

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.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning **NOV 1, 2023** and ending **OCT 31, 2024**

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 \$ 24,398,309.	
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 If "No," attach a list. See instructions	
J Website: WWW.KEIRO.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	101
	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 1,550,854.	Current Year 596,408.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,648,265.	2,992,884.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	126.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,199,245.	3,589,292.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	300,000.
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)		1,877,582.	1,978,161.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 270,292.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,459,249.	2,836,291.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,636,831.	5,110,719.	
19 Revenue less expenses. Subtract line 18 from line 12	3,562,414.	-1,521,427.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 85,003,335.	End of Year 101,019,245.
	21 Total liabilities (Part X, line 26)	950,412.	895,607.
	22 Net assets or fund balances. Subtract line 21 from line 20	84,052,923.	100,123,638.

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	05/12/25	<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 \$ 3,207,053. including grants of \$ 296,267.) (Revenue \$) 1) 1) CONDUCTED AND ORGANIZED WELLNESS PROGRAMS AND HEALTH EDUCATION FOR A TOTAL OF 1,615 HOURS OF CLASSES, SERVING 1,541 PARTICIPANTS 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 \$296,266.84 IN GRANTS TO 36 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

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 3,207,053.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' responses for questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, 12b, 13, 14a, 14b, 15, 16, 17, 18, 19, 20a, 20b, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business 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 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 12		
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) BEVERLY ITO PRESIDENT & CHIEF EXECUTIVE OFFICER	40.00 0.00	X		X				189,638.	0.	6,134.
(2) KEVIN ONISHI CHIEF OPERATING OFFICER	40.00 0.00			X				159,236.	0.	13,237.
(3) BRAD FUJIKUNI CHIEF FINANCIAL OFFICER	40.00 0.00			X				158,046.	0.	11,572.
(4) HEATHER HARADA DIRECTOR OF STRATEGY	40.00 0.00					X		102,613.	0.	10,702.
(5) JACK KURIHARA CHAIR	1.00 0.00	X		X				0.	0.	0.
(6) GERALD ISEDA VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(7) RON TAKASUGI TREASURER	1.00 0.00	X		X				0.	0.	0.
(8) CHRIS KOMAI SECRETARY	1.00 0.00	X		X				0.	0.	0.
(9) LYNN MIYAMOTO DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) DOUG AIHARA DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) LISA CHAO DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) KIMIKO FUJITA DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) CLAIRE KOGA DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) YUKARI ROBERTS DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) LISA SUGIMOTO DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) TEJI KAWANA 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			
1b Subtotal							609,533.	0.	41,645.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							609,533.	0.	41,645.	

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 **4**

	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>		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>	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>		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
KANSA ADVISORY LLC, 19432 FOXDALE CIRCLE, HUNTINGTON BEACH, CA 92648	FINANCIAL SERVICES	139,583.

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	596,408.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 11,858.			
	h	Total. Add lines 1a-1f		596,408.			
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)		2,398,436.		2398436.	
	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	20,775,517.	33,500.		
	c	Gain or (loss)	7c	627,948.	-33,500.		
	d	Net gain or (loss)		594,448.			594,448.
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	_____	Business Code				
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		3,589,292.	0.	0.	2992884.	

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 ...	296,267.	296,267.		
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	608,767.	353,802.	187,766.	67,199.
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	1,038,096.	604,332.	317,876.	115,888.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,318.	27,399.	16,459.	4,460.
9 Other employee benefits	165,527.	93,864.	56,385.	15,278.
10 Payroll taxes	117,453.	69,014.	35,437.	13,002.
11 Fees for services (nonemployees):				
a Management				
b Legal	167,133.		167,133.	
c Accounting	51,359.		51,359.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	244,299.		244,299.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	377,955.	128,037.	249,918.	
12 Advertising and promotion	11,245.	1,806.	7,149.	2,290.
13 Office expenses	22,494.	5,950.	16,145.	399.
14 Information technology	30,325.	4,870.	19,280.	6,175.
15 Royalties				
16 Occupancy	228,786.	130,726.	98,060.	
17 Travel	21,503.	8,822.	11,136.	1,545.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	14,396.	2,268.	12,074.	54.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,068.		10,068.	
23 Insurance	46,717.		46,717.	
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	1,110,728.	1,110,728.		
b COMMUNITY DEVELOPMENT	319,162.	319,162.		
c EQUIPMENT	21,006.	14,389.	6,617.	
d DUES & SUBSCRIPTIONS	12,135.	7,946.	4,148.	41.
e All other expenses	146,980.	27,671.	75,348.	43,961.
25 Total functional expenses. Add lines 1 through 24e	5,110,719.	3,207,053.	1,633,374.	270,292.
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	801,413.	1	613,099.
	2 Savings and temporary cash investments	911,203.	2	645,935.
	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	82,684.	9	97,131.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,590,295.		
	b Less: accumulated depreciation	10b 533,911.	98,640.	10c 2,056,384.
	11 Investments - publicly traded securities	80,474,832.	11	95,214,398.
	12 Investments - other securities. See Part IV, line 11	251,679.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	747,322.	14	586,815.
	15 Other assets. See Part IV, line 11	1,635,562.	15	1,805,483.
16 Total assets. Add lines 1 through 15 (must equal line 33)	85,003,335.	16	101,019,245.	
Liabilities	17 Accounts payable and accrued expenses	188,537.	17	284,932.
	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	761,875.	25	610,675.
	26 Total liabilities. Add lines 17 through 25	950,412.	26	895,607.
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	59,198,870.	27	70,398,146.
	28 Net assets with donor restrictions	24,854,053.	28	29,725,492.
	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	84,052,923.	32	100,123,638.
33 Total liabilities and net assets/fund balances	85,003,335.	33	101,019,245.	

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	3,589,292.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,110,719.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,521,427.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	84,052,923.
5	Net unrealized gains (losses) on investments	5	17,422,291.
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	169,851.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	100,123,638.

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 type="checkbox"/> Separate basis <input checked="" 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 (2023)

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	743,019.	1267055.	924,244.	1550854.	596,408.	5081580.
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	743,019.	1267055.	924,244.	1550854.	596,408.	5081580.
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)						1393154.
6 Public support. Subtract line 5 from line 4.						3688426.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	743,019.	1267055.	924,244.	1550854.	596,408.	5081580.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	128,368.	169,296.	478,229.	1762577.	2398436.	4936906.
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.)			70,598.	126.		70,724.
11 Total support. Add lines 7 through 10						10089210.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	36.56	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	60.41	%
16a 33 1/3% support test - 2023. 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 checked="" type="checkbox"/>
b 33 1/3% support test - 2022. 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 - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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

OMB No. 1545-0047

2023

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).

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

Schedule B (Form 990) (2023)

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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>52,176.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <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.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>25,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <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.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>18,701.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>15,000.</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
7	<hr/> <hr/> <hr/>	\$ <u>13,000.</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>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input 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 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
---	---

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

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, modified easements, states, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include elected not to report art collections and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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 in 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	20203958.	18714859.	23836989.	18652811.	17006112.
b Contributions					
c Net investment earnings, gains, and losses	4,837,649.	1,489,099.	-5122130.	5,184,178.	1,646,699.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	971,092.				
g End of year balance	24070515.	20203958.	18714859.	23836989.	18652811.

- 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 44.1610 %
 - c Term endowment 55.8380 %
- 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		301,125.	297,529.	3,596.
e Other		2,033,313.		2,033,313.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,056,384.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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	610,675.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	610,675.

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	20,813,010.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	17,422,291.	
b	Donated services and use of facilities	2b	875.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	169,851.	
e	Add lines 2a through 2d	2e		17,593,017.
3	Subtract line 2e from line 1	3		3,219,993.
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	369,299.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		369,299.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		3,589,292.

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	4,742,295.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	875.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		875.
3	Subtract line 2e from line 1	3		4,741,420.
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	369,299.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		369,299.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		5,110,719.

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, 2024, 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 169,851.

**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

2023

**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
LITTLE TOKYO NUTRITION SERVICES 244 S SAN PEDRO ST, ROOM 408 LOS ANGELES, CA 90012	76-0794434	501(C)(3)	20,000.	0.			TO SUPPORT LTNS'S CORE OPERATIONS TO SUPPORT THE COMMUNITY'S OLDER ADULTS
ORANGE COUNTY JAPANESE AMERICAN ASSOCIATION - 17332 IRVINE BLVD, STE 160 - TUSTIN, CA 92780	33-0271323	501(C)(3)	17,540.	0.			TO SUPPORT OCJAA'S PROGRAM INITIATIVES FOR CAREGIVERS, OLDER ADULTS, AND CLASSES
ORANGE COUNTY BUDDHIST CHURCH 909 S DALE AVE ANAHEIM, CA 92804	33-0220817	CHURCH	16,800.	0.			TO SUPPORT OCBC'S TWICE MONTHLY "TOMODACHI BENTO PROJECT" MEAL PROGRAM
FAITH UNITED METHODIST CHURCH 2115 W 182ND ST TORRANCE, CA 90504	95-3370366	CHURCH	13,500.	0.			TO SUPPORT FAITH UMC'S MEAL PROGRAMS THAT SUPPORT QUALITY OF LIFE OF OLDER MEMBERS AND
VENICE HONGWANJI BUDDHIST TEMPLE 12371 BRADDOCK DR CULVER CITY, CA 90230	37-1493889	TEMPLE	12,500.	0.			TO SUPPORT VHBT'S SENIOR OUTREACH, CAREGIVER, AND DELIVERY PROGRAMS
LONG BEACH BUDDHIST CHURCH 2360 SANTA FE AVE LONG BEACH, CA 90810	30-0644424	CHURCH	12,230.	0.			TO SUPPORT LONG BEACH BUDDHIST CHURCH'S OFUKUWAKE PROJECT AS OUTLINED IN THE GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 24.

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

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

Schedule I (Form 990) 2023

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
LONG BEACH JAPANESE CULTURAL CENTER - 1480 E MARSHALL PL - LONG BEACH, CA 90807	95-3416426	501(C)(3)	12,000.	0.			TO SUPPORT LBJCC'S SENIOR MEAL PROGRAM
GARDENA VALLEY JAPANESE CULTURAL INSTITUTE - 1964 W 162ND ST - GARDENA, CA 90247	95-6197597	501(C)(3)	11,864.	0.			TO SUPPORT GVJCI'S CORE OPERATIONS TO SUPPORT JAPANESE AND JAPANESE AMERICAN OLDER ADULTS
CERRITOS BAPTIST CHURCH PO BOX 3967 CERRITOS, CA 90703	33-0052827	CHURCH	11,750.	0.			TO SUPPORT CBC'S COMMUNITY BUILDING EFFORTS TO IMPROVE QUALITY OF LIFE FOR
PASADENA NIKKEI SENIORS 595 N LINCOLN AVE, STE 101-A PASADENA, CA 91103	95-4524711	501(C)(3)	11,000.	0.			TO SUPPORT PNS'S EFFORTS TO REACH OUT TO AND HELP OLDER ADULT MEMBERS
VENICE JAPANESE COMMUNITY CENTER 12448 BRADDOCK DR LOS ANGELES, CA 90066	95-6220754	501(C)(3)	10,440.	0.			TO SUPPORT VJCC'S SENIOR WELLNESS PROGRAM
ORANGE COUNTY FRIENDSHIP CHOIR 23988 SKYLINE MISSION VIEJO, CA 92692	36-4661291	501(C)(3)	10,260.	0.			TO SUPPORT OCFC'S EFFORTS TO HELP THE OLDER ADULT MEMBERS OF THE CHOIR GROUP
MAKOTO TAIKO 2430 E COLORADO BLVD PASADENA, CA 91107	47-1555576	501(C)(3)	10,080.	0.			TO SUPPORT MAKOTO TAIKO'S OLDER ADULT TAIKO CLASS IN PARTNERSHIP WITH NIKKEI SENIOR GARDENS
ASIAN AMERICAN COMMUNITY MEDIA PROJECT (AACOMP) - 18801 HAWTHORNE BLVD - TORRANCE, CA 90504	93-1460854	501(C)(3)	10,000.	0.			TO SUPPORT AACOMP'S JAPANESE AMERICAN VIETNAM ERA MEDIA ARCHIVES PROJECT
WEST LOS ANGELES BUDDHIST TEMPLE 2003 CORINTH AVE LOS ANGELES, CA 90025	95-6062781	TEMPLE	10,000.	0.			TO SUPPORT WEST LA BUDDHIST TEMPLE'S PROGRAMS TO KEEP OLDER ADULTS CONNECTED

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
LEISURE CLUB AT ESGVJCC 1203 W PUENTE AVE WEST COVINA, CA 91790	95-6100417	COMMUNITY GROUP	9,500.	0.			TO SUPPORT LEISURE CLUB'S ACTIVITIES AND MEAL PROGRAMS TO BENEFIT OLDER ADULTS' QUALITY OF LIFE
OXNARD BUDDHIST TEMPLE 250 SOUTH "H" ST OXNARD, CA 93030	14-1947515	TEMPLE	7,750.	0.			TO SUPPORT OXNARD BUDDHIST TEMPLE'S EFFORTS TO GATHER AND PROVIDE ENGAGEMENT FOR OLDER
ZENSHUJI SOTO MISSION 123 S HEWITT ST LOS ANGELES, CA 90012	95-1782838	TEMPLE	6,717.	0.			TO SUPPORT ZENSHUJI'S ZEN AEROBICS PROGRAM AND EFFORTS TO KEEP SENIORS STAY CONNECTED
MISSION VALLEY FREE METHODIST CHURCH - 1201 S SAN GABRIEL BLVD - SAN GABRIEL, CA 91776	95-1993026	CHURCH	6,570.	0.			TO SUPPORT MVFMC'S EFFORTS TO REACH OUT TO OLDER ADULTS IN THE SAN GABRIEL AND BREA AREAS
WEST LOS ANGELES UNITED METHODIST CHURCH - 1913 PURDUE AVE - LOS ANGELES, CA 90025	95-2798693	CHURCH	6,000.	0.			TO SUPPORT WEST LA UNITED METHODIST CHURCH'S CAF ALOHA PROGRAM
NIKKEI ACTIVE LIFE CLUB (NALC) USA 2390 CRENSHAW BLVD #358 TORRANCE, CA 90501	83-1970793	501(C)(3)	5,860.	0.			TO SUPPORT NALC USA'S EFFORTS TO REACH OLDER ADULTS AS OUTLINED IN THE GRANT AGREEMENT
LOS ANGELES HOMPA HONGWANJI BUDDHIST TEMPLE - 815 E FIRST ST - LOS ANGELES, CA 90012	95-6118925	TEMPLE	5,836.	0.			TO SUPPORT LAHBT'S BWA TAI CHI/QI GONG PROGRAM
SAKURA CHORUS 11270 HAYTER AVE CULVER CITY, CA 90230	32-0317401	501(C)(3)	5,825.	0.			TO SUPPORT SAKURA CHORUS' ONGOING EFFORTS AND OLDER ADULT MEMBERS AS OUTLINED IN THE GRANT AGREEMENT
SOUTH BAY SINGERS 545 S FENIMORE AVE COVINA, CA 91723	82-2079767	501(C)(3)	5,600.	0.			TO SUPPORT SOUTH BAY SINGERS' TRANSPORTATION NEEDS TO ALLOW OLDER ADULT MEMBERS TO SAFELY

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: FAITH UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FAITH UMC'S MEAL PROGRAMS THAT SUPPORT QUALITY OF LIFE OF OLDER MEMBERS AND CAREGIVERS

NAME OF ORGANIZATION OR GOVERNMENT: LONG BEACH BUDDHIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LONG BEACH BUDDHIST CHURCH'S OFUKUWAKE PROJECT AS OUTLINED IN THE GRANT AGREEMENT

NAME OF ORGANIZATION OR GOVERNMENT: CERRITOS BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CBC'S COMMUNITY BUILDING EFFORTS TO IMPROVE QUALITY OF LIFE FOR SENIORS AND CAREGIVERS THROUGH MEALS AND ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: OXNARD BUDDHIST TEMPLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT OXNARD BUDDHIST TEMPLE'S EFFORTS TO GATHER AND PROVIDE ENGAGEMENT FOR OLDER ADULTS

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH BAY SINGERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SOUTH BAY SINGERS' TRANSPORTATION NEEDS TO ALLOW OLDER ADULT MEMBERS TO SAFELY PARTICIPATE IN PROGRAMS

**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

2023

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		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

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) BEVERLY ITO PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	183,869.	0.	5,769.	4,040.	2,094.	195,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KEVIN ONISHI CHIEF OPERATING OFFICER	(i)	158,886.	350.	0.	7,998.	5,239.	172,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRAD FUJIKUNI CHIEF FINANCIAL OFFICER	(i)	157,696.	350.	0.	7,972.	3,600.	169,618.	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)							

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 2023 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

2023

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:

SOCIAL 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 150 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 166 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.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization KEIRO SERVICES	Employer identification number 95-4022185
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THE PROGRAM PROVIDES A TEAM COMPOSED OF BILINGUAL-SPEAKING DOCTOR, NURSE, AND SOCIAL WORKER THAT VISITS PATIENTS AT THEIR HOMES OR CARE FACILITY TO PROVIDE CLINICAL CARE AND SOCIAL SERVICES. ALSO PROVIDED FIVE 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, AND PROVIDED 3,395 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. 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 POST-TRAUMATIC STRESS DISORDER.

7) HOSTED THE SEVENTH ANNUAL KEIRO NO HI FESTIVAL IN PERSON IN LITTLE TOKYO. KEIRO NO HI IS AN ESTABLISHED HOLIDAY IN JAPAN TO CELEBRATE OLDER ADULTS. THE FESTIVAL WAS ATTENDED BY 570 OLDER ADULTS, CAREGIVERS, AND VOLUNTEERS. THE EVENT INCLUDED PERFORMANCES BY LOCAL OLDER ADULT GROUPS, INTERACTIVE PHOTO OPPORTUNITIES, VENDOR BOOTHS, AND ENGAGING ACTIVITIES DURING THE PROGRAM. THIS TRADITIONAL HOLIDAY EVENT ALSO PROVIDED ACTIVITIES AND OPPORTUNITIES FOR OLDER ADULTS TO BE CELEBRATED AND HONORED.

8) HOSTED AN IN PERSON CAREGIVER CONFERENCE IN THE SAN FERNANDO VALLEY TO PROVIDE RESOURCES FOR 135 FAMILY CAREGIVER ATTENDEES. PRESENTATIONS

Name of the organization KEIRO SERVICES	Employer identification number 95-4022185
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INCLUDED DIRECT CAREGIVING SKILLS DEMONSTRATIONS INVOLVING TRANSFERRING, LIFTING, AND POSITIONING, COMMUNICATION TOOLS, AND INNOVATIVE TECHNOLOGIES TO SUPPORT CAREGIVING. RESOURCES WERE SHARED WITH PRESENTATIONS REPRESENTING A RANGE OF SERVICES FROM HOME CARE SERVICES, LOCAL AGING RESOURCES, PALLIATIVE CARE, AND OTHER ADVANCE PLANNING SERVICES.

9) HOSTED AN INAUGURAL ACTIVE AGING FAIR CENTERED AROUND PROVIDING AN ENGAGING DAY OF PICKLEBALL THAT FOCUSED ON REMAINING ACTIVE AND HEALTHY AS YOU AGE. THE EVENT WELCOMED 84 ATTENDEES WHO PARTICIPATED IN ONE OF EIGHT CLINICS, TWO DEMONSTRATIONS, AND VISITED VENDOR BOOTHS. THROUGH THIS EVENT, KEIRO WAS ABLE TO ENGAGE A NEW AUDIENCE WHILE PROMOTING RESOURCES, CLASSES, AND PROGRAMS TO SUPPORT THE CONCEPT OF ACTIVELY AGING.

10) DIRECTLY WORKED WITH 101 VOLUNTEERS TO PROVIDE HEALTH AND WELLNESS PROGRAMS THROUGHOUT THE YEAR IN VARIOUS CLASSES, CONFERENCE EVENTS, AND COMMUNITY PROGRAMS INCLUDING THE KEIRO NO FESTIVAL AND THE ACTIVE AGING FAIR. 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 OPENED TO THE COMMUNITY.

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

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

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) RON TAKASUGI, TREASURER 3) CHRIS KOMAI, SECRETARY 4) JACK KURIHARA, CHAIR, AND 5) GERALD ISEDA, 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

Name of the organization KEIRO SERVICES	Employer identification number 95-4022185
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COMMITTEE WHICH IS MADE UP OF INDEPENDENT BOARD MEMBERS AS VERIFIED BY THE 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	169,851.
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FORM 990, PART XII, LINE 2C:

NO PROCESSES HAVE CHANGED FROM PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
KEIRO KIKYO HOME, INC. - 33-2955763 420 EAST THIRD STREET, SUITE 1000 LOS ANGELES, CA 90013	RESIDENTIAL CARE SERVICES	CALIFORNIA	501(C)(3)	LINE 7	KEIRO SERVICES	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.