	000
Form	330

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

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

		ne 2022 calendar year, or tax year beginning and er	nding		
B	Check i applical	f C Name of organization		D Employer identifica	ation number
	Addr				
	char Nam char			26-078922	9
	Initia		oom/suite	E Telephone number	-
	Final	PO BOX 2203	321-499-3	901	
	term			G Gross receipts \$	3,807,383.
	Ame retur			H(a) Is this a group ret	
	Appl tion			for subordinates?	
	pend	Ing SAME AS C ABOVE		H(b) Are all subordinates incl	
1	Tax-e	xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a li	st. See instructions
J١	Webs	ite: WWW.TWLOHA.COM		H(c) Group exemption	number
K	orm o	of organization: 🚺 Corporation Trust Association Other	L Year o	of formation: 2007 M	State of legal domicile: FL
Pa	art I				
đ	1	Briefly describe the organization's mission or most significant activities: TO WR			
Governance		NON-PROFIT MOVEMENT DEDICATED TO PRESENTIN	IG HOP	E AND FINDIN	G HELP
srne	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net asse	
Ň	3				7
		Number of independent voting members of the governing body (Part VI, line 1b)			5
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		42	
Activities &	6	Total number of volunteers (estimate if necessary)	20688		
Act	7 a				0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	0 . Current Year
				3,402,306.	2,472,144.
ne	8	Contributions and grants (Part VIII, line 1h)		4,280.	1,400.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		790.	1,838.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		513,888.	441,293.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,921,264.	2,916,675.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		282,717.	265,690.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ú	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,525,462.	1,951,187.
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. k	Total fundraising expenses (Part IX, column (D), line 25) 14, 276	6.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,215,725.	1,485,914.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,023,904.	3,702,791.
	19	Revenue less expenses. Subtract line 18 from line 12		897,360.	-786,116.
Net Assets or			Beç	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,652,118.	3,893,826.
it As	21	Total liabilities (Part X, line 26)		1,074,974.	1,102,798.
		Net assets or fund balances. Subtract line 21 from line 20		3,577,144.	2,791,028.
	art II				
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and		· · · · · · · · · · · · · · · · · · ·	nowledge and belief, it is
true	, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer l	has any knowledge. 10/11/20	22
<u>.</u>		Signature of officer		10/11/20 Date	20
Sig		LINDSAY KOLSCH, CO-EXECUTIVE DIRECTOR/CFO/	ረድር	Duto	
Hei	e	Type or print name and title	250		

	Type of print na									
	Print/Type prepa	arer's name	Prep arer's sign ati	Prep arer's signature Date					PTIN	
Paid	RICHARD	SUTTER		>		09/29	/23	if self-employed	P0026570	3
Preparer	Firm's name	WHITTAKER COOPER	(GRENNAN	FENDER,	LLP)		Firm's	EIN 87-	4032754	
Use Only	Firm's address	1692 W. HIBISCUS	BLVD.							
		MELBOURNE, FL 329	Phone	no.321-	723-3352					
May the IF	RS discuss this	return with the preparer shown abo	ve? See instructi	ons					X Yes	No
232001 12-13	3-22 LHA F C	or Paperwork Reduction Act Notic	e, see the sepa	rate instructior	ıs.				Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	2.
•	TO WRITE LOVE ON HER ARMS IS A NON-PROFIT MOVEMENT DEDICATED TO	
	PRESENTING HOPE AND FINDING HELP FOR PEOPLE STRUGGLING WITH	
	DEPRESSION, ADDICTION, SELF-INJURY, AND SUICIDE. TWLOHA EXISTS TO	
	ENCOURAGE, INFORM, INSPIRE, AND ALSO TO INVEST DIRECTLY INTO TREATMENT	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	<u>N</u>
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<u>_</u> N
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4.0		2
4a		4.
	THE AWARENESS AND EDUCATION PROGRAM IS ABOUT SO MUCH MORE THAN MAKING	
	PEOPLE AWARE OF MENTAL HEALTH ISSUES. OUR GOAL IS TO ULTIMATELY MOVE	
	PEOPLE FROM ISOLATION TO COMMUNITY, FROM SILENCE TO HONESTY, FROM PAIN	
	TO HOPE AND HELP. THE WORK WE DO THROUGH STORYTELLING ON OUR WEBSITE,	
	SOCIAL MEDIA PLATFORMS, PODCAST, BLOG, VIDEO AND DESIGN PROJECTS, AND	
	OTHER MEDIA CHIPS AWAY AT THE STIGMA THAT KEEP PEOPLE FROM ADDRESSING	
	THEIR OWN MENTAL HEALTH EXPERIENCES.	
4b	(Code:) (Expenses \$605,867. including grants of \$) (Revenue \$233,632	3.
	THE EVENTS AND TOURS PROGRAM CREATES OPPORTUNITIES TO MEET PEOPLE FACE	
	TO FACE AT LIVE MUSIC EVENTS, FESTIVALS, AND TOURS, AS WELL AS ON	
		<u> </u>
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	<u>990 (2022)</u> TWLOHA, INC. 26-0789	229	P	age 3
Par	TIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
_	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
e	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u></u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the exception receive or held a conservation eccement, including eccements to preserve open space	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		- 23
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		- 23
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۲Ť		_ <u></u>
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
•	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of the second secon		х	
00000-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		(2022)
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 Form 990 (2022)
 TWLOHA , INC .

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	01-		
A	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
.	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 21
04	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 59			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
0000-	(gambling) winnings to prize winners?	1c	X 990	(2022)
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Form	990 (2022) TWLOHA, INC. t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	26-0789	229	Pa	age 5			
				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 42						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	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						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		<u> </u>			
b	If "Yes," enter the name of the foreign country							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).	_		v			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		<u>X</u> X			
b								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6.		х			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution		<u>6a</u>		<u></u>			
b		ons or gins	6b					
7	Organizations that may receive deductible contributions under section 170(c).							
'a	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?	7a		Х			
			7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		<u> </u>					
-	to file Form 8282?		7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-					
11	Section 501(c)(12) organizations. Enter:	L I						
a	Gross income from members or shareholders	<u>11a</u>	-					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	441						
40-	amounts due or received from them.)	11b	10-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b						
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
a	Note: See the instructions for additional information the organization must report on Schedule O.		154					
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
с	Enter the amount of reserves on hand	13c	1					
		•	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.			0000				
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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	ction A. Governing Body and Management			
		7	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 1a	-4		
	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.	E		
-	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x
~	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
	of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	····		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			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	0		
7a		7.		x
L.	more members of the governing body?	<u>7a</u>		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		x
0	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0.0	Х	
a L	The governing body?		X	
-			- 11	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		- 23
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
, N	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
Ŭ	on Schedule O how this was done	12c	х	
13			X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization		X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	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		
Sec	tion C. Disclosure			1
17	List the states with which a copy of this Form 990 is required to be filed _AL, AK, AR, CA, CO, CT, DC, FL, O	GA, HI	IL	.KS
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c			
	for public inspection. Indicate how you made these available. Check all that apply.	,(0)0 01		
18	$ \mathbf{A} $ UWN Website Another's Website \mathbf{A} Ubon reduest Uther (explain on Schedule O)	and finance	cial	
	X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and finance		
18	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	, and financ		
18	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, statements available to the public during the tax year.	, and financ		
18 19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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	, and financ		
18 19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, statements available to the public during the tax year.			

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Part VII	Compensation of Office	s, Directors, Trustees, Key Employees, Hig	hest Compensated								
	Employees, and Independent Contractors										
	Check if Schedule O contains a	esponse or note to any line in this Part VII									
Section A.	Officers, Directors, Trustees,	Key Employees, and Highest Compensated Employee	es								
1a Comple	te this table for all persons requi	ed to be listed. Report compensation for the calendar yea	ar ending with or within the organization's ta	ax year.							

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

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

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

\$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s botł	n an	compensation	compensation	amount of
	week		cer an I	id a d	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LINDSAY KOLSCH	40.00		_		-					
CO-EXEC DIR/CFO/SEC		х		х				116,141.	0.	12,456.
(2) MARK CODGEN	40.00									
CHIEF MARKETING OFFICER						X		112,162.	0.	15,888.
(3) JESSICA HALEY	40.00									
CO-EXEC DIR/COO		Х		Х				109,970.	0.	8,894.
(4) STEPHAN MONTESERIN	2.00									
PRESIDENT/DIRECTOR		Х		Х				0.	0.	0.
(5) MORGAN HARPER NICHOLS	2.00									
VICE PRES/DIRECTOR		Х		Х				0.	0.	0.
(6) CYNTHIA PARR	2.00									
TREASURER/DIRECTOR		Х		х				0.	0.	0.
(7) JOEL L. DANIELS	2.00									
DIRECTOR		Х						0.	0.	0.
(8) TIANNA SOTO	2.00									
DIRECTOR		х						0.	0.	0.
					<u> </u>					
		1								
222227 10 10 20	L					-		1	L	Earm 990 (2022)

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Form **990** (2022)

7

	990 (2022) TWLOHA , 3									26-0	7892	229 Page	8
Par	t VII Section A. Officers, Directors, Trus		loy	ees,			ghes	t C		, ,			_
	(A) Name and title	(B) (C) Average hours per week (i) i						an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	(F) Estimated amount of other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	compensation from the organization and related organizations	
													_
													_
													_
													—
													_
	Subtotal								338,273.		0.	37,238	
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0. 338,273.		0.	0 37,238	_
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	e		3
3	Did the organization list any former officer,	director, truste	e. k	ev e	mol	ove	e. or	hia	hest compensated emp	lovee on	ſ	Yes No	>
	line 1a? If "Yes," complete Schedule J for se For any individual listed on line 1a, is the su	uch individual	, 				, 					3 X	_
4	and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual	-		4 X	_
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com											5 X	
Sec 1	tion B. Independent Contractors Complete this table for your five highest con	mpensated ind	ере	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	pensat	ion from	—
	the organization. Report compensation for t	he calendar ye	ear e	ndin	ig w	ith c	or wi	hin:	the organization's tax y	ear.		(C)	_
	Name and business		v					_	Description of s	ervices	C	ompensation	
<u>598</u>	S SHERWOOD AVE, SATELLI EBOOK			F	L	32	93'	7	SCREEN PRINT	ING		556,368	•
<u>1</u> F	IACKER WAY, MENLO PARK,			017					ADVERTISING			159,893	•
	DEX, RENAISSANCE CENTER INNER DRIVE SUITE , MEM	PHIS,	AR						SHIPPING			125,118	•
													_
													_
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	nitec	to	thos 3		ted	above) who received me	ore than			
												Form 990 (2022	2)

ar	990 (2 t VIII	Statement of Rev	/enu	le						
		Check if Schedule O c	ontai	ns a resp	onse	or note to any lin		(5)	(A)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu- from tax und sections 512 -
Ś	1 a	Federated campaigns		1a						00010110 0 12
nut		Membership dues								
e E		Fundraising events				193,069.				
ar A		Related organizations								
mil		Government grants (contril								
ŝ	f	All other contributions, gifts, g	grants	, and						
and Other Similar Amounts		similar amounts not included	above	1f		2,279,075.				
Ор	g	Noncash contributions included in li	ines 1a	-1f 1g	\$					
an	h	Total. Add lines 1a-1f					2,472,144.			
						Business Code				
	2 a	SPEAKING HONORARIUMS				711510	1,400.	1,400.		
e	b									
/ent	c									
Re/	d							<u> </u>	<u> </u>	
Kevenue	e									
		All other program service r Total. Add lines 2a-2f					1,400.			
	3	Investment income (includi					<i>_,</i>			
	U	other similar amounts)	Ũ				1,558.			1,5
	4	Income from investment of					,			,
	5	Royalties		•			10,266.	10,266.		
		···· j -·····		(i) Rea		(ii) Personal		·		
	6 a	Gross rents	6a							
	b		6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)	<u></u>							
	7 a	Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a			659.				
	b	Less: cost or other basis								
			7b			379.				
		Gain or (loss)				280.	200			
		Net gain or (loss)			······		280.			2
	8 a	Gross income from fundraisin including \$1								
,		contributions reported on I								
		Part IV, line 18		,	8a	0.				
	b				8b	0.				
		Net income or (loss) from f					0.			
		Gross income from gaming		0						
		Part IV, line 19	-		9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from g	gamin	ng activitie	es					
	10 a	Gross sales of inventory, le	ess re	eturns						
		and allowances								
		Less: cost of goods sold						445.005		
+	С	Net income or (loss) from s	sales	of invento	ory		415,391.	415,391.		
						Business Code				
an	11 a									
Revenue	b									
Be	ר ר					711510	15,636.			15,6
		All other revenue					15,636.			13,0
							,,			

Form 990 (2022)	WLOHA, INC	2.		26
Part IX Statement of Fu	nctional Expension	ses		
Section 501(c)(3) and 501(c)(4) org	anizations must con	nplete all columns. All othe	er organizations must cor	mplete column (A).
Check if Schedule	e O contains a respo	onse or note to any line in	this Part IX	
Do not include amounts reported	on lines 6b,	(A) Total expenses	(B) Program service	(C) Management ar

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	253,344.	253,344.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	6,820.	6,820.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	5,526.	5,526.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	247,461.	83,205.	164,256.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,435,398.	1,147,937.	287,461.	
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	19,800.	15,980.	3,820.	
9	Other employee benefits	120,570.	107,606.	12,964.	
10	Payroll taxes	127,958.	94,326.	33,632.	
11	Fees for services (nonemployees):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
	Management				
	Legal	37,828.	1,170.	36,658.	
		12,500.	-/-/01	12,500.	
	Accounting	12,500.		12,500.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	2,743.		2,743.	
f	Investment management fees	2,143.		2,743.	
g	Other. (If line 11g amount exceeds 10% of line 25,	224 000	200 272	20 765	6 953
	column (A), amount, list line 11g expenses on Sch 0.)	334,890. 210,644.	289,272. 108,838.	38,765. 101,341.	<u>6,853.</u> 465.
12	Advertising and promotion		78,341.	101,341.	403.
13	Office expenses	119,663.		37,336.	3,986.
14	Information technology	213,380.	162,736.	48,149.	2,495.
15	Royalties	25 254	20.252	2 0 0 1	
16	Occupancy	35,374.	32,353.	3,021.	
17	Travel	191,884.	177,893.	13,971.	20.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,268.	619.	2,649.	
20	Interest	39,950.	36,065.	3,885.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	60,698.	55,732.	4,966.	
23	Insurance	37,354.	32,969.	4,385.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	EVENT FEES	109,325.	109,325.		
b	EVENT SUPPLIES	50,568.	49,945.	623.	
с	STAFF AND INTERN DEVELO	15,504.	9,970.	5,289.	245.
d	TAXES AND LICENSES	10,341.	3,315.	6,814.	212.
	All other expenses	-	-	-	
25	Total functional expenses. Add lines 1 through 24e	3,702,791.	2,863,287.	825,228.	14,276.
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)				
23201	0 12-13-22				Form 990 (2022)
20201	0 12-10-22	10			(2022)

Form 990 (2022)
Part X	Balance Sheet

TWLOHA, INC.

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,101,288.	1	1,613,777
	2	Savings and temporary cash investments	665,905.	2	376,142
	3	Pledges and grants receivable, net	233,684.	3	125,249
	4	Accounts receivable, net	1,633.	4	30,240.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	146,575.	8	208,629
As	9	Prepaid expenses and deferred charges	31,103.	9	108,675.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a1,486,362.Less: accumulated depreciation10b236,992.			
	b	Less: accumulated depreciation 10b 236,992.	1,274,313.	10c	1,249,370.
	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	191,777.	14	178,719
	15	Other assets. See Part IV, line 11	5,840.	15	3,025.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,652,118.	16	3,893,826
	17	Accounts payable and accrued expenses	130,719.	17	253,223.
	18	Grants payable	20,294.	18	15,820.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ş	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	822,883.	23	799,716.
	24	Unsecured notes and loans payable to unrelated third parties	101,078.	24	34,039.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,074,974.	26	1,102,798.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions	3,577,144.	27	2,791,028.
Ba	28	Net assets with donor restrictions		28	
nd		Organizations that do not follow FASB ASC 958, check here			
Ļ,		and complete lines 29 through 33.			
s 0	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	3,577,144.	32	2,791,028.
	33	Total liabilities and net assets/fund balances	4,652,118.	33	3,893,826. Form 990 (2022

Form 990 (2022)

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	990 (2022) TWLOHA, INC.	26-	<u>-078922</u>	9	Page	_∋ 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,9			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,7			
3	Revenue less expenses. Subtract line 2 from line 1	3		86		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,5	77	,14	4.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2,7	91,	,02	8.
Pa	rt XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>	
			_	Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	b 2	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	c Z	K	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b		

Form **990** (2022)

232012 12-13-22

Department of the Treasury

(Form 990)

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

4947(a)(1) nonexempt	charita	ble	trust
Attach to Form 990 o	r Form	990)-EZ.

OMB No. 1545-0047
2022
Open to Public

Interna	Rever	hue Service	Go to www.irs.gov/	Form990 for instruction	ns and the	e latest inf	ormation.			Inspection
Nam	e of t	the organization								ification number
Par	41	TWLO	HA, INC.	/All					6-0	789229
							ee instructior	1S.		
	organ	ization is not a private found								
1		A church, convention of ch				n 170(d)(1	I)(A)(I).			
2		A school described in sect					•			
3		A hospital or a cooperative					•	V:::) Entar	tha ha	anital'a nama
4		A medical research organiz city, and state:	ation operated in cor	njunction with a hospital	described	Sectio	n 170(d)(1)(A	(III). Enter	the no	spital s name,
5		An organization operated for section 170(b)(1)(A)(iv). (C		llege or university owned	l or operat	ed by a go	overnmental u	init describe	ed in	
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organization that norma	ally receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from t	he general p	oublic o	described in
		section 170(b)(1)(A)(vi). (C	complete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	э
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:								
10	Х	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, and	d gross	receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	ts support fi	rom gro	oss investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acquii	red by the org	ganization a	ifter Ju	ne 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functior	ns of, or to ca	arry out the	purpos	ses of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3). (Check t	the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	d 12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), t	ypically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipportii	ng
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	l or controlled in connect	tion with its	s supporte	ed organizatio	on(s), by hav	ving	
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		_ organization(s). You mus	st complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with	,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	integrated. A supporting organization operated in connection with its supported organization(s)							
		that is not functionally int			-		-	d an attentiv	/eness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga					Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-function	nally integrated supportion	ng organiz	ation.				
f		er the number of supported o	•							
<u> </u>	Prov	vide the following information			(iv) is the ora:	anization listed	(1) A manual a	f manatan.	()	A manual of other
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see i	2		Amount of other rt (see instructions)
		organization		above (see instructions))	Yes	No			ouppo	
Tota										

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	edule A (Form 990) 2022 T	WLOHA, IN	с.			26-0789	9229 Page 2
Pa	IT II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	l 170(b)(1)(A)(vi)	
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio	n failed to qualify	under Part III. If the	organization
	fails to qualify under the tests	s listed below, pleas	se complete Part	III.)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support			1			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the	-			-		
0	organization, check this box and sto						
	ction C. Computation of Publ						
14	Public support percentage for 2022 (14	%
15	Public support percentage from 2021						%
16a	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies		-				
k	33 1/3% support test - 2021. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact					VI how the organiza	ation
	meets the facts-and-circumstances te	-			•		
k	0 10% -facts-and-circumstances test	-					0% or
	more, and if the organization meets the						
_	organization meets the facts-and-circ		•		•		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

TWLOHA, INC.

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

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

Section A. Public Support (c) 2020 (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2313071 2120748. 2344650. 3402306. 2472144.12652919. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1647000. 1572897. 1287557. 1322756. 7427335. 1597125. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 4689863. 3794900.20080254. 3910196. 3767748. 3917547. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year n c Add lines 7a and 7b 0 20080254. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 3767748. 3917547. 3794900.20080254. 9 Amounts from line 6 3910196. 4689863 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1,553. 10,986. 5,854. 16,853. 11,824. 47,070. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,553. 10,986. 5,854. 16,853. 11,824. 47,070. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3911749. 3778734. 3923401. 4706716. 3806724.20127324. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 99.77 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 99.81 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .23 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 17 .19 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not _____X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 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%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2022 232023 12-09-22

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15

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

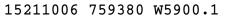
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "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 6 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 disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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	(Form 990) 2022	-	INC
Part IV	Supporting Org	anizations (contin	nued)

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		4		

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

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

 Yes
 No

 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
 Image: Control organization was vested in the same persons that control or managed
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Section D. All Type III Supporting Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>	
-----	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

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Part V Type II	I Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1 Check he	re if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (<i>explain in</i>)	Part VI). See instructions.
All other	Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Section A - Adjusted	Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term of	capital gain	1		
2 Recoveries of p	rior-year distributions	2		
3 Other gross inc	ome (see instructions)	3		
4 Add lines 1 thro	ugh 3.	4		
5 Depreciation an	d depletion	5		
6 Portion of opera	ating expenses paid or incurred for production or			
collection of gro	oss 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 In	ncome (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum	n Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair n	narket value of all non-exempt-use assets (see			
instructions for	short tax year or assets held for part of year):			
a Average monthl	y value of securities	1a		
b Average monthl	y cash balances	1b		
c Fair market valu	e of other non-exempt-use assets	1c		
d Total (add lines	1a, 1b, and 1c)	1d		
e Discount claim	ed for blockage or other factors			
(explain in detai	in Part VI):			
2 Acquisition inde	btedness applicable to non-exempt-use assets	2		
3 Subtract line 2 f	irom line 1d.	3		
4 Cash deemed h	eld for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of nor	n-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 b	y 0.035.	6		
7 Recoveries of p	rior-year distributions	7		
8 Minimum Asse	t Amount (add line 7 to line 6)	8		
Section C - Distribut	able Amount			Current Year
1 Adjusted net ind	come for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of lin		2		
3 Minimum asset	amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of		4		
	osed in prior year	5		
	mount. Subtract line 5 from line 4, unless subject to			
emergency tem	porary reduction (see instructions).	6		
7 Check he	re if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

TWLOHA, INC.

Schedule A (Form 990) 2022

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instructions).

Schedule A (Form 990) 2022

TWLOHA, INC.

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations _{(continu}	Jed)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	າຣ	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u> i</u>	Carryover from 2017 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
	Excess from 2021				
۵	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	TWLOHA,	INC.			26-0789229	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provid , 2, 3b, 3c, 4b, 4c lines 2 and 3; Par	de the explanations c, 5a, 6, 9a, 9b, 9c, rt IV, Section E, line	11a, 11b, and 11c; Part s 1c, 2a, 2b, 3a, and 3b	IV, Section B, lines 1 ; Part V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Par	C.
	(See instructions.)						
232028 12-09-2	2			20		Schedule A (Form 9	90) 2022

		0		01-1				3 No. 154	5-0047
(Form 990) Complete if the organ Part IV, line 6, 7, 8, 9, 10,				Yes" on Form 990	0,			2 0 2	2
•), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.					pen to F	Public
	ment of the Treasury I Revenue Service	ح Go to www.irs.gov/Form99		d the latest inform	mation.			spectio	
Nam	e of the organization	TWLOHA, INC.				Emp	loyer identi 26-0'		
Pa	rt I Organiza	tions Maintaining Donor Advise	d Funds or Othe	r Similar Fund	ls or Ac	coun	ts. Comple	ete if the	
	organization	n answered "Yes" on Form 990, Part IV, lin							
			(a) Donor ad	vised funds	()	b) Fun	ds and other	account	S
1		nd of year							
2		f contributions to (during year)							
3		f grants from (during year)							
4		t end of year		hald in denor od	l				
5	-	n inform all donors and donor advisors in v n's property, subject to the organization's	-					Yes	No
6		on inform all grantees, donors, and donor a						165	
•	•	oses and not for the benefit of the donor o	•	•		-			
	impermissible priva		,	, , ,		0		Yes	No
Pa	t II Conserva	ation Easements. Complete if the org							
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that app	ly).					
	Preservation	of land for public use (for example, recrea	tion or education)	Preservation	of a histo	rically	important la	nd area	
		f natural habitat		Preservation	of a certif	ied his	toric structu	re	
		of open space							
2	•	through 2d if the organization held a qualif	ied conservation cor	tribution in the for	m of a con ا	iserva			
_	day of the tax year					0	Held at the E		Tax real
					ſ	2a 2b			
b C	•	ricted by conservation easements	ucture included in (a)		r	20 2c			
		vation easements included in (c) acquired a				20			
		sted in the National Register				2d			
3		vation easements modified, transferred, rel				ation	during the ta	х	
	year								
4		where property subject to conservation eas			_				
5		tion have a written policy regarding the per		pection, handling o	of				
	-	orcement of the conservation easements it					·····	Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations	s, and enforcing co	onservation	1 ease	ments during	g the yea	r
7	Amount of expense	 es incurred in monitoring, inspecting, hanc	lling of violations and	d enforcing conser	vation eas	omont	e durina the	Voar	
'	Amount of expense	es incurred in moritoring, inspecting, nanc	ining of violations, and	a entorcing conser	valion cas	emen	s during the	year	
8	Does each conserv	 vation easement reported on line 2(d) abov	e satisfy the requiren	nents of section 17	′0(h)(4)(B)(i	i)			
	and section 170(h)	(4)(B)(ii)?	· · ·					Yes	No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its r	evenue and expension	se stateme	ent an	b		
	balance sheet, and	l include, if applicable, the text of the footr	note to the organizati	on's financial state	ments tha	t desc	ribes the		
Dec		ounting for conservation easements.			01h a - 01				
Pa		tions Maintaining Collections of		reasures, or v	Jther Si	mila	Assets.		
		the organization answered "Yes" on Form							
1a	0	elected, as permitted under FASB ASC 95	, ,						
		easures, or other similar assets held for put Part XIII the text of the footnote to its finar							
b	· •	elected, as permitted under FASB ASC 95				sheet	works of		
~	-	ures, or other similar assets held for public							
		ng amounts relating to these items:	,	,		12.00			
		ded on Form 990, Part VIII, line 1					\$		
							\$		
2	If the organization	received or held works of art, historical tre	asures, or other simil	ar assets for financ	cial gain, p	rovide			
	-	ints required to be reported under FASB A	-						
а	Revenue included on Form 990, Part VIII, line 1						\$		

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b Assets included in Form 990, Part X

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

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Sche	dule D (Form 990) 2022 TWLOHA,						26-07			age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historic	al Treasures, o	r Othe	r Similar	· Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the following tha	t make s	ignificant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	c	l 🗌 Loar	or exchange progr	am					
b	Scholarly research	e	e 🗌 Othe	r						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they fu	rther the organization	on's exer	mpt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historic	al treasures, or oth	er similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orga	nization answered	"Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contr	butions or other as	sets not	included		_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amount	t	
С	Beginning balance					. 1 c				
d	Additions during the year					. 1d				
е	Distributions during the year					1e				
f	Ending balance							_		
	Did the organization include an amount on F					lity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete							() =		
		(a) Current year	(b) Prior y	rear (c) Two yea	Irs dack	(d) Three y	ears dack	(e) Four	years	раск
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur			umn (a)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с		_%								
-	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiza	ation that are	held and administe	red for th	ne		r	Yes	Na
	organization by:								res	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza							3b		
Par	t VI Land, Buildings, and Equipm		wment tunds							
1 41	Complete if the organization answere) Part IV line	11a See Form 990) Part X	line 10				
	Description of property	(a) Cost or c basis (investr	•	o) Cost or other basis (other)		ccumulate		(d) Bool	< value)
4.	Land			275,000.		Probation		271	5,00	10
	Land			275,000. L,056,106.		81,73	36		1,31	
	Buildings			.,050,100.		UI,/3		914	±,J	
	Leasehold improvements			155,256.		155,25	56			0.
	Equipment			133,230.		± J J , Z .				0.
	Other		<u> </u>	// 10 \	1			1,249	י ג ג	70
Iota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, column (B</u> ,	<u>, line 10c.)</u>				1,44.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Schedule D (Form 990) 2022

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Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives	.,		,
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			- 6
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or 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.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
-	Description		(b) Book value
(1)	I		()
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	25)		
2. Liability for uncertain tax positions. In Part XIII, provide			at 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

232053 09-01-22

X

Sche	dule D (Form 990) 2022 TWLOHA, INC.			26-0	0789229 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,827,693.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		20,689.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		890,329.		
е	Add lines 2a through 2d			2e	911,018.
3	Subtract line 2e from line 1			3	2,916,675.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,916,675.
				-	<u> </u>
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per R	eturi	n.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With	Expenses per R	eturi	n.
Pai 1	t XII Reconciliation of Expenses per Audited Financial Staten	nents With a.	Expenses per R	leturi 1	n. 4,613,809.
	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With a.	I Expenses per R		n.
1	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With	Expenses per R		n.
1 2	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With 'a. 2a	I Expenses per R		n.
1 2 a	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	20,689.		n.
1 2 a	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2a 2b 2c	I Expenses per R		n. 4,613,809.
1 2 a b c	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	20,689. 890,329.		n. <u>4,613,809</u> . 911,018.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	20,689. 890,329.	1	n. 4,613,809.
1 2 b c d e	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	20,689. 890,329.	1 2e	n. <u>4,613,809</u> . 911,018.
1 2 b c d 8 3	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	20,689. 890,329.	1 2e	n. <u>4,613,809</u> . 911,018.
1 2 b c d e 3 4	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	20,689. 890,329.	1 2e	n. <u>4,613,809</u> . 911,018.
1 2 a b c d e 3 4 a	TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	20,689. 890,329.	1 2e	n. <u>4,613,809</u> . <u>911,018</u> . <u>3,702,791</u> . 0.
1 2 2 3 4 5	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	20,689. 890,329.	1 2e 3	n. <u>4,613,809</u> . 911,018.

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

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM

INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. NO

PROVISION HAS BEEN MADE FOR INCOME TAXES FOR THE YEARS ENDED DECEMBER 31,

2022 AND 2021.

FASB ASC 740, ACCOUNTING FOR INCOME TAXES, PRESCRIBES A RECOGNITION

THRESHOLD AND MEASUREMENT ATTRIBUTE OF THE FINANCIAL STATEMENT RECOGNITION

AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX

RETURN.

MANAGEMENT EVALUATES THE ORGANIZATION'S TAX POSITIONS ON AN ANNUAL BASIS,

BOTH PAST AND CURRENT. IF MANAGEMENT DETERMINES THAT A PAST OR CURRENT TAX

POSITION IS UNCERTAIN THEN A TAX LIABILITY IS CALCULATED TO REPRESENT THE Schedule D (Form 990) 2022 232054 09-01-22

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	HA, INC.	26-0789229 Page 5	5
Part XIII Supplemental Information	(continued)		
INCREASE IN TAXES ANTICIE	PATED UPON EXAMINATION.	AS OF DECEMBER 31, 2022,	
MANAGEMENT HAS DETERMINED) THAT ALL PAST AND CUR	RENT TAX POSITIONS WERE	

LIKELY TO BE REALIZABLE AND SUSTAINABLE UPON EXAMINATION AND THAT THE

CALCULATION OF A TAX LIABILITY WAS NOT NECESSARY.

TAX YEARS ENDED DECEMBER 31, 2019 THROUGH 2022 REMAIN SUBJECT TO POSSIBLE

EXAMINATION BY THE INTERNAL REVENUE SERVICE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES NETTED WITH REVENUE ON 990

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES NETTED WITH REVENUE ON 990

890,329.

890,329.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)	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.								
Department of the Treasury	Attach to Form 990 or Form 990-EZ. Open to Public								
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information. Inspection								
Name of the organization	TWLOHA,	TNC					Employer ic	lentification number なっつな	
Part I Fundrais		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ine 1			
	complete this part								
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 									
b If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursu organization	ant to	agreer	ments under which th	ie fur	ndraiser is to I	De	
(i) Name and addres or entity (func	s of individual	(ii) Activity	fundr have c or cor	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from I	registration	

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

Schedule G (Form 990) 2022

232081 10-27-22

TWLOHA, INC.

26-0789229 Page 2

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

		or fundraising event contributions and gr			a ob. Liot overha with gross ret	Solpto groator than \$0,000.
			(a) Event #1			(d) Total events
			RUN FOR I	T	NONE	(add col. (a) through
			5K		(A	col. (c))
ē			(event type)	event t	type) (total number)	
Revenue		0	193,0	69		103 060
Вe	1	Gross receipts	195,0	0.9.		193,069.
	2	Less: Contributions	193,0	69.		193,069.
	-					
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
6	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
xpe						
сt Ш	7	Food and beverages				
Dire	-	·····				
-	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			
_	11	Net income summary. Subtract line 10 from li				
Pa	irt I		answered "Yes" or	n Form 990, Part IV,	line 19, or reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(1.) Dull tak	- (in a tan t	
ne			(a) Bingo	(b) Pull tab bingo/progres		(d) Total gaming (add col. (a) through col. (c))
Revenue						
Re	1	Gross revenue				
s	2	Cash prizes				
Direct Expenses						
xpe	3	Noncash prizes				
Ct E						
Dire	4	Rent/facility costs				

b If "No," explain:

Other direct expenses

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

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

6 Volunteer labor

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

%

Yes

No

%

Yes

No

%

Yes

No

a Is the organization licensed to conduct gaming activities in each of these states?

232082 10-27-22

5

Schedule G (Form 990) 2022

Yes

No

No

Sch	edule G (Form 990) 2022	TWLOHA,	INC.	26-0789229 Page	e 3
11	Does the organization conduct ga	ming activities w	ith nonmembers?	Yes 🗌 N	No
			of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?			Yes 🗌 N	No
13	Indicate the percentage of gaming				
а	The organization's facility			13a	%
					%
14	Enter the name and address of the	e person who pre	epares the organization's gaming/special events books and record	ds:	
15a			party from whom the organization receives gaming revenue?	Yes N	No
b	If "Yes," enter the amount of gam	ing revenue rece	ived by the organization \$ and the arr	ount	
	of gaming revenue retained by the	e third party \$			
С	If "Yes," enter name and address	of the third party	:		
	Name				
	Address				
40					
16	Gaming manager information:				
	Nama				
	Name				
	Coming manager companyation	\$			
	Gaming manager compensation	\$			
	Description of services provided				
	Description of services provided				
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions:				
	•	state law to mak	e charitable distributions from the gaming proceeds to		
	and the state mention line and a			YesN	No
b			ate law to be distributed to other exempt organizations or spent i		
	organization's own exempt activiti	ies during the tax	(year \$		
Pa	rt IV Supplemental Infor	mation. Provid	le the explanations required by Part I, line 2b, columns (iii) and (v)	; and Part III, lines 9, 9b, 10b),
			provide any additional information. See instructions.		
23208	33 10-27-22		31	Schedule G (Form 990) 20)22

• •	(continued)	
		Schedule G (Form 990)

232084 04-01-22

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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.								
Department of the Treasury Internal Revenue Service		Go to woww irs	Attach to Form a.gov/Form990 for		ation		Open to Public Inspection		
Name of the organization		GO TO WWW.II'S					Employer identification number		
TWLOHA, J	INC.						26-0789229		
Part I General Information on Grants a									
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	istance?								
Part II Grants and Other Assistance to		<u> </u>			anization answered "Y	es" on Form 990. Parl	IV. line 21. for any		
recipient that received more than							,		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
ELEANOR HEALTH FOUNDATION 221 CRESCENT STREET, SUITE 202									
WALTHAM, MA 02453	85-1463864	501(C)(3)	24,000.	0.			COUNSELING SERVICES		
PEACE CLUB, INC. 1811 S. ORLANDO AVE	46,0040011		0.050						
COCOA BEACH, FL 32931	46-2042211		9,950.	0.			COUNSELING SERVICES		
ROSELYN BURNETT, DBA ICHOOSE CHANGE, LLC - 1600 SARNO ROAD, # J-119 - MELBOURNE, FL 32935	84-4748829		20,905.	0.			COUNSELING SERVICES		
AARON M MOORE, INC., DBA SOLACE COUNSELING - 1215 E ROBINSON ST - ORLANDO, FL 32801	26-3309526		19,870.	0.			COUNSELING SERVICES		
TRANSLIFELINE 101 BROADWAY									
OAKLAND, CA 94607	47-2097494	501(C)(3)	7,000.	0.			COUNSELING SERVICES		
LIVEWELL BEHAVIORAL HEALTH CORP 200 S HARBOR CITY BLVD, SUITE 401									
MELBOURNE, FL 32901	84-4416539		18,050.	٥.			COUNSELING SERVICES		
2 Enter total number of section 501(c)(3) a	and government org	ganizations listed in the	e line 1 table				3.		
3 Enter total number of other organization									
LHA For Paperwork Reduction Act Notice	e, see the Instructi	ons for Form 990.					Schedule I (Form 990) 2022		

Part II Continuation of Grants and Other		naatia Organizationa	and Domostic Co	vernmente (Sob	dula I (Earm 000) Da		10-0/09229 Pa
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pai		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAMPER YOUR MIND, LLC							
1360 SOUTH PATRICK DR, SUITE 9							
SATELLITE BEACH, FL 32937	45-4079648		9,660.	0.			COUNSELING SERVICES
,				- •			
SISTA AFYA COMMUNITY MENTAL							
NELLNESS, LLC - 1817 E. 71ST ST -							
CHICAGO, IL 60649	85-2035370	501(C)(3)	6,795.	0.			COUNSELING SERVICES
······							
STEPHANIE GRACE							
3966 SE GLADSTONE							
PORTLAND, OR 97202			6,000.	0.			COUNSELING SERVICES
1							

Schedule I (Form 990)

Schedule I (Form 990) 2022

TWLOHA, INC.

26-0789229 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ARIOUS	0	6,360.	0.	PURCHASE	MEMORIAL FLOWERS
COUNSELING SERVICES	0	460.	0.	INVOICES	PAYMENT FOR SERVICE

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

PART I, LINE 2:

TWLOHA GENERALLY ASSISTS NON-PROFIT ORGANIZATIONS THAT ARE CONSIDERED

501(C)(3) U.S. CHARITIES OR THOSE ORGANIZATIONS THAT PROVIDE SPECIALIZED

MEDICAL TREATMENTS OR COUNSELING SERVICES. TWLOHA CONDUCTS DUE DILIGENCE

INVESTIGATIONS IN WHICH THEY INTERVIEW RECIPIENTS OF GRANTS AND FINANCIAL

ASSISTANCE. EXTENSIVE RESEARCH IS PREFORMED INTO RECIPIENT ORGANIZATIONS'

MISSION, EXECUTION OF PURPOSE, BUDGET COHESION AND SERVICES PROVIDED.

TWLOHA REPRESENTATIVES ARE OFTEN ABLE TO VISIT THE FACILITIES AND

PERSONALLY INSPECT THE OPERATIONS OF THESE ORGANIZATIONS. TWLOHA CONDUCTS

Schedule I	(Form 990)	TWLOHA,	INC.
Death IV			

Part IV Supplemental Information

ANNUAL REVIEWS OF THOSE U.S. ORGANIZATIONS THAT HAVE RECEIVED GRANTS OR

FINANCIAL ASSISTANCE TO ENSURE PROPER UTILIZATION OF SAID FUNDS.

Schedule I (Form 990)

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SCHEDULE O (Form 990)

Name of the organization

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.



TWLOHA, INC.

Employer identification number 26-0789229

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR PEOPLE STRUGGLING WITH DEPRESSION, ADDICTION, SELF-INJURY, AND

SUICIDE. TWLOHA EXISTS TO ENCOURAGE, INFORM, INSPIRE, AND ALSO TO

INVEST DIRECTLY INTO TREATMENT AND RECOVERY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND RECOVERY.

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

EDUCATES STUDENTS ABOUT COMMON MENTAL HEALTH STRUGGLES, WHAT HELP AND

RESOURCES EXIST, AND HOW THEY CAN PLAY A KEY ROLE IN THEIR COMMUNITY.

IN 2022, WE REACHED 71,767 STUDENTS THROUGH THE PROGRAM WITH NEARLY

HALF (47%) OF PARTICIPATING SCHOOLS HAVING A TITLE 1 STATUS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

"OTHER PROGRAM SERVICE ACCOMPLISHMENTS" TREATMENT AND RECOVERY - TWLOHA

IS COMMITTED TO NOT ONLY CHANGING THE CONVERSATION SURROUNDING MENTAL

HEALTH AND CHALLENGING STIGMA BUT ALSO TO INVESTING INTO TREATMENT AND

RECOVERY. UNDER THIS UMBRELLA, WE HAVE THE OPPORTUNITY TO CONNECT

PEOPLE TO PLACES OF HELP VIA LOCAL RESOURCES, OFFER FINANCIAL

ASSISTANCE THAT ALLOWS SOMEONE TO SIT WITH A COUNSELOR FOR THE FIRST

TIME, AND PROVIDE GRANTS TO ORGANIZATIONS THAT ARE WORKING IN THE

MENTAL HEALTH FIELD.

EVERY YEAR TWLOHA ENGAGES IN VITAL CONVERSATIONS ABOUT MENTAL HEALTH

AND SUICIDE PREVENTION ON WORLD SUICIDE PREVENTION DAY (WSPD) AND

DURING NATIONAL SUICIDE PREVENTION WEEK (NSPW). ALL CONTRIBUTIONS

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
TWLOHA, INC.	26-0789229

RAISED DURING THIS ANNUAL CAMPAIGN ARE INVESTED DIRECTLY INTO TREATMENT

AND RECOVERY.

EXPENSES \$ 380,709. INCLUDING GRANTS OF \$ 265,690. REVENUE \$ 0.

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

THE BOARD OF DIRECTORS WILL BE GIVEN A COPY OF FORM 990 PRIOR TO FILING WITH THE IRS. THE BOARD WILL REVIEW AND COMMENT IF NECESSARY AND APPROVE THE FINALIZED RETURN WITH THE INDEPENDENT ACCOUNTING FIRM THAT PREPARES THE FORM 990.

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

OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN A DOCUMENT ACKNOWLEDGING THE RECEIPT AND UNDERSTANDING OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. BY SIGNING THE DOCUMENT, THE INDIVIDUAL AGREES TO BE IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY OR DISCLOSE ANY POTENTIAL CONFLICTS. COMPLIANCE IS REVIEWED ANNUALLY BY THE TWLOHA DIRECTORS.

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

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY A COMMITTEE OF BOARD MEMBERS. THE BOARD IN THEIR REVIEW AND APPROVAL OF COMPENSATION TAKES INTO ACCOUNT ADHERENCE TO THE CONFLICT OF INTEREST POLICY, ANALYSIS OF COMPARABLE COMPENSATION TO THE MARKET AND SIMILAR ORGANIZATIONS, RELEVANT WORK EXPERIENCE, AND JOB PERFORMANCE. COMPENSATION IS REVIEWED AND SET ON AN ANNUAL BASIS BY THE BOARD OF DIRECTORS.

COMPENSATION FOR EACH OFFICER, KEY EMPLOYEE, AND BOARD OF DIRECTOR IS

REVIEWED AND APPROVED BY A COMMITTEE OF BOARD MEMBERS, WHICH DOES NOT

INCLUDE THE BOARD MEMBER IN SITUATIONS WHERE THAT BOARD MEMBER IS BEING 232212 10-28-22 41

15211006 759380 W5900.1

POLICY, ANALYSIS OF COMPARABLE COMPENSATION TO THE MARKET AND SIMILAR

ORGANIZATIONS, RELEVANT WORK EXPERIENCE, AND JOB PERFORMANCE. COMPENSATION

IS REVIEWED AND SET ON AN ANNUAL BASIS BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,MO,NV,NH,NJ,NM,NY NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

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

TWLOHA MAKES AVAILABLE A SUMMARY OF ANNUAL FINANCIAL STATEMENTS AND A COPY OF THEIR FORM 990 ON THEIR WEBSITE WWW.TWLOHA.COM. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 4562			iation and /				OMB No. 1545-0172
Form TUUL	artment of the Treasury Attach to your tax return.						
ame(s) shown on return Business or activity to which this form relates							Sequence No. 179 Identifying number
TWLOHA, INC.				FORM 990	PAGE 10		26-0789229
	nse Certain Property	Under Section 17	79 Note: If you have a			V before y	
1 Maximum amount (see						1	1,080,000.
2 Total cost of section 1	,	l in service (see	instructions)			2	
3 Threshold cost of sect						3	2,700,000.
4 Reduction in limitation	,					4	
5 Dollar limitation for tax year. S			,	/ see instructions		5	
6	(a) Description of prop			(business use only)	(c) Elected	cost	
<u> </u>	.,						
7 Listed succession Finit	the emerged from "	no 20	I				
7 Listed property. Enter			in antimum (a) linea (1		
8 Total elected cost of s							
9 Tentative deduction. E							
10 Carryover of disallower							
11 Business income limita				-			
12 Section 179 expense of						12	
13 Carryover of disallowe				13			
Note: Don't use Part II or I							
Part II Special Depr	reciation Allowand	ce and Other De	epreciation (Don't i	nclude listed prop	perty.)		Г
14 Special depreciation a	llowance for qualifi	ed property (oth	er than listed proper	y) placed in servi	ce during		
the tax year						14	
15 Property subject to see	ction 168(f)(1) elect	tion				15	
16 Other depreciation (inc	cluding ACRS)					16	33,269.
Part III MACRS Dep	reciation (Don't in	nclude listed pro	perty. See instruction	าร.)			
			Section A				
17 MACRS deductions fo	r assets placed in	service in tax ye	ars beginning before	2022		17	26,634.
18 If you are electing to group any	y assets placed in service	during the tax year in	nto one or more general asse	t accounts, check here			
Se	ction B - Assets P	laced in Servic	e During 2022 Tax Y	ear Using the G	eneral Deprecia	tion Syste	m
(a) Classification of	property	(b) Month and year placed in service	(c) Basis for depreciat (business/investment u only - see instruction	Ise (0) Recove	ry (e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property							
b 5-year property							
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property				25 yrs.		S/L	
		/		27.5 yrs		S/L	
h Residential rental	property	/		27.5 yrs		S/L	
		/		39 yrs.	MM	S/L	
i Nonresidential real	l property	/		00 yrs.	MM	S/L	
Sect	tion C - Assets Pla	/ aced in Service	During 2022 Tax Ye	ar Using the Alte			tem
20a Class life				10		S/L	
b 12-year		,		12 yrs.		S/L	
c 30-year		/		30 yrs.		S/L	
d 40-year	oo inotratiana \	/		40 yrs.	MM	S/L	
	ee instructions.)						
21 Listed property. Enter						21	
22 Total. Add amounts from		•					
Enter here and on the		•	-		str T	22	59,903.
23 For assets shown above	-	-	-				
portion of the basis att	tributable to section	n 263A costs		23			

 216251
 12-08-22
 LHA
 For Paperwork Reduction Act Notice, see separate4nStructions.

 15211006
 759380
 W5900.1
 2022.04030

2022.04030 TWLOHA, INC.

Fo	rm 4562 (2022)	TWL	OHA, IN	c.								26-	0789	229	Page 2
P	art V Listed Propert entertainment,	ty (Include a	utomobiles, ce	ertain oth	ner vehicl	es, cert	ain aircr	aft, an	d property	used fo	r				
	Note: For any	vehicle for w	hich you are u	, ising the						e expens	e, com	plete or	l y 24a,		
	24b, columns (
			on and Other					_				-			
<u>24a</u>	a Do you have evidence to s			nt use cla	umed?	<u> </u>	es	_ No	24b If "Y					_ Yes ∟ ∣	<u>No</u>
	(a) Type of property	(b) Date	(c) Business/		(d) Cost or	Bas	(e) sis for depre	eciation	(f) Recovery	· ·	g) :hod/		(h) eciation		(i) cted
	(list vehicles first)	placed in service	investment use percenta		ther basis	(bu	siness/inve use only		period		ention		uction		on 179
	Special depreciation allo			•											ost
25	used more than 50% in a						0		5		25				
26	Property used more than				<u></u>				<u></u>		25				
20	Troperty used more that			%											
				%											
				%											
27	Property used 50% or le	i : : ess in a qualit													
21				%						S/L -					
				%						S/L -					
				%						S/L -					
28	Add amounts in column	(h) lines 25	,		and on	line 21	nage 1				28				
	Add amounts in column												29		
25	Add amoding in coldmin	(j), iii ic 20. L			B - Infor							<u></u>		1	
Co	mplete this section for ve	hicles used l								related	nerson	lf you p	rovided	vehicles	
	our employees, first ans														
.0					oo ii you	mooru	n oxoop		oompioun	9 1110 00			contenee.		
				(a)	(b)		(c)	(d)	(e)	(1	f)
30	Total business/investment	miles driven d	urina the		nicle	-	nicle	۱ v	/ehicle	-	icle	-	nicle		icle
	year (don't include commu		•												
31	Total commuting miles of														
	Total other personal (no														
	driven	•	-												
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availabl			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	•													
35	Was the vehicle used pr														
	than 5% owner or relate														
36	Is another vehicle availa														
	use?														
		Section C	- Questions f	or Empl	oyers W	ho Prov	vide Veh	nicles 1	for Use by	Their E	mploy	es			
Ans	swer these questions to c	determine if y	/ou meet an ex	xception	to comp	leting S	ection E	3 for ve	hicles use	d by em	ployees	swho a	ren't		
mo	re than 5% owners or rela	ated persons	3.			-				-	-				
37	Do you maintain a writte	en policy stat	tement that pro	ohibits a	ll person	al use o	f vehicle	es, incl	uding com	muting,	by you	r		Yes	No
	employees?														
38	Do you maintain a writte														
	employees? See the ins	tructions for	vehicles used	by corp	orate offi	cers, di	rectors,	or 1%	or more ov	wners					
39	Do you treat all use of ve	ehicles by er	nployees as pe	ersonal ι	use?										
40	Do you provide more that	an five vehic	les to your em	ployees,	obtain ir	ıformati	on from	your e	mployees	about					
	the use of the vehicles,	and retain th	e information	received	?										
41	Do you meet the require	ements conce	erning qualified	d autom	obile den	nonstra	tion use'	?							
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	es," don'i	t comple	e Secti	on B for	the co	vered veh	icles.					
P	art VI Amortization														
	(a) Description of	f costs	Date	(b) amortization		(c) Amortizat	ble		(d) Code		(e) Amortiz		A	(f) nortization	
	Description of		Dale	begins		amount			section		period or pe		fo	or this year	
<u>42</u>	Amortization of costs th	at begins du	ring your 2022	2 tax yea	ir:										
				: :											
				: :											
43	Amortization of costs th	at began bef	fore your 2022	tax yea	r					STN	IT 1	43			405.
	Total. Add amounts in c													1	405.
-	Total. Add amounts in c	column (f). Se	ee the instruct	ions for v	where to	report						44		L,	

26-0789229

FORM 4562	PART VI	- AMORTIZ	STATEMENT 1			
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
TRADEMARK LOAN REFINANCING COSTS	06/28/10 10/13/21	6,175. 1,738.	461	15м 7м	4,529. 745.	412. 993.
TOTAL TO FORM 4562, LINE	43					1,405.