

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

Do not enter social security numbers on this form as it may be made public.

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **NOV 1, 2022** and ending **OCT 31, 2023**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization KEIRO SERVICES		D Employer identification number 95-4022185
	Doing business as KEIRO SENIOR HEALTHCARE		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (213) 873-5700
	420 EAST THIRD STREET	1000	
City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90013		G Gross receipts \$ 99,727,715.	
F Name and address of principal officer: BEVERLY ITO SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No	
J Website: WWW.KEIRO.ORG		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		H(c) Group exemption number	
L Year of formation: 1961		M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: KEIRO'S MISSION IS TO ENHANCE THE QUALITY OF SENIOR LIFE IN OUR COMMUNITY. (SEE PART III LINE 1)		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	86
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 924,244.	Current Year 1,550,854.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	590,913.	6,648,265.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,598.	126.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,585,755.	8,199,245.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	250,192.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,800,656.	1,877,582.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		256,770.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,280,416.	2,459,249.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,331,264.	4,636,831.	
19 Revenue less expenses. Subtract line 18 from line 12	-2,745,509.	3,562,414.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 81,082,644.	End of Year 85,003,335.
	21 Total liabilities (Part X, line 26)	247,664.	950,412.
	22 Net assets or fund balances. Subtract line 21 from line 20	80,834,980.	84,052,923.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	BEVERLY ITO, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	LIZBETH G. NEVAREZ	LIZBETH G. NEVAREZ	05/06/24	<input type="checkbox"/>	P01399868
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	GREEN HASSON & JANKS LLP	95-1777440		310.873.1600	
Firm's address					
700 S FLOWER STREET, SUITE 3300					
LOS ANGELES, CA 90017					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: KEIRO'S MISSION IS TO ENHANCE THE QUALITY OF SENIOR LIFE IN OUR COMMUNITY. FOUNDED IN 1961, KEIRO IMPROVES THE QUALITY OF LIFE FOR OLDER ADULTS AND THEIR CAREGIVERS IN THE JAPANESE AMERICAN COMMUNITIES OF LOS ANGELES, ORANGE, AND VENTURA COUNTIES. KEIRO PROVIDES A RANGE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,047,565. including grants of \$ 300,000.) (Revenue \$) 1) CONDUCTED AND ORGANIZED WELLNESS PROGRAMS AND HEALTH EDUCATION FOR A TOTAL OF 1,560 HOURS OF CLASSES, SERVING 1,451 INDIVIDUALS VIRTUALLY AND IN PERSON. PROGRAM TOPICS INCLUDED EMERGENCY PREPAREDNESS, FIRST-AID, SENIOR SCAMS, FALL PREVENTION, MINDFULNESS, TECHNOLOGY SUPPORT, OVERALL WELLNESS, AND OTHER SUBJECTS RELATED TO HEALTHY AGING AND QUALITY OF LIFE.

2) AWARDED \$300,000 IN GRANTS TO 32 NONPROFIT ORGANIZATIONS IN SUPPORT OF ENHANCING QUALITY OF LIFE AMONG JAPANESE AMERICAN AND JAPANESE OLDER ADULTS AND CAREGIVERS IN SOUTHERN CALIFORNIA. SUPPORTED PROGRAMS INCLUDING OUTREACH TO ISOLATED OLDER ADULTS, MEAL DELIVERY, CAPACITY BUILDING, WELLNESS PROGRAMS, AND CARE PROVISION TO SUPPORT SOCIAL

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,047,565.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 15		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		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?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	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 taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
BEVERLY ITO - (213) 873-5700
420 EAST THIRD STREET, 1000, LOS ANGELES, CA 90013

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GENE KANAMORI - RETIRED 12/22 PRESIDENT & CHIEF EXECUTIVE OFFICER	40.00 0.00	X		X				215,016.	0.	12,245.
(2) BRAD FUJIKUNI CHIEF FINANCIAL OFFICER	40.00 0.00			X				137,032.	0.	24,440.
(3) KEVIN ONISHI CHIEF OPERATING OFFICER	40.00 0.00			X				132,130.	0.	7,068.
(4) MICHELLE HIRANO DIRECTOR OF DEVELOPMENT	40.00 0.00				X			111,868.	0.	9,372.
(5) BEVERLY ITO PRESIDENT & CHIEF EXECUTIVE OFFICER	40.00 0.00	X		X				43,329.	0.	0.
(6) LYNN MIYAMOTO CHAIR	1.00 0.00	X		X				0.	0.	0.
(7) JACK KURIHARA VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(8) THOMAS IINO TREASURER	1.00 0.00	X		X				0.	0.	0.
(9) GERALD FUKUI SECRETARY	1.00 0.00	X		X				0.	0.	0.
(10) GERALD ISEDA DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) RON TAKASUGI DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) CHRIS KOMAI DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) DOUG AIHARA DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) LISA CHAO DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) KIMIKO FUJITA DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) CLAIRE KOGA DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) YUKARI ROBERTS DIRECTOR	1.00 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LISA SUGIMOTO DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) ERNEST DOIZAKI DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								639,375.	0.	53,125.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								639,375.	0.	53,125.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 21

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ANGELES INVESTMENT ADVISORS, 429 SANTA MONICA BLVD, STE 650, SANTA MONICA, CA	INVESTMENT MANAGEMENT	198,202.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,550,854.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 7,643.			
	h	Total. Add lines 1a-1f		1,550,854.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,762,577.		1762577.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	96,414,158.			
	c	Gain or (loss)	7c	91,528,470.			
	d	Net gain or (loss)		4,885,688.		4885688.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code	900099	126.	126.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			126.		
12	Total revenue. See instructions			8,199,245.	0.	0.	
						6648391.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	300,000.	300,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	590,009.	270,254.	259,832.	59,923.
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	1,016,190.	660,108.	240,204.	115,878.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,006.	29,202.	12,011.	5,793.
9 Other employee benefits	112,305.	55,299.	38,470.	18,536.
10 Payroll taxes	112,072.	66,408.	33,503.	12,161.
11 Fees for services (nonemployees):				
a Management				
b Legal	55,110.		55,110.	
c Accounting	42,819.		42,819.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	98,984.		98,984.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	348,776.	127,601.	221,175.	
12 Advertising and promotion	8,453.	8,453.		
13 Office expenses	37,941.	19,622.	18,319.	
14 Information technology	18,670.	18,670.		
15 Royalties				
16 Occupancy	252,071.	150,321.	101,750.	
17 Travel	28,529.	6,166.	21,412.	951.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	20,261.	3,691.	16,570.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,645.		24,645.	
23 Insurance	51,337.		51,337.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a STRATEGIC PARTNERSHIPS	1,014,470.	1,014,470.		
b COMMUNITY DEVELOPMENT	294,824.	294,824.		
c FEASABILITY STUDIES	38,063.		38,063.	
d EQUIPMENT	31,100.	17,129.	13,922.	49.
e All other expenses	93,196.	5,347.	44,370.	43,479.
25 Total functional expenses. Add lines 1 through 24e	4,636,831.	3,047,565.	1,332,496.	256,770.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	723,419.	1	801,413.
	2 Savings and temporary cash investments	808,794.	2	911,203.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	87,953.	9	82,684.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 636,667.		
	b Less: accumulated depreciation	10b 538,027.	123,285.	10c 98,640.
	11 Investments - publicly traded securities	21,139,825.	11	80,474,832.
	12 Investments - other securities. See Part IV, line 11	55,350,179.	12	251,679.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	747,322.
	15 Other assets. See Part IV, line 11	2,849,189.	15	1,635,562.
16 Total assets. Add lines 1 through 15 (must equal line 33)	81,082,644.	16	85,003,335.	
Liabilities	17 Accounts payable and accrued expenses	247,664.	17	188,537.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	761,875.
	26 Total liabilities. Add lines 17 through 25	247,664.	26	950,412.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	56,475,548.	27	59,198,870.
	28 Net assets with donor restrictions	24,359,432.	28	24,854,053.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	80,834,980.	32	84,052,923.
	33 Total liabilities and net assets/fund balances	81,082,644.	33	85,003,335.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,199,245.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,636,831.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,562,414.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	80,834,980.
5	Net unrealized gains (losses) on investments	5	-198,288.
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	-146,183.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	84,052,923.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar 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						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Calendar 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.")	531,386.	743,019.	1267055.	924,244.	1550854.	5016558.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5	531,386.	743,019.	1267055.	924,244.	1550854.	5016558.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	20,100.	41,500.	51,750.	51,000.	33,250.	197,600.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	20,100.	41,500.	51,750.	51,000.	33,250.	197,600.
8 Public support. (Subtract line 7c from line 6.)						4818958.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	531,386.	743,019.	1267055.	924,244.	1550854.	5016558.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	351,051.	128,368.	169,296.	478,229.	1762577.	2889521.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	351,051.	128,368.	169,296.	478,229.	1762577.	2889521.
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.)				70,598.	126.	70,724.
13 Total support. (Add lines 9, 10c, 11, and 12.)	882,437.	871,387.	1436351.	1473071.	3313557.	7976803.

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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	60.41 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	93.64 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	36.22 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	5.97 %

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 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 qualifies 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

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). 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			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

KEIRO SERVICES

Employer identification number

95-4022185

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization KEIRO SERVICES	Employer identification number 95-4022185
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>419,671.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>46,864.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>26,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KEIRO SERVICES	Employer identification number 95-4022185
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>24,114.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>11,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KEIRO SERVICES	Employer identification number 95-4022185
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	 <hr/> <hr/> <hr/>	\$ <u>8,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	 <hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	 <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	 <hr/> <hr/> <hr/>	\$ <u>5,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	 <hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KEIRO SERVICES	Employer identification number 95-4022185
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ <u>5,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
20		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
21		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
22		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization KEIRO SERVICES	Employer identification number 95-4022185
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization KEIRO SERVICES	Employer identification number 95-4022185
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **KEIRO SERVICES** Employer identification number **95-4022185**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,714,859.	23,836,989.	18,652,811.	17,006,112.	15,538,575.
b Contributions					
c Net investment earnings, gains, and losses	1,489,099.	-5,122,130.	5,184,178.	1,646,699.	1,467,537.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	20,203,958.	18,714,859.	23,836,989.	18,652,811.	17,006,112.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 52.6131 %
 - c Term endowment 47.3869 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,475.		19,475.
b Buildings				
c Leasehold improvements		236,382.	236,382.	0.
d Equipment		315,310.	301,645.	13,665.
e Other		65,500.		65,500.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				98,640.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	761,875.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,631,240.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-198,288.	
b	Donated services and use of facilities	2b	450.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-146,183.	
e	Add lines 2a through 2d	2e		-344,021.
3	Subtract line 2e from line 1		3	7,975,261.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	223,984.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		223,984.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,199,245.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,413,297.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	450.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		450.
3	Subtract line 2e from line 1		3	4,412,847.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	223,984.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		223,984.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,636,831.

Part XIII Supplemental Information.

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 V, LINE 4:

KEIRO'S ENDOWMENT CONSISTS OF THE LIVING TREASURES ENDOWMENT FUND (THE "ENDOWMENT"), ESTABLISHED TO ENSURE THAT KEIRO IS FUNDED TO CONTINUE TO MEET ITS MISSION TO ENHANCE THE QUALITY OF SENIOR LIFE IN OUR COMMUNITY. KEIRO HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A RELATIVELY PREDICTABLE AND STABLE STREAM OF FUNDING TO PROGRAMS AND PROJECTS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

PART X, LINE 2:

KEIRO RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED

Part XIII Supplemental Information (continued)

ON THE TECHNICAL MERITS OF THE POSITION. DURING THE YEAR ENDED OCTOBER 31, 2023, KEIRO PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AND DID NOT IDENTIFY ANY MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MIGHT HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CHARITABLE REMAINDER UNITRUST AGREEMENTS -146,183.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **KEIRO SERVICES** Employer identification number **95-4022185**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
ORANGE COUNTY JAPANESE AMERICAN ASSOCIATION - 17332 IRVINE BLVD, STE 160 - TUSTIN, CA 92780	33-0271323	501(C)(3)	17,280.	0.			TO SUPPORT OCJAA'S PROGRAM INITIATIVES TO KEEP OLDER ADULT AND CAREGIVER MEMBERS
LITTLE TOKYO NUTRITION SERVICES 244 S SAN PEDRO ST, STE 408 LOS ANGELES, CA 90012	76-0794434	501(C)(3)	16,400.	0.			TO SUPPORT LTNS'S STAFFING AND DAILY MEAL DELIVERY PROGRAMS IN 2023
ORANGE COUNTY BUDDHIST CHURCH 909 S DALE AVE ANAHEIM, CA 92804	33-0220817	TEMPLE	16,320.	0.			TO SUPPORT OCBC'S TWICE MONTHLY MEAL PROGRAM FOR HOMEBOUND OLDER ADULTS IN 2023
OXNARD BUDDHIST TEMPLE 250 SOUTH "H" ST OXNARD, CA 93030	94-1498382	TEMPLE	15,000.	0.			TO SUPPORT OBT'S ADA SENIOR ACCESSIBILITY PROJECT IN 2023
CERRITOS BAPTIST CHURCH PO BOX 3967 CERRITOS, CA 90703	33-0052827	CHURCH	14,240.	0.			TO SUPPORT CBC'S MEAL, OUTREACH, AND TRANSPORTATION IN 2023
LONG BEACH BUDDHIST CHURCH 2360 SANTA FE AVE LONG BEACH, CA 90810	30-0644424	TEMPLE	13,546.	0.			TO SUPPORT LBBC'S OUTREACH AND MEAL PROGRAMS IN 2023

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **32.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
ZENSHUJI SOTO MISSION 123 S HEWITT ST LOS ANGELES, CA 90012	95-1782838	TEMPLE	13,075.	0.			TO SUPPORT ZENSHUJI'S SENIOR WELLNESS VIA EXERCISE AND TECHNOLOGY SUPPORT IN 2023
LONG BEACH JAPANESE CULTURAL CENTER - 1480 E MARSHALL PL - LONG BEACH, CA 90807	95-3416426	501(C)(3)	13,000.	0.			TO SUPPORT LBJCC'S SENIOR LUNCH PROGRAMS IN 2023
PASADENA NIKKEI SENIORS 595 N LINCOLN AVE, STE 101-A PASADENA, CA 91103	95-4524711	501(C)(3)	13,000.	0.			TO SUPPORT PNS' MEAL PROGRAMS AND TRANSPORTATION NEEDS IN 2023
PASADENA BUDDHIST TEMPLE 1993 GLEN AVE PASADENA, CA 91103	94-2251767	TEMPLE	12,300.	0.			TO SUPPORT PBT'S MEAL AND MOVEMENT PROGRAMS KEEPING OLDER ADULTS CONNECTED IN 2023
CHATSWORTH WEST UNITED METHODIST CHURCH - 10824 TOPANGA CANYON BLVD - CHATSWORTH, CA 91311	95-2873050	CHURCH	12,000.	0.			TO SUPPORT CHATSWORTH WEST UMC'S KITCHEN STOVE REMODEL PROJECT TO SERVE SENIOR MEMBERS IN 2023
VENICE HONGWANJI BUDDHIST TEMPLE 12371 BRADDOCK DR CULVER CITY, CA 90230	37-1493889	TEMPLE	12,000.	0.			TO SUPPORT VHBT'S CAREGIVER, OUTREACH, AND MEAL/SUPPLY DELIVERY PROGRAMS IN 2023
VENICE JAPANESE COMMUNITY CENTER 12448 BRADDOCK DR LOS ANGELES, CA 90066	95-6220754	501(C)(3)	11,995.	0.			TO SUPPORT VJCC'S SENIOR WELLNESS PROGRAMS IN 2023
EAST SAN GABRIEL VALLEY JAPANESE COMMUNITY CENTER - 1203 W PUENTE AVE - WEST COVINA, CA 91790	95-6100417	501(C)(3)	11,925.	0.			TO SUPPORT LEISURE CLUB'S SENIOR LUNCHEES IN 2023
EAST SAN GABRIEL VALLEY JAPANESE COMMUNITY CENTER - 1203 W PUENTE AVE - WEST COVINA, CA 91790	95-6100417	501(C)(3)	11,775.	0.			TO SUPPORT ESGVJCC'S SENIOR WELLNESS PROGRAM IN 2023

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
GARDENA VALLEY JAPANESE CULTURAL INSTITUTE - 1964 W 162ND ST - GARDENA, CA 90247	95-6197597	501(C)(3)	10,327.	0.			TO SUPPORT GVJCI'S SMARTPHONE & TABLET EDUCATIONAL CLASSES IN 2023
WEST LOS ANGELES BUDDHIST TEMPLE 2003 CORINTH AVE LOS ANGELES, CA 90025	95-6062781	TEMPLE	10,320.	0.			TO SUPPORT WLABT'S MEAL AND CARE PACKAGE DELIVERY PROGRAMS IN 2023
CHARANPORAN USA, INC 4733 TORRANCE BLVD, #768 TORRANCE, CA 90503	87-2811563	501(C)(3)	7,000.	0.			TO SUPPORT CHARANPORAN'S QUARTERLY JAPANESE NEWSLETTERS IN 2023
SAN FERNANDO VALLEY JAPANESE AMERICAN COMMUNITY CENTER - 12953 BRANFORD ST - PACOIMA, CA 91331	23-7099079	501(C)(3)	6,450.	0.			TO SUPPORT SFVJACC'S MEAL PROGRAMS FOR OLDER MEMBERS IN 2023
FIRST PRESBYTERIAN CHURCH ALTADENA 2775 LINCOLN AVE ALTADENA, CA 91001	95-2497520	CHURCH	6,300.	0.			TO SUPPORT FPC ALTADENA'S SENIOR WELLNESS PROGRAMS IN 2023
JAPANESE AMERICAN CHRISTIAN CHAPEL 300 MISSION DR CAMARILLO, CA 93010	77-0348463	CHURCH	6,000.	0.			TO SUPPORT JACC'S PATIO COVER PROJECT TO MAKE SERVICES FOR SENIORS ACCESSIBLE IN 2023
WEST LOS ANGELES UNITED METHODIST CHURCH - 1913 PURDUE AVE - LOS ANGELES, CA 90025	95-2798693	CHURCH	6,000.	0.			TO SUPPORT WLAUMC'S MONTHLY MEAL PROGRAM FOR OLDER ADULTS IN 2023
VENTURA COUNTY JA CL 32103 BEACHVIEW LANE WESTLAKE VILLAGE, CA 91362	95-3259973	501(C)(3)	5,700.	0.			TO SUPPORT VENTURA COUNTY JA CL'S CORE OPERATIONS AND CAPACITY BUILDING TO REACH SENIORS IN 2023
SAN FERNANDO VALLEY JAPANESE AMERICAN COMMUNITY CENTER - 12953 BRANFORD ST - PACOIMA, CA 91331	23-7099079	501(C)(3)	5,450.	0.			TO SUPPORT SFVJACC'S EFFORTS TO KEEP MEMBERS SOCIALLY CONNECTED THROUGH FIELD TRIPS IN

Schedule I (Form 990)

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

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:

KEIRO FUNDS QUALIFIED NON-PROFIT ORGANIZATIONS AND GROUPS THROUGH A
 COMPETITIVE, COMMUNITY-BASED REVIEW PROCESS WITH THE GOAL OF EXTENDING
 RESOURCES TO SERVE THE MOST VULNERABLE OLDER ADULTS IN THE JAPANESE
 AMERICAN AND JAPANESE COMMUNITY. WITH THE SPECIFIC FOCUS ON SUPPORTING
 PROGRAMS THAT ENHANCE QUALITY OF LIFE, THE GRANTS REVIEW COMMITTEE PRESENTS
 THE DOCKET TO THE KEIRO BOARD OF DIRECTORS FOR FINAL APPROVAL.

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

ORANGE COUNTY JAPANESE AMERICAN ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT OCJAA'S PROGRAM

INITIATIVES TO KEEP OLDER ADULT AND CAREGIVER MEMBERS CONNECTED IN 2023

NAME OF ORGANIZATION OR GOVERNMENT:

SAN FERNANDO VALLEY JAPANESE AMERICAN COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SFVJACC'S EFFORTS TO KEEP

MEMBERS SOCIALLY CONNECTED THROUGH FIELD TRIPS IN 2023

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

KEIRO SERVICES

Employer identification number

95-4022185

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GENE KANAMORI - RETIRED 12/22 PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	207,785.	1,000.	6,231.	9,504.	2,741.	227,261.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRAD FUJIKUNI CHIEF FINANCIAL OFFICER	(i)	136,532.	500.	0.	7,449.	16,991.	161,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

HOLIDAY BONUSES WERE AWARDED IN DECEMBER 2022 TO STAFF. THE CEO'S BONUS WAS APPROVED BY THE BOARD.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

KEIRO SERVICES

Employer identification number

95-4022185

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

OF CULTURALLY-SENSITIVE PROGRAMS AND RESOURCES, IN BOTH ENGLISH AND
JAPANESE, TO MEET THE EVOLVING NEEDS OF OUR AGING COMMUNITY. IN
EVERYTHING WE DO, WE ADVANCE OUR MISSION THROUGH A PERSON-CENTERED,
INNOVATIVE, AND COLLABORATIVE APPROACH.

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

CONNECTIONS FOR OLDER ADULTS AND CAREGIVERS IN THEIR RESIDENCES.
CONDUCTED THREE EDUCATIONAL WEBINARS FOR ORGANIZATION LEADERS AND
COMMUNITY MEMBERS INTERESTED IN APPLYING FOR KEIRO GRANTS.

3) SUPPORTED RESIDENTS OF CARE FACILITIES FORMERLY OWNED BY KEIRO AND
THREE ADDITIONAL CARE FACILITIES SERVING JAPANESE AMERICAN AND JAPANESE
OLDER ADULTS. PROVIDED 107 CULTURALLY-SENSITIVE ENTERTAINMENT PROGRAMS
AND SUPPORTED TRADITIONAL HOLIDAY CELEBRATIONS. PROVIDED ART AND MEMORY
ENHANCING SUPPLIES TO ENRICH THE ACTIVITES PROGRAMS, AS WELL AS
JAPANESE SNACKS, MEALS AND OTHER FOOD ITEMS TO PROMOTE THE QUALITY OF
LIFE FOR OLDER ADULTS RESIDING IN CARE FACILITIES.

4) PROVIDED CASE MANAGEMENT/REFERRAL SERVICES TO 88 COMMUNITY MEMBERS,
INCLUDING PLACEMENT IN LONG-TERM CARE FACILITIES, LOCATING IN-HOME CARE
AGENCIES AND ACCESSING SERVICES.

5) IYASHI CARE - PARTNERED WITH PROVIDENCE HEALTH & SERVICES TO PROVIDE
CULTURALLY SENSITIVE PALLIATIVE CARE TO OLDER ADULTS WITH SERIOUS
ILLNESSES AND/OR DEBILITATING SYMPTOMS, AND SUPPORT FOR THEIR FAMILIES.

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

Schedule O (Form 990) 2022

Name of the organization KEIRO SERVICES	Employer identification number 95-4022185
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THE PROGRAM PROVIDES A TEAM COMPOSED OF BILINGUAL-SPEAKING DOCTORS, NURSES, AND SOCIAL WORKERS THAT VISITS PATIENTS AT THEIR HOMES OR CARE FACILITY TO PROVIDE CLINICAL CARE AND SOCIAL SERVICES. ALSO PROVIDED SEVEN PRESENTATIONS FOR COMMUNITY EDUCATION ON THE PROGRAM AND HOW TO ACCESS RESOURCES.

6) PARTNERED WITH LITTLE TOKYO SERVICE CENTER TO PROVIDE A CLIENT ASSISTANCE FUND FOR OLDER ADULTS WITH LIMITED RESOURCES, DEVELOPED A CAREGIVER SUPPORT GROUP FACILITATOR TRAINING, AND PROVIDED 2,194 HOURS OF MENTAL HEALTH COUNSELING AND CASE MANAGEMENT SERVICES TO OLDER ADULTS WITH LIMITED RESOURCES. THE CLIENT ASSISTANCE FUND PROVIDED A SAFETY NET FOR INDIVIDUALS WITH EMERGENCY SHORT TERM NEEDS FOR HOUSING, FOOD, MEDICINES AND OTHER LIFE ESSENTIALS. CAREGIVER SUPPORT GROUP FACILITATOR TRAINING MANUAL WAS FINALIZED TO ALLOW FOR FUTURE TRAININGS. THE MENTAL HEALTH COUNSELING PROVIDED EXPANDED SERVICES TO JAPANESE LOW-INCOME OLDER ADULTS SUFFERING WITH MAJOR LIFE STRESSORS AND CONDITIONS SUCH AS CLINICAL DEPRESSSION, ANXIETY, VARIOUS PHOBIAS, AND OBSSESIVE COMPULSIVE DISORDER.

7) HOSTED THE SIXTH ANNUAL KEIRO NO HI FESTIVAL IN PERSON IN LITTLE TOKYO FOR THE FIRST TIME POST-PANDEMIC SINCE 2019. KEIRO NO HI IS AN ESTABLISHED HOLIDAY IN JAPAN TO CELEBRATE OLDER ADULTS. THE FESTIVAL WAS ATTENDED BY 500 OLDER ADULTS, CAREGIVERS, AND VOLUNTEERS. THE EVENT INCLUDED PERFORMANCES BY LOCAL OLDER ADULT GROUPS, INTERACTIVE PHOTO OPPORTUNITIES, AND EDUCATIONAL SEMINARS HOSTED DURING THE PROGRAM. THIS TRADITIONAL HOLIDAY EVENT ALSO PROVIDED ACTIVITIES AND OPPORTUNITIES FOR OLDER ADULTS TO BE CELEBRATED AND HONORED.

Name of the organization KEIRO SERVICES	Employer identification number 95-4022185
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8) HOSTED AN IN-PERSON CAREGIVER CONFERENCE IN ORANGE COUNTY TO PROVIDE RESOURCES FOR 200 REGISTERED FAMILY CAREGIVERS. PRESENTATIONS INCLUDED DIRECT CAREGIVING SKILLS DEMONSTRATIONS, COMMUNICATION WORKSHOPS, COMPASSION & PATIENCE BUILDING BREAKOUTS, AND A KEYNOTE DETAILING "TOP THINGS I WISH I KNEW BEFORE CAREGIVING". RESOURCES WERE SHARED WITH PRESENTATIONS REPRESENTING A RANGE OF SERVICES FROM HOME CARE SERVICES, LOCAL AGING RESOURCES, PALLIATIVE CARE, AND OTHER PLANNING SERVICES.

9) HOSTED AN INAUGURAL MEMORY CAFE THAT INVITED 7 FAMILY CAREGIVERS AND THEIR LOVED ONES TO GAIN RESOURCES AND AN OPPORTUNITY TO ATTEND AN OUTING WITH THEIR LOVED ONES. EMPLOYED THE USE OF MUSIC AND OTHER MEANS TO STIMULATE ENGAGEMENT AND PARTICIPATION BY THOSE WHO HAVE EXPERIENCED COGNITIVE IMPAIRMENT RELATED TO MEMORY LOSS. PROVIDED RESOURCES AND RELEVANT TOOLS INCLUDING TIP SHEETS AND ITEMS TO HELP SUPPORT CAREGIVING RESPONSIBILITIES.

10) DIRECTLY WORKED WITH 86 VOLUNTEERS TO PROVIDE HEALTH AND WELLNESS PROGRAMS THROUGHOUT THE YEAR IN VARIOUS CLASSES, CONFERENCE EVENTS, AND COMMUNITY PROGRAMS. STEWARDED THESE VOLUNTEERS TO ENHANCE KEIRO'S ACTIVITIES WHILE PROVIDING EDUCATIONALLY- ENGAGING PROGRAMS TO THE COMMUNITY'S OLDER ADULTS AND CAREGIVERS.

11) PARTNERED WITH EAST SAN GABRIEL VALLEY JAPANESE COMMUNITY CENTER TO DEVELOP A LICENSED SOCIAL MODEL ADULT DAY PROGRAM FOR OLDER ADULTS LIVING IN THE COMMUNITY. ADULT DAY PROGRAM RECEIVED LICENSING APPROVAL.

12) ORGANIZED AND CONDUCTED EDUCATION PROGRAMS FOR YOUNGER GENERATIONS TO PREPARE FOR CAREGIVING AND THE AGING OF THEIR FAMILIES.

Name of the organization KEIRO SERVICES	Employer identification number 95-4022185
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FORM 990, PART VI, SECTION A, LINE 1A:

THE GOVERNING BODY DELEGATED BROAD AUTHORITY TO AN EXECUTIVE COMMITTEE, WHICH CONSISTS OF THE FOLLOWING MEMBERS: 1) BEVERLY ITO, PRESIDENT/CEO 2) THOMAS IINO, TREASURER 3) GERALD FUKUI, SECRETARY 4) ,LYNN MIYAMOTO, CHAIR 5) JACK KURIHARA, VICE CHAIR.

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990 - THE 990 IS REVIEWED BY THE AUDIT COMMITTEE, CHAIRPERSONS AND OFFICERS. MEMBERS DISCUSS RELEVANT MATTERS AND ASK QUESTIONS OF STAFF. ONCE APPROVED, STAFF ARE DIRECTED TO PROVIDE COPIES TO ALL BOARD MEMBERS PRIOR TO FILING/SUBMISSION.

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

ENFORCEMENT OF CONFLICT OF INTEREST POLICY:

THE ORGANIZATION REQUIRES BOARD MEMBERS AND KEY EMPLOYEES TO COMPLETE THE CONFLICT OF INTEREST DISCLOSURE ON AN ANNUAL BASIS. ATTESTATION OF RECEIPT OF THE CONFLICT OF INTEREST DISCLOSURE IS PERFORMED BY THE DIRECTOR OF STRATEGY. IF CONFLICTS OF INTEREST ARE DISCLOSED, BOARD MEMBERS DISCUSS THE IMPACT OF SUCH DISCLOSURES UPON DECISION MAKING AND REQUIRES MEMBERS WITH THE CONFLICTS TO ABSTAIN THEMSELVES. THE COMPANY HAS ASSIGNED THE BOARD CHAIR TO MONITOR ALL COMPLIANCE ISSUES.

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

COMPENSATION PROCESS FOR CEO AND KEY EMPLOYEES:

THE PROCESS FOR DETERMINING COMPENSATION OF THE CEO AND KEY EMPLOYEES OCCURS IN A TWO STEP PROCESS. THE FIRST STEP INCLUDES A MEETING OF A COMMITTEE WHICH IS MADE UP OF INDEPENDENT BOARD MEMBERS AS VERIFIED BY THE

Name of the organization KEIRO SERVICES	Employer identification number 95-4022185
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COMPLETION OF CONFLICT OF INTEREST DISCLOSURES. IN THIS MINUTED MEETING, THE COMMITTEE REVIEWS COMPARABILITY WITH CURRENT COMPENSATION ARRANGEMENTS FOR KEY EMPLOYEES. ONCE A DECISION IS FINALIZED, A RECOMMENDATION IS MADE TO THE FULL BOARD ON WHETHER TO ACCEPT THE ARRANGEMENTS OR MODIFY THEM. THE FULL BOARD THEN VOTES TO ACCEPT THEIR RECOMMENDATION OR MODIFY THE RECOMMENDATION. THE SAME INDEPENDENT DATA SOURCES ARE UTILIZED FOR COMPARABILITY PURPOSES. THE CEO GOES THROUGH AN ADDITIONAL LEVEL OF REVIEW WITH THE FULL BOARD WHICH INCLUDES A PERFORMANCE REVIEW AND COMPENSATION REVIEW UTILIZING INDEPENDENT DATA SOURCES. AFTER THE DELIBERATIONS, THE FULL BOARD MAKES A DETERMINATION ON THE CEO'S COMPENSATION ARRANGEMENT. THIS DISCUSSION AND ANY DECISIONS MADE ARE CONTEMPORANEOUSLY MINUTED.

FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION -
FINANCIAL STATEMENTS ARE PREPARED ANNUALLY AND ARE AVAILABLE UPON REQUEST. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALUE OF CHARITABLE REMAINDER UNITRUST AGREEMENTS -146,183.