Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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



AI	For th	e 2022 calendar year, or tax year beginning and	ending		
Β	Check if applicat	c Name of organization		D Employer identific	ation number
	Addr chan	ess A HOLE IN THE ROOF FOUNDATION			
	Nam Chan			27-060950	)4
	Initia retur		Room/suite	E Telephone number	
	Final retur	29836 TELEGRAPH ROAD		313-993-4	
	term ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	945,051.
	Amer	SOUTHFIELD, MI 48034		H(a) Is this a group re	turn
	Appl tion	F Name and address of principal officer: MIICH ALDOM		for subordinates	? Yes X No
	pend	ING SAME AS C ABOVE		H(b) Are all subordinates inc	cluded? Yes No
1	Tax-e	xempt status: 🔀 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) (	or 📃 527	If "No," attach a	ist. See instructions
_	Webs			H(c) Group exemption	
		of organization: 🚺 Corporation 🔄 Trust 🦳 Association 🗌 Other	L Year of	of formation: 2009 M	State of legal domicile: MI
Pa	art I	Summary			
¢	1	Briefly describe the organization's mission or most significant activities: TO PI			
Ŭ		EDUCATION, AND OPPORTUNITY FOR HAITI'S IM	POVERI	SHED CHILDRI	EN AND
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	1 1	
Š	3				3
ය ග	4	Number of independent voting members of the governing body (Part VI, line 1b)			1
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
iziti	6	Total number of volunteers (estimate if necessary)			0
Act	7 a			<u>7a</u>	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		866,547.	945,051.
ēn	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		866,547.	<u>0.</u> 945,051.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		613,333.	86,513.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		013,333.	00,513.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	0.	0.
ens	168	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 2,98	23	0.	0.
Expenses				92,653.	1,045,293.
_	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		705,986.	1,131,806.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		160,561.	-186,755.
ب ب	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ts or		Total accests (Dart V, line 16)		248,794.	159,672.
Net Assets (	20	Total assets (Part X, line 16)		0.	98,553.
let A	21	Total liabilities (Part X, line 26)		248,794.	61,119.
	22	Net assets or fund balances. Subtract line 21 from line 20		440,/94.	01,119.

Part II Signature Block

Τ

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	Signature of officer			Date
Here	MARK MENDELSOHN, CHIEF FI	NANCIAL OFFICER		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	
Paid	DOUGLAS R. WRIGHT, CPA			self-employed P00175481
Preparer	Firm's name GORDON ADVISORS,	PC		Firm's EIN 38-2656556
Use Only	Firm's address 1301 W LONG LAKE	ROAD, STE 200		
	TROY, MI 48098			Phone no. 248 – 952 – 0200
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.		Form <b>990</b> (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) A HOLE IN THE ROOF FOUNDATION	27-0609504	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u>.</u>	
1	Briefly describe the organization's mission: TO PROVIDE SAFETY, NOURISHMENT, EDUCATION, AND OPPORTUNI	יחע הטס תעיע.	C
	IMPOVERISHED CHILDREN AND ORPHANS AND STABILITY FOR STAF		2
	FAMILIES IN PORT-AU-PRINCE.		
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	XNo
	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	XNo
4	If "Yes," describe these changes on Schedule O.	managered by avanage	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		d
	revenue, if any, for each program service reported.	is, the total expenses, and	u
4a	(Code: ) (Expenses \$ 1,023,487. including grants of \$ ) (Rever	nue \$	)
	TO PROVIDE A SAFE, NURTURING ENVIRONMENT FOR HAITIAN CHI		,
	NOT HAVE ONE. CHILDREN ARE TO BE CARED FOR MEDICALLY, N		
	EDUCATIONALLY, AND SPIRITUALLY. THEY ARE TO BE TAUGHT I		I
	AND ENGLISH, WITH GOAL OF ACHIEVING AT LEAST A HIGH SCHO		
	CHRISTIAN PRAYER AND GUIDELINES ARE A PART OF THEIR DAIL		3 A
	SENSE OF GIVING BACK TO THE MISSION THROUGH WORK AND RES	PONSIBLITY.	
4b	(Code:) (Expenses \$86,513. including grants of \$) (Rever		)
	TO PROVIDE POST-SECONDARY SCHOLARSHIPS TO HAITIAN ORPHAN	AGE GRADUATES	5
	TO ATTEND SCHOOL IN THE UNITED STATES		
4			
4c	(Code:) (Expenses \$ including grants of \$) (Reven	nue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 1,110,000.		
		Form <b>9</b> 9	<b>90</b> (2022)
232002	12-13-22 <b>7</b>		

Form 990 (			-	-		ROOF	FOUNDATION
Part IV	Checklist of R	lequ	ired Sc	hedu	iles		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i>			
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<b>o</b>		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
u	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	<b>A</b> (2022)
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FUIII	330	120221

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		- 23
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22	Form	990	(2022)
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Form	990 (2022) A HOLE IN THE ROOF FOUNDATION	27-060	9504	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b		
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		x
b	If "Yes," enter the name of the foreign country	,			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
Uu			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut	ione or gifte			
U			6b		
7	Organizations that may receive deductible contributions under section 170(c).		00		
7		nuises provided to the power	70		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se				
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		_		x
	to file Form 8282?	1 1	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			<u>9a</u>		
b			9b		
10	Section 501(c)(7) organizations. Enter:	1 1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
11	Section 501(c)(12) organizations. Enter:	1 1			
	Gross income from members or shareholders	11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ו 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	it income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any a	ctivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
_	If "Yes," complete Form 6069.				
232005	12-13-22		Form	990	(2022)
	5				. ,

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Form 990	(2022)
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#### A HOLE IN THE ROOF FOUNDATION

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

Section A. Governing Body and Management

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X

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.

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3			
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint	one or			
	more members of the governing body?			7a		X
b						
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, 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 bod	y befor	e filing the form?	11a	Х	
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			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe			
	on Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	i's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other <i>(explair</i>					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, an	d finan	cial	
	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 boo	oks and	d records			
	MARK MENDELSOHN - 248-809-6190					
	29836 TELEGRAPH RD., SOUTHFIELD, MI 48034				000	
232006	5 12-13-22			Forn	ז <b>990</b>	(2022)
~ 1 1	6				4.0	210

#### 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.

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

(A) Name and title	<b>(B)</b> Average hours per	box	(C) Position to not check more than one px, unless person is both an				n an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Offlicer D		Highest compensated Ly.	-	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MARK MENDELSOHN CFO	4.00			x				0.	21,000.	0.
(2) MITCH ALBOM	4.00									
PRESIDENT		x		x				0.	0.	0.
(3) DR. CHAD AUDI	10.00									
TREASURER		х		x				0.	0.	0.
(4) JANINE SABINO	1.00									
SECRETARY		Х		Х				0.	0.	0.
		•								
		-								
										<u> </u>
		1								

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232007 12-13-22

Form 990 (2022)

	990 (2022) A HOLE II	N THE RC	OF	F	יסט	ND	AT	IC	DN	27-0	6095	504	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	box, offic	not c unles	Pos heck i ss per	more rson is irecto	than c s both r/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organization	on d 1s	an com	(F) timate nount o other pensa	of tion
		organizations below line)	In dividual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MK 1099-NEC)		org and	om the anizati d relate anizatio	ion ed
	Subtotal								0.	21,0	00.			0.
	Total from continuation sheets to Part VI	I, Section A	·····			·····			0.0.	21,0	0.00.			0.
2	compensation from the organization		ose	liste	a ab	ove	) wn		eceived more than \$100,		÷		Y	0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	-		-	•	-		Ŭ	• •			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl ),000? <i>If</i> "Yes,	e co " co	mpe mple	ensa ete S	tion Sche	and dule	oth J f	ner compensation from t	he organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>											5		Х
1														
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)         Name and business address       NONE								Co	<b>(C)</b> Compensation				
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to f	thos C		ted	above) who received me	ore than		_	000	
											F	Form	<b>990</b> (2	2022)

232008 12-13-22

			2022) A HOLE IN	THE	ROOF FOU	JNDATION		27-0609	504 Page 9
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a re	sponse	or note to any line		(2)	( <u>)</u>	
						<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total Totolido		business revenue	from tax under sections 512 - 514
(0. (0	4		E devete de consectores						
ants	1			la Ib					
Contributions, Gifts, Grants and Other Similar Amounts									
ifts,			<b>e</b>	d					
», G nila				le					
Sin			All other contributions, gifts, grants, and						
but			similar amounts not included above	If	945,051.				
d O		g	Noncash contributions included in lines 1a-1f	l <b>g</b> \$					
ရှိ ပိ		h	Total. Add lines 1a-1f			945,051.			
					Business Code				
e Ce	2	а							
ervi		b							
m S ven		C							
Program Service Revenue		d							
Pro		e f	All other program service revenue						
			Total. Add lines 2a-2f						
	3	3	Investment income (including dividenc						
	4		Income from investment of tax-exemption						
	5		Royalties						
			(i) F	Real	(ii) Personal				
	6		Gross rents 6a						
			Less: rental expenses 6b						
		c	Rental income or (loss) 6c						
				urities	(ii) Other				
	'	a	assets other than inventory <b>7a</b>	Jantioo					
		b	Less: cost or other basis						
ē			and sales expenses 7b						
venue		с	Gain or (loss) 7c						
Be			Net gain or (loss)	<u></u>					
Other	8	а	Gross income from fundraising events (no						
ð			including \$ o	of					
			contributions reported on line 1c). See						
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising e Gross income from gaming activities.						
	3	a	Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming activ						
			Gross sales of inventory, less returns	Ē					
			and allowances	10	a				
		b	Less: cost of goods sold		b				
		с	Net income or (loss) from sales of inve	ntory .					
s					Business Code				
eou	11								
Miscellaneous Revenue		b							
Scel		с 4							
Ϊ			All other revenue						
	12	9	Total revenue. See instructions			945,051.	0.	0.	0.
23200		13-			·····				Form <b>990</b> (2022

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#### 232009 12-13-22

### 16521115 131861 40310.001

A HOLE IN THE ROOF FOUNDATION 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).

0000			<b>v</b>	• • • •	
	Check if Schedule O contains a respons	e or note to any line in t	(B)	(C)	
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and general expenses	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	86,513.	86,513.		
4	Benefits paid to or for members	,			
5	Compensation of current officers, directors,				
5					
~	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а					
b		1,500.		1,500.	
	Accounting	650.		650.	
	Lobbying				
e					
f	Investment management fees				
g		2 600		2 600	
	column (A), amount, list line 11g expenses on Sch 0.)	3,600.		3,600.	
12	Advertising and promotion	12 072		12 072	
13	Office expenses	13,073.		13,073.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	74,605.	74,605.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,500.	5,500.		
23	Insurance				
23 24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	HAITIAN ORPHANAGE OPERA	943,382.	943,382.		
a b	MISCELLANEOUS	2,983.	545,5021		2,983.
-		2,505•			2,505.
с d					
d	All other evenence				
e	· · · · · · · · · · · · · · · · · · ·	1,131,806.	1,110,000.	18,823.	2,983.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	т,тэт,000•	,U,UUU.	10,043.	4,303.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000 (

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232010 12-13-22

Form 990 (2022)

Form 990 (2022
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#### A HOLE IN THE ROOF FOUNDATION

	1 990 (2		ROOF F	OUNDATION		27-0	0609504 Page <b>11</b>
Pa	rt X	Balance Sheet	to creative	in this Dout V			
		Check if Schedule O contains a response or note	e to any line	e in this Part X			(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			202,519.	1	122,497
	2	Savings and temporary cash investments		•	2	· · · ·	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial contri	butor, or 35%			
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifi	ed persons	as defined			
		under section 4958(f)(1)), and persons described	in section 4	4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			12,400.	7	8,800
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		43,000.	~~ ~==		
	b	Less: accumulated depreciation		14,625.	33,875.	10c	28,375
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		248,794.	15	150 672	
	16	Total assets. Add lines 1 through 15 (must equa			240,/94.	16	159,672 32,289
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			18 19		
	19 20	Deferred revenue			20		
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F				20	
	21	Loans and other payables to any current or form				21	
ties	~~~	trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these			22		
Lia	23	Secured mortgages and notes payable to unrelat			23	66,264	
	24	Unsecured notes and loans payable to unrelated	-			24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	98,553
		Organizations that follow FASB ASC 958, check	ck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			248,794.	27	61,119
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC 95	58, check h	ere			
Ę.		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ	uipment fur	nd		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	ome, or oth	ner funds	040 503	31	
Ne	32				248,794.	32	61,119
	33	Total liabilities and net assets/fund balances			248,794.	33	<u>159,672</u>

Form 990 (2022)

232011 12-13-22

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total expenses (must equal Part VIII, column (A), line 12)       2       1, 131, 806.         2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 131, 806.         3       -1866, 755.       2       1, 131, 806.         5       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       248, 794.         5       Net unrealized gains (losses) on investments       6       -       -         6       7       -       -       9       0.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       0         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       1         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X		A HOLE IN THE ROOF FOUNDATION	27-0	609504	Pa	<sub>ge</sub> 12	
1       Total revenue (must equal Part VIII, column (A), line 12)       1       945,051.         2       Total expenses (must equal Part IX, column (A), line 25)       2       1,131,806.         3      186,755.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       248,794.         5       Net unrealized gains (losses) on investments       6       -       -         6       7       -       8       -920.       9       0.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       1       61,119.         9       Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       61,119.         9       Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       61,119.         Vent XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII	Pa	rt XI Reconciliation of Net Assets					
2       Total expenses (must equal Part IX, column (A), line 25)       2       1,131,806.         3       Revenue less expenses. Subtract line 2 from line 1       3       -1867,755.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       248,794.         5       Donated services and use of facilities       6       -       -         7       -       -       -       -         8       Prior period adjustments       6       -       -         9       0.       9       0.       -         9       0.       10       61,119.       -         Part XII       Financial Statements and Reporting       -       -       -         Check if Schedule O contains a response or note to any line in this Part XII       -       -       -         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       -         1       H* res, 'heck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		Check if Schedule O contains a response or note to any line in this Part XI					
2       Total expenses (must equal Part IX, column (A), line 25)       2       1,131,806.         3       Revenue less expenses. Subtract line 2 from line 1       3       -1867,755.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       248,794.         5       Donated services and use of facilities       6       -       -         7       -       -       -       -         8       Prior period adjustments       6       -       -         9       0.       9       0.       -         9       0.       10       61,119.       -         Part XII       Financial Statements and Reporting       -       -       -         Check if Schedule O contains a response or note to any line in this Part XII       -       -       -         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       -         1       H* res, 'heck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:							
3       Revenue less expenses. Subtract line 2 from line 1       3       -186,755.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       248,794.         5       Net unrealized gains (losses) on investments       5       6         6       7       7         7       8       Prior period adjustments       6         9       0.1       9       0.1         9       0.1       10       Net assets or fund balances (explain on Schedule O)       9       0.1         9       0.1       Net assets or fund balances (explain on Schedule O)       9       0.1       61,119.         Part XII       Financial Statements and Reporting       10       61,119.       119.         Part XII       Financial Statements compiled or reviewed by an independent accountart?       10       61,119.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other, " explain on Schedule O.         2a       X       Yes       No       1       Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited o	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       248,794.         5       Net unrealized gains (losses) on investments       5       6         6       0nated services and use of facilities       6       7         7       8       7       7       8         8       Prior period adjustments       8       -920.       9       0.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       61,119.       61,119.         Prior badjustments and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       10       61,119.         Yes No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       So that consolidated basis or both:       2a       X         Separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and s	2	Total expenses (must equal Part IX, column (A), line 25)	2				
5 Net unrealized gains (losses) on investments   6   6   7   1   Net unrealized gains (losses) on investments   6   7   1   Net unrealized gains (losses) on investments   6   7   1   Net unrealized gains (losses) on investments   9   9   10   10   11   11   12   12   13   14   15   15   16   16   17    17   18   19   10   10   10   11   12    12   13   14   15   15   16   16   17    16   17   17   18   19   10   10   10   11   12   12   12   13   14   15   15   15   16   16   16   16   17   17   18   19   10   10   10   11   12   12   13   14   15    14   15 </th <th>3</th> <td>Revenue less expenses. Subtract line 2 from line 1</td> <td>3</td> <td></td> <td></td> <td></td>	3	Revenue less expenses. Subtract line 2 from line 1	3				
6 Donated services and use of facilities   7   8   9   9   0 ther changes in net assets or fund balances (explain on Schedule O)   9   10   Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Check if Schedule O contains a response or note to any line in this Part XII   Part XII   Financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   Check if Schedule O.   Separate basis   Consolidated basis   Both consolidated and separate basis.   consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   C	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24	8,7	94.	
7       Investment expenses       7         8       Prior period adjustments       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       61, 119.         Part XII       Financial Statements and Reporting       10       61, 119.         Check if Schedule O contains a response or note to any line in this Part XII       1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       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:       2a       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:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated a	5	Net unrealized gains (losses) on investments	5				
<ul> <li>8 Prior period adjustments</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 Other sector of the sector of the</li></ul>	6	Donated services and use of facilities	6				
8       Prior period adjustments       8       -920.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       61,119.         Part XII       Financial Statements and Reporting       10       61,119.         Part XII       Financial Statements and Reporting       10       61,119.         Check if Schedule O contains a response or note to any line in this Part XII       10       61,119.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       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:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or	7	Investment expenses	7				
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       61,119.         Part XII       Financial Statements and Reporting	8	Prior period adjustments	8		- 9		
column (B)       10       61,119.         Part XII       Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
Check if Schedule O contains a response or note to any line in this Part XII     1   Accounting method used to prepare the Form 990:   Cash   X   Accrual   Other     If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Both consolidated and separate basis   consolidated basis   Both consolidated and separate basis   consolidated basis			10	6	1,1	19.	
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting					
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Cash in the organization of the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       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:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       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:       2b       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:       2b       X         If "Yes," check a box below to indicate basis       Both consolidated and separate basis       2c       X         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?       2c       2		Check if Schedule O contains a response or note to any line in this Part XII					
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   c   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to und					Yes	No	
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       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:       2b       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:       2b       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:       2b       X         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?       2c       2c         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       V	1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis, consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis     b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   c   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:         <ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> </ul> </li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> </ul> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the</li>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
b       Were the organization's financial statements audited by an independent accountant?       2b       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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       1       1         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?       2c       2c         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       X		separate basis, consolidated basis, or both:					
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		Separate basis Consolidated basis Both consolidated and separate basis					
consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       V	b	Were the organization's financial statements audited by an independent accountant?		2b		X	
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
<ul> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the</li> </ul>		consolidated basis, or both:					
review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       2c		Separate basis Consolidated basis Both consolidated and separate basis					
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	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>	
			edule O.				
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X	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?		3a		X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

1

Name of the o	rganization
---------------	-------------

Name of the organization	Employer identification number								
A HOLE IN THE ROOF FOUNDATION	27-0609504								
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instruction	ons.								
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)	(A)(iii). Enter the hospital's name,								
city, and state:									
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II.)								
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
section 170(b)(1)(A)(vi). (Complete Part II.)									
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with									
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state	of the college or								
university:									
<b>10</b> An organization that normally receives (1) more than 33 1/3% of its support from contributions, member									
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of									
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the o	organization after June 30, 1975.								
See section 509(a)(2). (Complete Part III.)									
<ul> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to</li> </ul>	carry out the purposes of one or								
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section									
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, a									
a <b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s)	-								
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trus									
organization. You must complete Part IV, Sections A and B.									
<b>b Type II.</b> A supporting organization supervised or controlled in connection with its supported organization	tion(s), by having								
control or management of the supporting organization vested in the same persons that control or man									
organization(s). You must complete Part IV, Sections A and C.	•								
c Type III functionally integrated. A supporting organization operated in connection with, and function	nally integrated with,								
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.									
d Type III non-functionally integrated. A supporting organization operated in connection with its supporting organization operated in connection with its support of the su	ported organization(s)								
that is not functionally integrated. The organization generally must satisfy a distribution requirement a	nd an attentiveness								
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.									
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type	be II, Type III								
functionally integrated, or Type III non-functionally integrated supporting organization.									
f Enter the number of supported organizations									
g Provide the following information about the supported organization(s).									
(i) representation (ii) Entry (iii) Entry (iiii) Entry (iii) Entry (iii) Entry (iii) Entry	t of monetary (vi) Amount of other e instructions) support (see instructions)								
above (see instructions)) Yes No support (see									
Total									

# Schedule A (Form 990) 2022 Part II Support Sch

A HOLE IN THE ROOF FOUNDATION

27-0609504 Page 2

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 faile to qualify under the total listed below, please complete Part III.)

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

See	ction A. Public Support	-								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	774,497.	629,293.	890,733.	866,547.	945,051.	4106121.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	774,497.	629,293.	890,733.	866,547.	945,051.	4106121.			
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,						1 8 9 5 6 9 9			
	column (f)						1725632.			
	Public support. Subtract line 5 from line 4.						2380489.			
	ction B. Total Support				(					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019 629,293.	(c) 2020	(d) 2021	(e) 2022	(f) Total 4106121.			
-	Amounts from line 4	774,497.	029,293.	890,733.	866,547.	945,051.	4100121.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
•	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
10	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						4106121.			
12	Gross receipts from related activities,					12	4100121.			
13	•		,	iourth or fifth tox y						
15	organization, check this box and <b>sto</b>	U U								
See	ction C. Computation of Publi									
	Public support percentage for 2022 (			column (f))		14	57.97 %			
15	Public support percentage from 2021		•			15	51.90 %			
	<b>33 1/3% support test - 2022.</b> If the									
	stop here. The organization qualifies									
b	<b>33 1/3% support test - 2021.</b> If the o									
	and <b>stop here.</b> The organization qual									
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact									
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization	-				
b	0 10% -facts-and-circumstances test	-		• • • •	-					
	more, and if the organization meets the	he facts-and-circum	nstances test, cheo	ck this box and st	<b>op here.</b> Explain i	n Part VI how the				
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions				
	Schedule A (Form 990) 2022									

232022 12-09-22

#### A HOLE IN THE ROOF FOUNDATION 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	? (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	? (f) Total
	Amounts from line 6	(4) 2010	(6) 2010	(0) 2020			
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
I	o Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) orgar	ization,
80	check this box and stop here ction C. Computation of Publi						<u></u>
	•			(7)			
	Public support percentage for 2022 (					15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					16	%
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2022. If the					3 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	tion	
ł	<b>33 1/3% support tests - 2021.</b> If the	organization did n	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly suppo	orted organiza	tion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	<u></u>
2320	23 12-09-22					Sched	lule A (Form 990) 2022
			15				

Schedule A (Form 990) 2022

A HOLE IN THE ROOF FOUNDATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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232024 12-09-22

### Schedule A (Form 990) 2022 A HOLE IN THE ROOF FOUNDATION

Yes No

Yes No

1

2

3

2a

2b

3a

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

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

000	Sion D. All Type in Supporting Organizations
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?

- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).* By reason of the relationship described on line 2, above, did the organization's supported organizations have a
- significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
	 5 11 5 ,	Beeche in the feat supported a geven mental entity (eee method a supported a

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

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2022.05000 A HOLE IN THE ROOF FOUNDA 40310.01

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

A HOLE IN THE ROOF FOUNDATION

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

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Part V

5 Remaining underdistributions for years prior to 2022, if

7 Excess distributions carryover to 2023. Add lines 3j

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

any. Subtract lines 3g and 4a from line 2. For result greater

Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exe	1				
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pri	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.	8				
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					

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Schedule A (Form 990) 2022

Schedule A	Form 990) 2022	A HOLE IN TH	IE ROOF	FOUNDAT	ION	27-	0609504	Page
Part VI	Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	<b>rmation.</b> Provide the ex 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 0, lines 2 and 3; Part IV, Se d 8; and Part V, Section E,	9a, 9b, 9c, 11 ction E, lines	a, 11b, and 110 1c, 2a, 2b, 3a, a	; Part IV, Sectior Ind 3b; Part V, Iir	n B, lines 1 and 2; ne 1; Part V, Sectio	Part IV, Section on B, line 1e; Pai	C, t V,
	(See instructions.)			·		, 		
2028 12-09-2	2		2	0		Sche	edule A (Form 9	90) 20
1115 1	L31861 40310.	001			HOLE IN	THE ROOF		1031

SCHEDULE	D
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epartment of the Treasury

Internal Revenue Service

(Form	990)
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### 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.



Employer identification number

27-0609504

Name of the organization

#### A HOLE IN THE ROOF FOUNDATION

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 232051 09-01-22

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Sche		IN THE ROO						27-06			age <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tre	easures, or	<sup>·</sup> Othe	r Simila	r Assets	<b>i</b> (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	k any of the	following that	make si	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	hange progra	m					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	in how th	ney further th	ne organizatio	n's exer	npt purpo	se 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 m								Yes		No
Par	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, custod	lian or other interme	diary for	contribution	s or other ass	ets not i	included				
	on Form 990, Part X? Yes 🗌 No										
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
Par	<b>t V</b> Endowment Funds. Complete	if the organization a	nswered	"Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	(b) F	Prior year	(c) Two year	s back	(d) Three y	/ears back	(e) Fou	' years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 10	g, column (a	)) held as:						
а	Board designated or quasi-endowment	•	%	<i>c,</i> (	,,						
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.									
3a	Are there endowment funds not in the posse		ation tha	at are held a	nd administer	ed for th	e				
	organization by:	5								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or basis (invest		. ,	t or other (other)	• •	ccumulate preciation	ed	<b>(d)</b> Boo	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			4	3,000.		14,6	25.	2	8,3	75.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	t X. colun	nn (B). line 1	0c.)				2	8,3	75.
_	· · · · ·							Cabadula	D (F	- 000	0000

Schedule D (Form 990) 2022

232052 09-01-22

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)         Part VIII         Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 000 Part IV line	11c Soc Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d of voar market value
		(c) Method of Valuation. Cost of en	D-OI-year Market Value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(h) De alexadore
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	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)			
(3)			
(4)			
(5)			
(6)			
(7)			
			1
(8)			
	25)		

## organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... 🚺

Schedule D (Form 990) 2022

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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)		

#### A HOLE IN THE ROOF FOUNDATION Schedule D (Form 990) 2022

	edule D (Form 990) 2022 A HOLE IN THE ROOF FOUN			)609504 <sub>Page</sub> 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	945,051.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	<b>5</b> ( )			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			945,051.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,		945,051.	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	•	ses per Return	) <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	122		
1		ie 12a.		
	Total expenses and losses per audited financial statements		1	1,131,806.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1,131,806.
2 a			1	1,131,806.
_	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	1	1,131,806.
a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		1,131,806.
a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1,131,806.
a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		0.
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	2e	
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	2e	0.
a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	2e	0.
a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	2e	0.
a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	2e 3	<u>0.</u> 1,131,806. 0.
a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	2e 3 4c	0. 1,131,806.
a b c 3 4 b 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	2a 2b 2c 2d 2d 4a 4b	2e 3 4c	<u>0.</u> 1,131,806. 0.

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

PART X, LINE 2:

MANAGEMENT EVALUATES, AT LEAST ANNUALLY, WHETHER ANY TAX POSITIONS

REPORTED ON A RETURN ARE MORE LIKELY THAN NOT TO BE SUSTAINED IF

CHALLENGED. MANAGEMENT BELIEVES NO SUCH POSITIONS EXIST THAT WOULD HAVE

SIGNIFICANT IMPACT ON THE ORGANIZATION'S FINANCIAL POSITION AND RESULTS OF

29

OPERATIONS. AS OF DECEMBER 31, 2022, NO LIABILITY FOR UNCERTAIN TAX

BENEFITS WAS RECORDED.

232054 09-01-22

Schedule D (Form 990) 2022

16521115 131861 40310.001

SCHEDULE F (Form 990) Statement of Activities Outside the United Stat Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or					OMB No. 1545-0047	
Department of the Treasury		-	Attach to Form 990.		-	Open to Public
Internal Revenue Service		ww.irs.gov/Form	990 for instructions and the latest	nformation.		Inspection
Name of the organization					Employer i	dentification number
A HOLE IN THE	ROOF FOUN	DATION			27-060	
Part I General I	nformation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answe	ered "Yes" on
	art IV, line 14b.					
-	-		ds to substantiate the amount of its gra he selection criteria used to award the			Yes X No
2 For grantmakers. United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	e outside the
3 Activities per Regio			n be duplicated if additional space is r			
<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (o gram service, e specific type (s) in the regio	expenditures for and investments
				FUND SPECIF AT AN IDENT		s
CENTRAL AMERICA AND				OPHANAGE OF		
THE CARIBBEAN	1		PROGRAM SERVICES	MISSION IN	PORT AU	943,382.
<b>3 a</b> Subtotal	1	0				943,382.
<b>b</b> Total from continua						,
sheets to Part I		0				0.
c Totals (add lines 3 and 3b)	a   1	0				943,382.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2022

OMB No. 1545-0047

232071 10-17-22

#### Schedule F (Form 990) 2022

#### A HOLE IN THE ROOF FOUNDATION

27-0609504

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the t			·		1
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  3 Enter total number of other organizations or entities							

Schedule F (Form 990) 2022

Page 2

#### Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
COLLEGE COSTS INCURRED IN THE UNITED STATES FOR HAITIAN	CENTRAL AMERICA			DIRECT PAYMENT TO COLLEGE			
ORPHANAGE GRADUATES	AND THE CARIBBEAN	6	86,513.	OR UNIVERSITY	0.		

Schedule F (Form 990) 2022

			HOLE	IN	THE	ROOF	FOUNDATION
Part IV	Foreign Form	S					

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

232074 10-17-22

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

PART I, LINE 2:

THE ORGANIZATION OPERATES AN ORPHANAGE IN PORT AU PRINCE, HAITI. IN

ADDITION TO FUNDING THE OPERATIONS THE ORGANIZATION SEND AGENTS FROM THE

UNITED STATED TO THE ORPHANAGE TO MONITOR AND PROVIDE ADDITIONAL

ASSISTANCE AS NEEDED. THE MISSION SENDS DETAILED REPORTS SHOWING EXACTLY

WHAT THE FUNDS ARE BEING USED FOR.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: FUND SPECIFIC EXPENSES AT AN

IDENTIFIED OPHANAGE OPERATED BY THE MISSION IN PORT AU PRINCE HAITI.

THESE EXPENSES INCLUDE CERTAIN PERSONNEL, FACILITY, RESIDENTIAL AND FOOD

COSTS FOR THE CHILDREN ALONG WITH IDENTIFIED HEALTH CARE, TRANSPORTATION,

AND SCHOOL SUPPLIES AND BOOKS USED BY THE CHILDREN.

232075 10-17-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

OMB No. 1545-0047 <u>'</u> Open to Public Inspection Employer identification number

27-0609504

A HOLE IN THE ROOF FOUNDATION

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

ORPHANS AND STABILITY FOR STAFF AND THEIR FAMILIES IN PORT-AU-PRINCE.

FORM 990, PART VI, SECTION A, LINE 2:

MITCH ALBOM IS MARRIED TO JANINE SABINO

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

BOARD MEMBERS REVIEWED IRS FORM 990 BEFORE BEING FILED.

FORM 990, PART VI, SECTION C, LINE 18:

IRS FORM 990 IS MADE AVAILABLE UPON REQUEST

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

ALL FORMS MADE AVAILABLE TO THE PUBLIC UPON REQUEST

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

Schedule O (Form 990) 2022

232211 10-28-22