular provide in Part XIII the text of the footnote to its fin	ancial statements that de	scribes these items.	
h	If the organization elected, as permitted under FASB ASC 9	958, to report in its revenu	e statement and bala	nce sheet works of
~	art, historical treasures, or other similar assets held for pub	lic exhibition, education, o	r research in furtherar	nce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		.,,	s\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical t	reasures, or other similar	assets for financial gai	n, provide
_	the following amounts required to be reported under FASB	BASC 958 relating to these	e items:	
=	Revenue included on Form 990, Part VIII, line 1	06. CO		\$
ŀ	Assets included in Form 990, Part X			
LH/	A For Paperwork Reduction Act Notice, see the Instruction	ons for Form 990.		Schedule D (Form 990) 2022

5 20	FRIFNING	OF THE CAM	PUS INC.		23-7	7417696 Page
Par	dio b (rom coo) zozz	ollections of Ar	t, Historical Tre	easures, or Oth	er Similar As	sets(continued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the t	ollowing that make	significant use of	its
	collection items (check all that apply):	on, and out to the	,			
а	Public exhibition	d	Loan or exch	nange program		
	Scholarly research	e	Other			
b	Preservation for future generations		-			
с 4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's ex	empt purpose in F	Part XIII.
5	During the year, did the organization solicit of	r receive donations o	of art, historical treas	sures, or other simila	ar assets	
5	to be sold to raise funds rather than to be m	aintained as part of the	ne organization's co	llection?		Yes N
Par		gements. Comple	te if the organization	n answered "Yes" o	n Form 990, Part	IV, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.				
12	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	s or other assets no	t included	
	on Form 990, Part X?					Yes I
h	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		v	
D	II 1es, explain the arrangement are an	and sompless	3			Amount
_	Beginning balance				1c	
C	Additions during the year					
	Distributions during the year					
	Ending balance					
f On	Did the organization include an amount on F	orm 990. Part X. line	21, for escrow or cu	ustodial account liab	oility?	YesI
2a	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been	provided on Part X	III-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Par		if the organization an	swered "Yes" on Fo	orm 990, Part IV, line	e 10.	
	L. Linconnection of the company	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ack (e) Four years ba
4-	Beginning of year balance	1,568,801.	1,521,697.	1,256,291	1,226,0	68. 1,172,13
1a	-		71,875.	2,348	12,50	06.
b	Contributions Net investment earnings, gains, and losses		41,346.	302,137	17,7	17. 58,93
C	Grants or scholarships		66,117.	39,079		
d	Other expenditures for facilities					
е	·					4,9
	and programs					
	Administrative expenses	1,568,801.	1,568,801.	1,521,697	1,256,2	91. 1,226,0
g	End of year balance Provide the estimated percentage of the cu		e (line 1a, column (a	a)) held as:		
2	Board designated or quasi-endowment		%	"		
a	Permanent endowment	%	— ' -			
0	Term endowment	%				
С	The percentages on lines 2a, 2b, and 2c she	- 3633				
20	Are there endowment funds not in the poss	ession of the organiz	ation that are held a	and administered for	r the	<u> </u>
Ja	organization by:					Yes
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations		W. W			3a(ii)
ь.	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule R?			3b
4	Describe in Part XIII the intended uses of the	e organization's endo	owment funds.			
Pa	rt VI Land, Buildings, and Equipr	nent.				
	Complete if the organization answer	ed "Yes" on Form 990	0, Part IV, line 11a.	See Form 990, Part	X, line 10.	
	Description of property	(a) Cost or o			Accumulated	(d) Book value
	pescription or property	basis (investr			depreciation	
4	Land			900.		90
	Land					
b	Buildings Leasehold improvements					
C						
d	Equipment					

Schedule D (Form 990) 2022

900.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VIII	Investments - Other Securities.	THE CAMPUS, I		
· uit iii	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12,	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total, (Col. ((b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	and of year market value
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		add Coo Form 000 Port V line 15	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 13.	(b) Book value
	(a)) Description		(5) 500111111
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	000 B 4 V I /B) II	no 15)		
	lumn (b) must equal Form 990, Part X, col. (B) li	ne rs.)		
Part X	Other Liabilities. Complete if the organization answered "Yes	" on Form 990 Part IV lin	e 11e or 11f. See Form 990, Part X, line	e 25.
	(a) Description of liability	On romi 990, raitiv, mi	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
1	SAME AND ADDRESS OF THE SAME O			
(1) Fe	ederal income taxes			
4/45				
(2)				
(3)				
(3)				
(3)				

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

Schedule D (Form 990) 2022

(8)

Pa	rt XI Reconciliation of Revenue per Audited Financial S	tatements with Revenue	per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements	(1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 Î		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d				
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	T = 1		
а				
b		4b		
c	Add lines 4a and 4b		4c 5	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	es per Return	
Pa	art XII Reconciliation of Expenses per Audited Financial	Statements with Expens	es per ricturii.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	f - A		
a				
b				
c				
C	1 Other (Describe in Part XIII.)		2e	
•				
3	Subtract line 2e from line 1	***************************************		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 40 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	CONTROL -	4c	
	Add lines 4a and 4b	0.181		
5		6 10.)		
Pa	art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4: Part IV lines 1b and 2b: Pa	urt V. line 4; Part X, line 2; Par	rt XI,
Pro	vide the descriptions required for Part II, lines 3, 5, and 9, Fart III, lines 1a a s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	le any additional information.	, , , , , , , , , , , , , , , , , , , ,	
line	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			
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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

lame of the organization	www.irs.gov/rormosore/instruc						ntification number
FRIENDS	OF THE CAMPUS, IN	С.				23-7417	
Part I Fundraising Activities.	Complete if the organization answer	red "Ye	es" on	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
required to complete this part 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual organization in the part of the part o	sed funds through any of the followin e Solicitati f Solicitati g Special f or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of i ion of g fundra (includ rofessi	non-go governising of ling of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	L res	
(i) Name and address of individual or entity (fundraiser)	organization. (ii) Activity	(iii) fundr have co or con contribu	istody trol of	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			-				
Total 3 List all states in which the organizati or licensing.	ion is registered or licensed to solicit	contri	oution	s or has been notifie	ed it i	s exempt from I	registration
			_				
							0.00
Lilla E B amusels Bedustion Act No	tice see the Instructions for Form	990 c	r 990	-EZ.		Schedul	le G (Form 990) 202

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr		EZ, lines 1 and 6b. List e	vents with gross receip	ots greater trian \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			GRAPE GALA		MOME	(add col. (a) through
				(event type)	(total number)	col. (c))
<u>و</u>			(event type)	(event type)	(15155	
Revenue			50,701.			50,701.
lg.	1	Gross receipts	30,7011			
		0 1 11				
	2	Less: Contributions				
	2	Gross income (line 1 minus line 2)	50,701.			50,701.
\dashv	3	dross meetine (international and 2)				
	4	Cash prizes				
	5	Noncash prizes				
Ses						
ens	6	Rent/facility costs				
Direct Expenses				l l		
ect	7	Food and beverages				
ä						
	8	Entertainment ,	20 651			20,651.
	9	Other direct expenses				20,651.
	10		gn 9 in column (a)			30,050.
De		Net income summary. Subtract line 10 from III Gaming. Complete if the organization	answered "Yes" on Form	990. Part IV. line 19, or r	reported more than	
Pa	II L	\$15,000 on Form 990-EZ, line 6a.	Tanowered Too en term		•	
_	_	\$13,000 OH 1 OHH 330 EZ, III 6 GU.	() 5:	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))
ever						
ď	1	Gross revenue				
ģ	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
H H						
<u>Ji</u> re	4	Rent/facility costs				
-						
_	5	Other direct expenses	Yes %	Yes %	Yes %	
	_	Valuatoor labor	No Yes	No No	No No	
	6	Volunteer labor	140			
	-	Direct expense summary. Add lines 2 throu	ah 5 in column (d)		*******************************	
	7	Direct expense summary. Add into 2 times	J = 2 (-7 101)1600	THE RESERVE OF THE PROPERTY OF		
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
_						
9	Er	nter the state(s) in which the organization con	ducts gaming activities:			
-	a Is	the organization licensed to conduct gaming	activities in each of these	states?		Yes No
		"No," explain:				
					0	Yes No
10	a W	ere any of the organization's gaming licenses	revoked, suspended, or	terminated during the tax	year?	tes L No
	b If	"Yes," explain:				
	_					
_	_				Sch	edule G (Form 990) 2022

Sch	edule G (Form 990) 2022 FRIENDS OF THE CAMPUS, INC. 23-7417696 Page 3
44	Pose the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
	to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in: 13a %
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address
	Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount
	of gaming revenue retained by the third party \$
c	If "Yes," enter name and address of the third party:
	Name
	Address
	, radices
16	Gaming manager information:
	Name
	Name
	Gaming manager compensation \$
	Description of services provided
	Description of services provided
	Director/officer Independent contractor
	Director/officer
17	Mandatory distributions:
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
_	organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
P	Supplemental Information. Provide the explanations required by Part I, line 25, columns (iii) and (v), and var iii, lines 5, 55, 155, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
-	15b, 15c, 16, and 17b, as applicable. Also provide any accumulation
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	2 (5 000)	FRIENDS OF	THE	CAMPUS,	INC.	23-7417696 Page 4
Part IV	Supplemental Info	ormation (continued)				
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of th	ue Service ne organizat	tion	a mur CAM		.gov/Pormisso for	the igrest into the			Employer identification num 23-74176	πber 96
		FRIENDS O	THE CAM	PUS, INC.						
orito	s the organi ria used to	nformation on Grants are ization maintain records to award the grants or assist IV the organization's pro- nd Other Assistance to I	o substantiate the tance? cedures for moni	toring the use of gran	t funds in the Unite	od States.		***************************************	***************************************] No
1 (a) N	lame and a	that received more than \$ ddress of organization overnment	5,000, Part II car (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
				1	IL - E 4 Ashle			11		
2 Ent	er total nun	nber of section 501(c)(3) a	and government o	organizations listed in	tne line 1 table					

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

(d) Amount of non-cash assistance

0.

(c) Amount of cash grant

86,716

(e) Method of valuation (book, FMV, appraisal, other)

FRIENDS OF THE CAMPUS, INC.

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

(b) Number of

recipients

15

Schedule I (Form 990) 2022

232102 10-31-22

(a) Type of grant or assistance

23-7417696

(f) Description of noncash assistance

Page 2

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS OF THE CAMPUS, INC.

Employer identification number 23-7417696

FRIENDS OF THE CAMPUS, INC.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WISCONSIN-BARABOO/SAUK COUNTY.
FORM 990, PART VI, SECTION B, LINE 11B:
REVIEW OF FINANCIAL STATEMENTS AND 990 RETURNS ARE AVAILABLE UPON REQUEST.
REQUESTS CAN BE MADE AT 1006 CONNIE ROAD, BARABOO, WI 53913 OR (608)
356-4407.
FORM 990, PART VI, SECTION C, LINE 18:
REVIEW OF FINANCIAL STATEMENTS AND 990 RETURNS ARE AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19:
REVIEW OF FINANCIAL STATEMENTS AND 990 RETURNS ARE AVAILABLE UPON REQUEST

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

Schedule O (Form 990) 2022

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Assel No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
1	LAND	06/30/22	L				900.				900.			0.	
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						900.				900.	0.		0.	0
	* GRAND TOTAL 990 PAGE 10 DEPR						900.				900.	0.		0.	0
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228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone